

Special Report

What *Hines v Pardue* and *Chiles v Salazar* mean for your veterinary practice—and what they don't: a plain-language guide for veterinary professionals

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Two court cases recently caught the attention of the veterinary world and have sparked debate about the future of the veterinarian-client-patient relationship (VCPR).^{1,2} Most states require veterinarians to establish VCPRs in person before they are allowed to diagnose or treat an animal, including prescribing medicine, with some limited exceptions for emergency care.

In the first court case, the Texas Board of Veterinary Medical Examiners filed disciplinary charges against a veterinarian for providing care without first establishing the VCPR in person. The veterinarian argued that if all he was doing was talking with people—not prescribing medicine or performing procedures—the in-person VCPR requirement, *as applied to him*, was an illegal restriction on what he could say and therefore violated the First Amendment.¹

That case, *Hines v Pardue*, is now over. The federal appellate court for that region of the country agreed, ruling he could not be punished solely for talking with people about their pets. In April, the Supreme Court declined to step in, meaning the appellate court ruling stands.

Separately, in March, the Supreme Court decided a different First Amendment case involving professional regulations. This court case had nothing to do with veterinarians, but instead involved a licensed therapist. The therapist engaged only in talk therapy with her clients and challenged a Colorado law limiting what she could say during certain sessions. The Supreme Court agreed with her that this law violated her free speech rights under the First Amendment.²

Some commentators have connected these decisions together and drawn sweeping conclusions about what they mean for veterinarians, namely that the in-person VCPR requirement is dead and telemedicine for veterinarians is now a constitutional right. That conclusion is wrong—and acting on it could risk disciplinary action against your veterinary license.

Here is what actually happened, what it means, and what has not changed.

The Cases in Plain Language

Hines v Pardue

Dr. Hines was a retired veterinarian in Texas who offered veterinary advice to people around the world remotely—primarily through emails and phone calls—without ever physically examining the animals involved. The State took disciplinary action against Dr. Hines because Texas's VCPR law requires veterinarians to establish the VCPR in person before providing any such veterinary care. In this lawsuit, Dr. Hines did not challenge the VCPR as a general matter—just as it applied to his own situation, in which all he did was talk. He argued that requiring an in-person VCPR before he could talk to his clients violated his First Amendment free speech rights.¹

The US Court of Appeals for the Fifth Circuit, which is the federal appellate court that covers Texas, Louisiana, and Mississippi, sided with Dr. Hines. The court explained that Dr. Hines did “not physically examine animals, perform surgeries, apply casts, splints, or bandages, administer vaccinations, or prescribe prescription medication.”¹ All he did was talk to clients. In this narrow context, the court continued, the in-person VCPR requirement regulated Dr. Hines' speech—both in terms of whether he could communicate with pet owners and what he could say to them. In other words, requiring him to establish an in-person VCPR before talking with clients violated Dr. Hines' First Amendment rights. The court explained that, importantly, it was Dr. Hines' communications, not his conduct, that triggered the disciplinary charges.¹

The Supreme Court's decision not to review this ruling does not mean the Supreme Court agrees with the Fifth Circuit—just that the Fifth Circuit ruling stands. The Court accepts only about 1% of the requests it receives to hear a case. As a result, the Texas Board of Veterinary Medical Examiners cannot enforce its in-person VCPR requirement against Dr. Hines. Further, this ruling governs only the states in the Fifth Circuit.

Chiles v Salazar

This case has nothing to do with veterinary medicine. Ms. Chiles was a licensed therapist in Colorado.

She challenged a Colorado law barring therapists like her from engaging in what has been called “conversion therapy” with minor patients—that is, counseling that attempts to direct a minor’s sexual orientation and gender identity toward heterosexuality and cisgender. Ms. Chiles challenged that law as a violation of her First Amendment right to free speech.²

The Supreme Court agreed with her in a ruling with a vote of 8 to 1. The reason for this ruling is highly relevant. The key legal issue was whether the law, as applied to Ms. Chiles, regulated her speech (what she says) or her conduct (what she does), and if it regulated speech, did it regulate the content of her speech. In this case, the Court found that Colorado’s law regulated her speech and did so on the basis of the *viewpoint* she expressed about sexual orientation or gender identity with her clients. They also pointed out that all Ms. Chiles did was speak to clients, as she was a talk therapist. She also did not prescribe medication, perform procedures, or use any physical treatment.²

The Court made clear that the First Amendment protects professionals from government efforts to control what they say on the basis of the viewpoints they express. The fact that the law was triggered when the therapist expressed that viewpoint is critical. The ruling was carefully limited to this context: it involved only speech, not professional conduct.

