



## AKVMA OPPOSES HB 70

### HB 70 - Emergency Medical Services for Operational Canines



#### Alaska State Veterinary Medical Association (AKVMA) Opposes HB 70

- The Alaska State Veterinary Medical Association (AKVMA), representing over 150 veterinarians statewide, strongly opposes HB 70.

#### Board of Veterinary Examiners' Position

- The Board of Veterinary Examiners has NOT taken an official position on HB 70 and will be discussing the bill at their next meeting.

### Key Concerns with HB 70:

#### ✓ Compromises Public Health and Safety

- HB 70 proposes allowing individuals to practice veterinary medicine without a license while being exempt from liability, AVMA accredited formal education, proper training, and continuing education.
- Veterinary professionals undergo years of rigorous education and training to ensure competent care—this bill undermines that expertise and puts both animals and the public at risk.

#### ✓ Unnecessary Legislation for a Rare and Well-Regulated Issue

- Operational canine emergencies that occur in Alaska with no ability to consult with a veterinarian are rare. Existing regulations already address situations requiring emergency intervention.
- Individuals in emergency situations should consult with licensed veterinarians, as current laws already provide solutions.

#### ✓ All Stakeholders Should Be Included in Crafting Legislation

- Legislation should not be based on the input of just one or two individuals; it should be developed with input from multiple stakeholders and include appropriate checks and balances.

#### ✓ Financial & Legal Responsibility

- Who bears the legal accountability and financial responsibility in the event of actions taken as a result of this bill?

### Practical Solution: Emergency Veterinary Advisory Group

We propose creating an **Emergency Veterinary Advisory Group** comprising veterinarians, the Board of Veterinary Examiners, EMS professionals, and other stakeholders to collaboratively develop guidelines that address public safety, veterinary care, and legal responsibility, ensuring informed, balanced decisions without unnecessary legislation.

**First Aid and Transport are Reasonable—Veterinary Expertise is Essential.**

**Katrina Backus, DVM**



**House of Representatives**

Alaska State Capitol  
Juneau, Alaska 99801-1182

**Subject: Opposition to HB 70**

Dear Honorable House of Representatives,

I am writing to express my opposition to HB 70.

Veterinary medicine is a highly specialized field that requires years of education and training to ensure the proper diagnosis, treatment, and care of animals. Allowing individuals to provide medical interventions without proper licensure undermines professional standards, compromises animal health, and could lead to unintended consequences, including misuse of medications and improper treatments.

Unfortunately, veterinarians have largely been left out of discussions on HB 70, despite their expertise in the field. HB 70 raises critical concerns about oversight and funding? Allowing one or two veterinarians to sign off on protocols is inappropriate and not considering all of Alaska Veterinarians. With existing regulations already in place for emergency animal care, this legislation appears unnecessary and redundant.

Emergency first aid and transport for animals are reasonable measures, but any medical intervention beyond that requires professional oversight to prevent harm. I urge you to reject HB 70 and instead work with veterinary professionals to develop safe and effective solutions.

Thank you for your time and consideration.

Sincerely,

Katrina M. Backus

Wandering Paws Veterinary Surgical Services



**Madison Parr, EMT and Veterinary Assistant**

2143 last Frontier Cir apt.c  
Eielson AFB, Alaska 99702

**House of Representatives**

Alaska State Capitol  
Juneau, Alaska 99801-1182

**Subject: Opposition to HB 70**

Dear Honorable House of Representatives,

I am writing in Opposition of HB 70. As a former EMT and current veterinary assistant. I have a unique perspective on both emergency response and veterinary medicine, and I find HB 70 to be deeply flawed and concerning. While I understand the importance of timely intervention in emergency situations, this bill oversteps the line between first aid and veterinary medicine, creating serious risks for animal patients and liability concerns for responders.

In the field, EMTs are trained to stabilize human patients until they can be transferred to a hospital where licensed physicians take over. We do not diagnose, perform invasive procedures, or administer controlled substances without oversight—and yet, this bill suggests allowing similar high-risk interventions on animals without the necessary veterinary expertise or accountability. That is both medically and ethically irresponsible. HB 70 does not protect animals, veterinarians, or even the EMTs and paramedics it claims to support.

I agree an advisory committee or task force—to ensure that first responders receive appropriate guidance from veterinarians while keeping emergency animal care safe and effective.

