

Dear fellow Colorado veterinarians,

I am sure by now you have heard about Proposition 129, which will allow for the creation of a Veterinary Professional Associate (VPA) role in Colorado. This new career pathway will allow master's degree-level professionals to work under the supervision of a licensed Colorado veterinarian. Over the past five years, independent of this ballot measure, Colorado State University has been evaluating industry needs and developed a robust and comprehensive proposed curriculum to train VPAs and ensure they are prepared to provide an advanced level of support for Colorado veterinarians.

Intentional misinformation about the VPA role has been widely disseminated. If this rhetoric was true, no animal welfare organization in the state would support this evolution of veterinary medicine.

Thankfully, the VPA initiative is a thoughtful, logical, and supportive way to increase access to veterinary care and decrease mental and emotional pressures on veterinary teams. As a profession, we must be courageous in delving into the many challenges that we face as we strategically imagine how we can disrupt what is a broken system.

Historically, the AVMA and state VMAs have made veterinary policy decisions that often come from a place of arrogance. How do we celebrate the social, emotional, and physical health benefits of pet ownership while also saying that people who cannot afford veterinary care should not own a pet? From what viewpoint does one say that pet owners who do not access veterinary care simply don't care enough about their pets to provide them care?

What is the impact of AVMA's definition of demand for veterinary care accounting only for those who can afford veterinary on the veterinarian who struggles with the moral distress of euthanizing an animal for economic reasons? How do we expect a veterinarian to react when they are working harder and more hours than they can sustain, and are told to "be more efficient and do more"? How do we expect to change any of these foundational cracks in our profession without evolving how we do our work?

The VPA role is not the only solution to these issues, but it is a great opportunity to positively impact our profession. Imagine a highly trained, capable professional who works under the supervision of a veterinarian as directed by the DVM. Imagine that this person has graduated from an accredited VPA school with a master's degree in veterinary clinical care and has passed a national competency exam. This VPA has liability insurance and is fully covered by the veterinarian's liability insurance. Perhaps this VPA worked as a veterinary technician for years and would have left the profession if this career path was unavailable. Maybe he is from a rural community where they want to return to heal his neighbor's animals, and perhaps she was only able to reach her dream of working in veterinary medicine because there was a financially accessible degree program. Or maybe they are one of the thousands of qualified applicants for veterinary school who were not accepted, despite having the real-life experiences and resiliency we need.

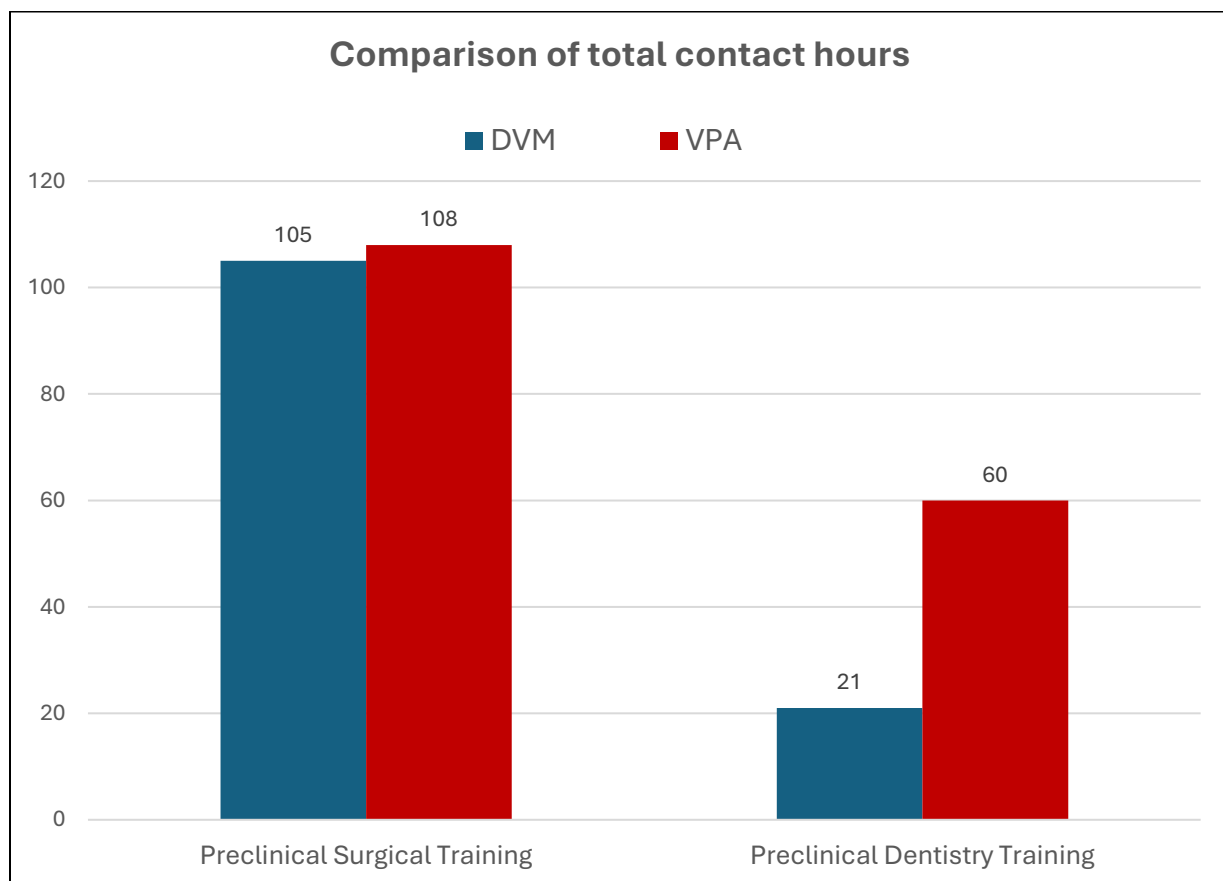
This is the reality that advocates of the VPA are working toward. Despite what the AVMA might tell you, we are much further along this journey than you may imagine. AVMA's President, Dr. Sandra Faeh, was quoted recently in a press release saying, "The proposed training for this position is completely inadequate and will lead to missed or delayed diagnosis...leading to more suffering for the animal and increased cost for the client." This is blatantly false and based on a willful lack of knowledge. The Master's in Veterinary Clinical Care degree program under review at Colorado State