Key Takeaways for Veterinarians From the Court Rulings

The Supreme Court and Fifth Circuit rulings were very limited. The individuals who brought these cases engaged only in speech, not conduct. *Conduct versus speech* is the central distinction in these cases. As a general premise, *conduct* means actions (prescribing, treating), while *speech* means communication (writing, speaking). The First Amendment limits government restrictions on speech, but gives states much broader authority to regulate conduct.

As a general matter, the practice of veterinary medicine typically involves conduct, whether it is prescribing medicines, providing vaccinations, performing surgeries, using medical devices, or engaging in other physical treatments. In these other situations, requiring an in-person VCPR is a precondition for veterinarian *conduct*, so it does not implicate veterinarians’ free speech rights. States have long had broad authority to regulate professional conduct, and these rulings reinforce that requirements tied to conduct are constitutional.

The VCPR is still good law

To be clear, the VCPR—in Texas or anywhere else—has not been struck down. Dr. Hines’ case was what is called an “as applied” challenge. That means he was not arguing that the law was unconstitutional across the board—only as applied to his situation. So, the Texas in-person VCPR requirement is still valid. The in-person VCPR exists for good reasons rooted in animal health and welfare, public health, animal and human safety, and professional accountability. It is also a critical factor in protecting animal agriculture and the food supply, which are sources of significant economic activity. These reasons are im-

portant, both for veterinary medicine and justifying the VCPR, should it be challenged again in court.

The VCPR applies to conduct-based aspects of veterinary medicine

The courts drew a line between the people in these cases, who only talked to their clients, and practitioners who do more than just talk. Specifically, they explained that prescribing medicine, providing physical treatments, and engaging in other actions are the exact types of professional conduct that states may regulate. So, when a practice involves such hands-on care or prescribing, it is important to adhere to the applicable state and federal regulations, including in-person VCPR requirements.

The federal VCPR also applies to conduct-based aspects of veterinary medicine

For these same reasons, neither *Hines* nor *Chiles* has any impact on the federal in-person VCPR requirements. Federal in-person VCPR requirements are tied to conduct such as extralabel drug use and issuing a veterinary feed directive.

States can still regulate veterinary medicine

It would be a mistake to read too much into these decisions and conclude that they limit the power of states to regulate certain aspects of veterinary medicine. Both courts reinforced the fact that states have the authority to regulate professional conduct, and the VCPR itself is a rule about what you do, not what you say. Courts weigh competing interests when deciding whether a regulation, even one about professional actions like this one, violates First Amendment rights. They may look at whether the regulation impacts speech directly or only incidentally, governs the content of the speech, or favors certain viewpoints, among other things. They then weigh those answers against the importance of the regulation.

The government can still regulate some veterinary speech

Even under these legal rules, states, along with the federal government, still have the authority to regulate certain types of speech. Think of it as a sliding scale. The more a regulation impacts speech, the more important the government’s reason must be for it to be upheld in court. For example, informed consent laws that require veterinarians and other healthcare professionals to communicate certain risk information to clients directly regulate speech and have long been upheld as serving a valuable purpose.

The boundary between speech and conduct is not a bright line

From a legal perspective, a takeaway from these cases is that the line between unlawful restriction on speech and a lawful restriction on professional conduct is not always clear-cut. Courts have struggled with exactly where professional advice ends and professional conduct begins, calling it “notoriously foggy.” Reasonable judges have reached different conclusions. Veterinarians should be cautious if they are risking disciplinary action on a favorable outcome in their own situations.

What Do These Rulings Say About Veterinary Telemedicine?

