

RE: WRITTEN TESTIMONY IN FAVOR (FAV) OF **HB 1388**

TO: Honorable Delegates, House and Government Operations Committee

FROM: Malinda R. Lawrence, 1630 Shore Drive, Edgewater, MD 21037

DATE: Friday, March 1, 2024

Thank you for the opportunity to appear and be heard in support of HB 1388 on March 5, 2024.

My interest in this bill stems from my experience with veterinary emergencies as a long-time horse owner in Maryland. My sole surviving horse, now 19 years old, suffered life-threatening emergencies no fewer than four times in his life. Three of those required surgical intervention. On those occasions, his life was saved by the good fortune of close proximity to the emergency treatment that he needed. On two of those occasions his life was saved at a medical-surgical facility in the county where I live that no longer exists. In fact, to my knowledge, no such facility currently exists in the entire state of Maryland.

Were one of these same emergencies to happen to my horse tonight, here in Anne Arundel County, my only options would be to transport him to Leesburg, Virginia or New Bolton in Pennsylvania, and he would die. He would not have hours, and would not survive the trip.

In addition to losing our medical-surgical facility, in the 13 years I have lived in Maryland our county has lost numerous ambulatory-practice veterinarians as well; at least seven of whom I am personally aware. Meanwhile, we have gained few if any in the last several years. This is resulting in an acute shortage of emergency response coverage even of ambulatory vets able to treat a horse on site. Non-compete restrictions have played a role in many if not most of these losses. When practice groups evolve or reconfigure themselves, all but the founding member(s) are forced to relocate.

The remaining practitioners are oversubscribed to say the least. Since I first expressed an interest in this legislation, multiple people have shared with me harrowing stories of having recently sought emergency response only to be told that the on-call vet is already occupied with an emergency, or to receive no response at all. The number of emergencies seems to be rapidly outpacing the number of available vets at any given time. No one's veterinary (or human health care, for that matter) business seems to be suffering from competition. On the contrary, we are all experiencing a continuously growing unmet need.

Many people also regard these sorts of restrictions as an unwelcome intrusion in or obstacle to their treating relationship with their physician or veterinarian. For humans or animals with lengthy and complicated medical histories, the forced relocation of one's

treating professional is disruptive to say the least, and surely serves no genuine public policy interest.

Moreover, as a matter of economics, we have exchanged veterinary medical-surgical resources that could be an asset, drawing patients into Maryland, for a total absence of them, sending patients out of state instead. With them goes all of the economic activity that attends surgical treatment and hospitalization, such as hotel, restaurant, and gas station patronage.

In my view, this bill is perhaps the single most important and most effective measure the legislature could take to help alleviate this increasingly problematic situation.

Thank you all for your kind consideration of these concerns, and this important legislation.

Respectfully submitted,
Malinda R. Lawrence
Edgewater, Maryland