Sincerely,

Madison Parr

A solid black rectangular redaction box covering the signature area.

**McKayla Dick, DVM**



**House of Representatives**

Alaska State Capitol  
Juneau, Alaska 99801-1182

**Subject: Opposition to HB 70**

Dear Honorable House of Representatives,

I am writing to express my strong opposition to HB 70, which would allow individuals to practice veterinary medicine without a license. As a veterinary professional, I am deeply concerned about the risks this bill poses to animal health, public safety, and the integrity of our profession.

HB 70 undermines veterinary expertise by permitting unlicensed individuals to provide medical care without formal education, training, or liability. Existing regulations already cover emergency animal care, making this legislation unnecessary. Furthermore, questions remain about funding, oversight, and the tracking of medications, particularly in light of Alaska's opioid crisis.

The broader veterinary community deserves a voice in these discussions to ensure responsible and effective solutions. A more practical solution would be an Emergency Veterinary Advisory Group to oversee emergency animal care.

Basic first aid and transport are reasonable in emergencies, but veterinary medicine requires proper licensure and oversight to safeguard animal welfare. I urge you to oppose HB 70 and instead work with veterinary professionals to find a more viable approach.

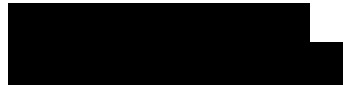
Thank you for your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads "McKayla Dick".

Zeb Mixed Animal Veterinary, LLC

**Nelcy Evans, EMT and Licensed Veterinary Technician**



**House of Representatives**

Alaska State Capitol  
Juneau, Alaska 99801-1182

**Subject: Opposition to HB 70**

Dear Honorable House of Representatives,

I am writing to express my strong opposition to HB 70. As a former EMT and current Licensed Veterinary Technician, I have firsthand experience in both emergency response and emergency veterinary medicine. While timely intervention is critical in emergencies, this bill dangerously blurs the line between basic first aid and veterinary medical care, putting animals, responders, and the veterinary profession at risk.

EMTs are trained to stabilize human patients until they can receive care from licensed physicians—we do not diagnose, perform invasive procedures, or administer controlled substances without oversight. Yet, HB 70 proposes allowing similar high-risk interventions on animals without veterinary expertise or accountability. This is both medically and ethically irresponsible.

Emergency animal care should be safe, effective, and supported by those with the proper training. I urge you to reject HB 70 in favor of responsible solutions that truly protect animals and those who care for them.

Sincerely,

Nelcy Evans, EMT and LVT

Hb 70

Dr. Representative Schrage,

We are reaching out regarding HB 70 collectively as the Emergency Veterinarians from Pet Emergency Treatment (PET), the only 24 hour Emergency and Critical Care Veterinary facility in the State of Alaska.

We are based in Anchorage, Alaska and represent a very experienced and dedicated collective group of emergency veterinary clinicians with perspectives ranging from recent academia to over 26 years of clinical experience in Emergency veterinarian medicine. PET's veterinarian's experience spans many aspects of practice including rural outreach, academia, specialty/referral and emergency practice across the country and internationally. As the only facility providing emergency veterinary care with an on-site veterinarian and 24 hour ICU/nursing care, in the entire state, we are very well versed in the challenges of meeting the needs of our clients, patients and community across such a vast region.

Collectively, we regularly discuss and guide other medical professionals on how to best stabilize and treat patients in emergency situations for stabilization to allow transport to our hospital for further care. This includes general practice veterinarians, rural nurse practitioners, physicians, EMT's and many other community members. The commonality between these community members and the advocates and authors of House Bill 70 is that they are all working tirelessly with the goal of providing that patient with the best possible care and the best possible outcome.

We have also received some catastrophic referrals from well meaning human medical professionals that acted without guidance and correspondence with a licensed doctor of veterinary medicine. The primary concerns that we have regarding HB 70 are as following:

1. Lack of collaboration with Veterinarians (Indirect Supervision)
  - The bill specifically references no direct or indirect supervision by a veterinarian.

This allows for practicing veterinarian medicine independently without a license. Indirect veterinary supervision is readily available via telemedicine.

2. Lack of peer review/ board process allowing reliance for medical protocols upon a single veterinarian.
  - Designing an entire medical protocol requires collaboration and various opinions.
  - This needs to have sustainability and checks and balances to ensure the standards of medicine are appropriate and the quality of care is upheld.