University's College of Veterinary Medicine and Biological Science is a 65-credit hour program focused only on cats and dogs. Future graduates of this program would be able to serve in shelter medicine regardless of the success of this legislation, but if this proposition is passed they could make a bigger impact and truly move the needle on helping animals across our state.

Because DVMs must learn about many more species, the actual training for a VPA on the species they will be treating is very similar between the programs. Approximately 38% of the DVM curriculum for a student who is focusing on small animals is specific to cats and dogs, and an additional 27% of training is relevant to all species. Sixty-five percent of a four-year education vs 100% of a two-year education represents a slight difference, but not one that would result in an untrained VPA.

Considering the VPA will work under the supervision of a DVM and would not be expected to handle complex medical cases, it is clear the VPA will be equipped to provide excellent care to patients.

What about surgical training or dentistry? When you compare the proposed VPA curriculum, including surgical labs, with DVM preclinical surgical training in small animals, the required pre-clinical surgical training for a VPA is 108 hours as compared to 105 hours for the DVM program. To assert that a VPA would be unprepared for surgical procedures is to say that DVMs are similarly unprepared. The difference when it comes to preclinical training in dentistry is even more striking—the VPA program will have three times as much preclinical training in small animal dentistry as the current DVM curriculum.



These are only a couple of examples of how robust the MVCC program at CSU will be. The prerequisites for the program are very similar to those to qualify for the DVM program. The number two veterinary school in the country (CSU) is stepping up to provide a comprehensive program to prepare this new profession for success.

It is offensive to say that someone with this level of training, while supervised by a DVM, would create suffering for animals while millions of pet owners report not being able to access veterinary care to provide any relief to injured and sick animals. Many of these pet owners are desperate for help but cannot obtain appointments, live in a veterinary desert, or cannot afford care.

The Coalition for the Veterinary Professional Associate (www.cvpa.vet) is a national coalition of leaders including veterinarians, veterinary technicians, and animal welfare advocates who have formed a 501c4 nonprofit organization dedicated to facilitating the VPA through creating standards, certification, and accreditation. For an educational program to be accredited, the program must be available at three or more learning institutions. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is a programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation (CHEA). The Coalition for the Veterinary Professional Associate is an Associate Member of CAAHEP and intends to establish a new health science discipline and Committee on Accreditation for the Veterinary Professional Associate profession.

The CVPA's Standards, Certification, and Accreditation Committee is working with CAAHEP to develop standards for the profession. This Committee is also working on the delivery of a national certification examination that can serve as a requirement for licensure with an organization that provides this service for human healthcare professions.