The short answer is “not much.” If someone says that, as a result of *Hines* and *Chiles*, telemedicine is now a constitutional right, be very skeptical. A constitutional right means a right that the government cannot take away without compelling justification. These cases do NOT create any new constitutional right to practice telemedicine without a VCPR.

VCPR laws still apply to virtually all telemedicine situations

As indicated, the *Hines* decision applies only in the Fifth Circuit—Texas, Louisiana, and Mississippi—and to a very narrow set of facts particular to Dr. Hines. In these states, licensing boards will likely look to ensure that any disciplinary action for not following the VCPR is triggered by a veterinarian’s conduct, not communications. Outside these states, the *Hines* opinion is not binding at all. Courts in other parts of the country are not required to follow the Fifth Circuit’s ruling in *Hines* and can reach the opposite conclusion, even in situations identical to those with Dr. Hines.

Prescribing medicine on a telehealth platform can still require a VCPR

Any telemedicine practice that involves prescribing medication is clearly in the category of professional conduct that states have long been allowed to regulate. Requiring a veterinarian to establish an in-person VCPR before prescribing medication does not regulate speech—just conduct. The First Amendment does not protect that activity, and neither *Chiles* nor *Hines* suggests otherwise.

Professional-to-professional consultations remain appropriate

Veterinarians regularly seek specialist input—a radiologist reviewing imaging, an internal medicine specialist offering a differential diagnosis, a toxicologist advising on an exposure case. These consultations, so long as conducted within established frameworks, remain lawful. However, direct client-facing remote advice, whether as a primary or secondary opinion, that constitutes the practice of veterinary medicine may still violate VCPR laws.

Other types of animal-related discussions need to be individually assessed

Veterinarians should talk with a local lawyer if they have any questions about whether the in-person VCPR or other requirements apply to their specific situations, including where a veterinarian is communicating with an owner regarding the treatment of an animal. The answer may depend on a variety of factors, including whether the veterinarian is engaging in conduct in addition to communicating with clients and where the veterinarian and animal are located.

Publishing on pet-related topics should remain lawful

Providing general thoughts on veterinary topics, such as in a blog post or on a radio show, would

likely be considered speech and given some First Amendment protections.

Remember, the veterinarian bears the risk

Complaints about improper prescribing or other veterinary conduct on telehealth platforms are already reaching state licensing boards. The veterinarian—not the telehealth company—would face disciplinary action. Veterinarians should seek independent legal advice before engaging in telemedicine.

The Bottom Line

Chiles and *Hines* are significant developments that deserve attention. They confirm that First Amendment protections apply to professional speech and that disciplinary actions based solely on what a professional says must have a solid legal basis. That is a meaningful legal principle.

But they are not the revolution some are claiming. The *Hines* ruling is limited to one circuit and one set of facts. The Supreme Court’s choice not to hear the case changed nothing. The VCPR—as it applies to prescribing, treating, and practicing veterinary medicine—remains intact. States retain broad authority to regulate veterinary conduct and will continue to enforce those rules.

Telehealth has a legitimate and growing role in veterinary care. Used responsibly—to triage, provide client education, support existing patient relationships, and facilitate specialist consultations between professionals—it is a valuable tool. But the idea that these rulings have done away with in-person VCPR requirements for the use of telemedicine is not what the courts actually decided.

If you are considering changes to your practice based on these rulings, talk to an attorney who knows the laws in your state. The stakes—disciplinary action, your livelihood, and your patients’ health and welfare—are too high to act on a misreading or over-reading of any court case.

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Disclosures

Phil Goldberg is the office managing partner of Shook in Washington, DC, and cochair of the firm’s Public Policy Practice Group. For the past 20 years, he has been counsel to the AVMA and Animal Health Institute on legal issues related to animal welfare and rights.

This article has not undergone peer review. It is provided for general informational purposes only and does not constitute legal advice. Veterinarians with specific questions about the VCPR requirements in their state should consult qualified legal counsel.

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References

1. *Hines v. Pardue*, 117 F.4th 769 (5th Cir. 2024).
2. *Chiles v. Salazar*, 146 S.Ct. 1010 (2026).