Relying upon a single veterinarian does not foster sustainability or accountability. This allows for bias, conflicts of interest or protocols/ procedures to be widely implemented that do not meet standard of care.

- An advisory panel of medical professionals is imperative to allow for checks and balances.

3. Lack of regulatory body for oversight.

- Who is the disciplinary body for medical errors, malpractice claims? Who is liable for poor outcomes and who is carrying veterinary malpractice insurance?

- Complaints regarding emergency responders are out of the purview of the Board of Veterinary Examiners. They have no regulatory authority on medical professionals whom are not licensed veterinarians or veterinary technicians.

- Additionally, the regulatory body for EMS/paramedics does not possess the scope of knowledge to critically evaluate decisions and practice decisions related to Veterinary Medicine.

- No other licensed medical professional is allowed to practice without a disciplinary board's oversight and without passing boards that show knowledge and skill is appropriate. This is dangerous and devalues these patients as we would not consider a similar measure appropriate allowing veterinarians to practice medicine on human patients.

- This is not battlefield medicine, we have licensed professionals readily available. We manage rural emergencies as a profession regularly and with creativity and grace.

4. Inability to extrapolate across species and address fluidity and variables inherent in ER medicine.

- As emergency clinicians with extensive experience, we can attest that there is no single training or course that can account for the complexity of Emergency veterinary medicine in practice.

- Success is very dependent on making critical decisions rapidly with an expansive knowledge base and clinical experience. This simply can not be taught in a three day course. While there is overlap in all medical fields, there are critical differences between species.

5. What are the costs associated with training paramedical professionals and who will incur these costs?

- Is this cost justifiable for the extremely infrequent nature of emergencies with operational canines?

- Could these situations be effectively addressed with basic stabilization and consultation via a phone call with an emergency veterinarian?

- Our veterinary practice act allows us to initiate a veterinary client patient relationship (VCPR) remotely in emergency situations while the patient is in transport to our care. We already maintain the malpractice insurance, liability coverage and DEA and state licensing to initiate this care.

- Please reference the updated Alaska veterinary medicine practice act regarding VCPR, section E regarding emergency care in remote situations.

6. First responders have ready access to 24 hour veterinary care via telephone correspondence.

- The veterinary community as a whole is extremely supportive and appreciates the value, work and lives of operational canines. A simple phone call would be readily received and we would absolutely help/consult on any case with a first responder. This is already a large part of our practice and we have a Veterinarian on site 24 hours a day.

7. Who is providing oversight regarding controlled substances?

- There is significant tracking and potentially legal issues when controlled drugs are being used outside of the purview of the individual's DEA license.

- If human providers are using their DEA licenses to maintain controlled substances for infrequent veterinary indications how is this to be tracked? Veterinary patients have no unique identifiers. A dedicated “ vial “ of methadone for operational canines would expire with the infrequent need making logistical tracking very difficult.
- Has the DEA been consulted regarding this bill?
- 8. This bill defines Operational canines to include search and rescue animals(SARS).
- SARs are privately owned animals , these are peoples’s pets. They are not government owned officers. There is significant litigious potential should a clinical error be performed in the field or a preventable poor outcome.
- 9. Safety of the first responders is in jeopardy with this broad legislation.
- Operational canines can be extremely dangerous, especially in the absence of the handler or when injured/ painful.
- It is common place to use veterinary specific sedatives in these patients to safely muzzle / handle or stabilize them. This can be challenging in the clinical setting with very experienced veterinary personnel.
- First responders are not trained to handle these specific sedatives or patients and this poses a very big safety risk for both the canine and the provider.

In summary, appropriate and best care for the patient is the ultimate goal for all parties. The veterinary community at large and the ER and urgent care clinicians that provide care to Search and Rescue, Police and Operational canines are available and ready to help and collaborate on the dynamic nature of these cases. The AKVMA and the Board of Veterinary Medical Examiners worked collaboratively to make VCPR legislation that allows veterinarians to initiate an initial VCPR via telemedicine. This allows us to guide the EMS and paramedics regarding drugs that are appropriate for emergency interventions.

This non traditional VCPR allows the licensed veterinarians that attended a doctorate-level intensive educational endeavor to guide the care of these extremely revered and valuable canines. Please, include veterinary professionals in this process. We can and will talk through drug doses and indications, emergency tracheation of the GDV patient and fluid resuscitation. We are here fighting with you for the same goals for the same patients.