Competency examinations must be taken by hundreds of graduates before the tests can be validated. Consider that veterinarians practiced for over a decade before there was a competency exam and even longer before there was accreditation of veterinary schools. With the work of the CVPA, these goals are expected to be accomplished within a couple of years. To oppose the VPA movement because these steps cannot yet happen is short-sited and manipulative.

What about the concern about liability? Understanding the level of training of a VPA, and that they only do work that is delegated by their supervising DVM, hopefully allays this fear. Additionally, most veterinary liability insurance policies cover the veterinarian's liability if the delegation did not violate the law which is why it is imperative to amend state veterinary practice acts. And finally, several professional liability insurance companies have expressed a strong desire to insure VPAs. To some degree, this is likely because "both the AMA and allied health organizations agree that properly supervised PAs and NPs should lower a physician's liability risk".¹

Why is a VPA needed?

This brings up the demand debate. AVMA uses a 2.5% decrease in visits year over year to show that there is no veterinary workforce shortage. In their Veterinary Industry Tracker² they also report an increased revenue of 3.4% year over year. Fewer visits with more income only happens when fees have increased. In fact, between 2020 and 2023, the cost of veterinary medicine has increased at twice the rate of overall inflation.³ Unless inflation results in fewer injured and sick animals, using the number of visits to a veterinary hospital as a proxy of animals that need veterinary care is absurd.

There is abundant evidence that the US has a serious veterinary workforce shortage.

Consider:

- **72% of practices in Colorado report they divert clients at least weekly because they could not fit them into their schedules in a reasonable timeframe.⁴**
- **Openings for veterinary positions are projected to grow 19% over the next decade, almost five times as fast as the expected growth in all occupations.⁵**
- **The projected 52,926 veterinary graduates over the next ten years will only meet 76% of the 70,092 veterinarians needed.⁶**
- **Every state in the country has USDA identified veterinary workforce shortage situations (<https://www.nifa.usda.gov/vmlrp-map>).**

It is imperative to note that the above workforce challenges address the demand for veterinary services by pet owners who can afford market-rate veterinary care. A 2021 survey of dog owners⁸ revealed what many other surveys have shown, that “across all demographic groups, cost appeared to be the largest barrier to veterinary care with 49.6% of participants indicating cost to be a challenge.” It is estimated that over 29 million dogs and cats live in households eligible for the Supplemental Nutrition Assistance Program (SNAP)^{9,11} where a three-person household must have a monthly income under \$ 2,694. There is no room for veterinary bills for these families, but their pets still get sick.

There are very few subsidized veterinary hospitals providing care to sick and injured pets, and the hospitals that do so are overwhelmed with demand. Often, when veterinary care for a beloved pet is financially unavailable, the only options are euthanasia and relinquishment to a shelter.

The impact of this shortage on practicing veterinarians is heart-wrenching:

- **A quarter of veterinarians report they want to work fewer hours even if they earn less.⁷**
- **Burnout rates are increasing for all veterinarian roles in private practice.⁷**
- **77% of surveyed veterinarians reported that the economic limitations of clients were either a moderate or primary contributor to their level of professional burnout.¹⁰**

Will creating a VPA lead to more cost-sensitive options for veterinary care? Yes. Animal Health Economics has completed three business models that will soon be published. These show significant business opportunities when VPAs are utilized, resulting in revenue that can augment technician salaries and be deployed to offer lower-cost care. Funding for subsidized veterinary hospitals is outpacing the ability of animal welfare groups to hire veterinarians, roles that a VPA could successfully fill. Finally, without a VPA, there is little hope that low-cost veterinary options will become more available.

Who is funding the ballot measure in Colorado? To date, the investment in obtaining enough signatures to get on the ballot in Colorado has been \$1.3 million. This has been funded primarily by animal welfare organizations, including the Dumb Friends League, the ASPCA, and NOCO Humane. Many invested citizens of Colorado have also contributed. No corporate funding has been accepted by these non-profit organizations and subsequently invested in this initiative. One gift of \$10K was donated to the Vet Care Coalition directly from a corporation. The claim that corporate veterinary medicine is funding this work is false.

As scientists, we base our opinions on available information. As veterinarians, we have sworn to protect animal health and welfare. As colleagues, I ask you to join me and many colleagues in creating a future where our profession meets the needs of our society, veterinary teams, and animals. The first courageous step on this journey is to support Proposition 129. Please contact me at asteele@ddfl.org if you would like to join the many Colorado veterinarians supporting the VPA movement.

Best,



Apryl Steele, DVM, CAWA

References

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