We value all first responders and appreciate your initiative to help our canine patients. Please, do not move forward without the guidance from the veterinary community. First responders should initiate basic stabilization measures and then allow us to use our experience and education to help best serve these patients needs.

Emergency medicine has too many variables and is far too unpredictable to appropriately serve these extreme emergencies with a three-day course. Veterinarians are the best qualified source due to variation amongst the species with nuanced extrapolation between human medical training to veterinary medical training. There may be a large degree of overlap, however, the exceptions and variables in physiology, anatomy ,drug metabolism, and disease process can be irreversibly detrimental in the hands of well-meaning medical professionals that do not have the training and education that we possess for an extensive number of species.



We look forward to supporting our first responders in a collaborative effort moving forward.

Sincerely,

Amanda Taylor , DVM

AVMA delegate -10 years

AKVMA board member - 10 years

Emergency Veterinarian at Pet emergency treatment with 16 years clinical experience

Sarah Lavery , DVM

Medical director Pet Emergency Treatment ,

Veterinary Specialists of Alaska and Pet urgent care.

Emergency Veterinarian at Pet emergency treatment with 18 years clinical experience.

Ashley Melco , DVM, ACVIM

Internal medicine specialist at Pet emergency treatment

AKVMA president elect

Michael Riddle , DVM

Emergency veterinarian at Pet Emergency treatment with 25 years clinical experience.

Allison Melocik , DVM

Emergency veterinarian at Pet Emergency treatment with 26 years clinical experience.

Samantha Yeltatzie, DVM

Emergency veterinarian at Pet emergency treatment with 20 years clinical experience.

Cat Hefley, DVM, CCRT, PGCert SAS

Emergency veterinarian at Pet Emergency treatment with 18 years clinical experience.

Teagan Alce , cvMA

Emergency veterinarian at Pet emergency treatment with 11 years of clinical experience.

Emily Campbell, DVM

Emergency veterinarian at Pet emergency treatment with 5 years clinical experience.

Grace Kopitzke, DVM

Emergency veterinarian at Pet Emergency treatment with 3 years clinical experience.



# NORTH POLE VETERINARY HOSPITAL

2942 HURST ROAD  
NORTH POLE, AK 99705  
(907) 488-2335  
npvhcontact@gmail.com

Katrina Backus, DVM  
Denali Lovely, DVM  
Melissa Rouge, DVM  
Dawn Brown, DVM  
McKayla Dick, DVM  
Bentley Richards, DVM  
Jenni Borghese, DVM  
Samantha Johnson, DVM  
Alea Robinson, DVM  
Renee Rember, DVM

## House of Representatives

Alaska State Capitol Juneau, Alaska 99801-1182

Subject: Opposition to HB 70

**Dear Honorable House of Representatives**

**Subject: Opposition to HB 70 - Protect Veterinary Standards**

Dear Honorable House of Representatives,

We strongly oppose HB 70, which would allow unlicensed individuals to perform veterinary procedures. This bill puts animal health at risk, undermines veterinary standards, and raises serious public safety concerns.

Veterinary medicine requires years of education and experience to ensure the well-being of animals and the safety of the public. Allowing unqualified individuals to provide medical care – without accountability – risks misdiagnosis, improper treatment, and medication misuse. Existing laws already cover emergency situations, making HB 70 unnecessary.

Instead of lowering standards, we should focus on real solutions. We urge you to reject HB 70 and ensure veterinary medicine remains in the hands of trained professionals. Thank you for your time and consideration.

Sincerely,

Katrina Backus, DVM  
Medical Director



**Thrive Veterinary Surgical Services, LLC**

T | 907-931-8139 W | [thriveveterinarysurgery.com](http://thriveveterinarysurgery.com)

E | [info@thriveveterinarysurgery.com](mailto:info@thriveveterinarysurgery.com)

February 14, 2025

**Subject Line: Opposition of House Bill 70**

Dear Senator/Representative,

Thrive Veterinary Surgical Services, LLC is writing to express our strong opposition of House Bill 70. HB 70 proposes to exempt emergency medical technicians (EMTs) and mobile intensive care paramedics (MICPs) from veterinary medicine license requirements by allowing them to treat operational canines (those in law enforcement and privately owned search and rescue dogs) in emergency situations. Although this bill may initially sound essential to the untrained professional, it presents significant concerns for both veterinary medicine and public safety.

- 1. EMTs and MICPs are unqualified to diagnose or properly treat animals outside of basic first aid**, especially when advanced stabilization methods or drug administration is needed. This poses serious risks such as misdiagnosis, improper treatment, legal ramifications, and death. **Operating as a veterinarian without undergoing 4 years of advanced education and passing the National Veterinary Licensing Exam is illegal.**
- 2. Government canines already have dedicated trained handlers and staff veterinarians for emergency care.** It would be extremely rare for a human health care provider to be in a situation where veterinary care is needed outside of basic first aid without any ability to contact a veterinarian. **This highlights the questionable necessity of this bill.**
3. Search and rescue dogs are often privately owned. **Allowing unlicensed individuals to practice veterinary medicine on such animals is unethical and unacceptable.** Not upholding the veterinary license requirements in the treatment of operational canines also leads the way for the development of similar bills in other scenarios. Trained veterinary professionals are the standard of care and not only protect the safety of canines, but also our nation's food animals. **The risk to public safety with the addition of inappropriately trained individuals practicing veterinary medicine is too high.**
- 4. EMTs and MICPs would lack the specialized knowledge needed to ensure the safety of the handler, animal, AND the responder themselves.** Putting health care providers on the scene at risk of harm when improperly treating a hurt animal is inappropriate.

Overall, House Bill 70 presents significant concerns for both veterinary medicine and public safety. Handlers are trained to work with their canines in high-stress situations. Without proper veterinary oversight, the safety of both the handlers, animals, and responders is compromised.

**Thrive Veterinary Surgical Services strongly OPPOSES HB 70 in its current form and advocates for solutions that ensure trained veterinary professionals remain the standard of care for operational canines.**

Respectfully,

Vanessa Serratore, DVM, Veterinary Surgeon  
CEO of Thrive Veterinary Surgical Services, LLC



# AKVMA OPPOSES HB 70 and Recommends Amendments to Emergency Medical Services to Operational Canines

## What This Bill Does?

The Alaska Veterinary Medical Association (AKVMA) recognizes the importance of ensuring that operational canines receive timely medical care in emergency situations. However, we have significant concerns with House Bill 70 in its current form. While we understand the intent behind the bill, the AKVMA believes that the language as written could present risks to both the animals and the emergency responders. We urge lawmakers to reconsider certain provisions and work towards amendments that would better safeguard both public and animal welfare.



## Concerns with the Bill?

Section 18.08.093 of House Bill 70 allows emergency medical technicians (EMTs) and mobile intensive care paramedics (MICPs) to provide **emergency medical services** to operational canines under certain circumstances. While we acknowledge the intent to ensure timely medical care, the language in this section is overly broad and creates significant risks to both the animals and emergency responders.

Allowing EMTs and MICPs, who lack formal veterinary training, to provide emergency care to operational canines **beyond basic first aid** could lead to misdiagnosis, improper treatment, legal liabilities, and even potential death for animals.

## AKVMA Proposes:

- ✓ Working towards a solution that allows EMTs and MICPs to provide “*basic first aid to operational canines*” with the goal to stabilize and transport to a veterinary facility for emergency medical services. While we acknowledge the intent to ensure timely medical care, EMTs and MICPs lack the specialized knowledge required to safely treat animals, putting both the animals and responders at risk.
- ✓ Including statutory language that defines “*basic first aid to operational canines*” clearly and explicitly ensuring that EMTs and MICPs understand the limited scope of care they can provide.

“*Basic first aid to operational canines*” means providing immediate medical care in an emergency situation to which the emergency responder is responding, that is intended to stabilize the operational canine that the animal can be safely transported as practicable to a licensed veterinarian for treatment. The scope of care provided by EMTs and MICPs should be limited to the following procedures:

- (A) Administering oxygen.
- (B) Managing ventilation by mask.
- (C) Manually clearing the upper airway, not including tracheal intubation or surgical procedures.
- (D) Controlling hemorrhage with direct pressure.
- (E) Bandaging for the purpose of stopping bleeding.

**AKVMA welcomes and encourages EMTs, MICPs, and lawmakers to work with veterinarians to craft specific statutory language that balances the need for rapid response with the protection of animal welfare. Together, we can find a solution that works for both the operational canines and the emergency responders who serve them.**