Subject: Support for Service Animals, Emotional Support Animals, Animals in Healthcare, and Medical Benefits of Pet Ownership (Resolution 508-A-17)

Presented by: Gerald E. Harmon, MD, Chair

Referred to: Reference Committee D
(Shannon Kilgore, MD, Chair)

INTRODUCTION

At the 2017 Annual Meeting, Resolution 508-A-17, “Support for Service Animals, Emotional Support Animals, Animals in Healthcare, and Medical Benefits of Pet Ownership,” introduced by the Medical Student Section and referred by the House of Delegates (HOD), asked:

That our AMA (1) recognize the potential medical benefits of animal-assisted therapy and animals as companions; and (2) encourage research into the use and implementation of service animals, emotional support animals and animal-assisted therapy as both a therapeutic and management technique of disorders and handicaps when expert opinion and the scientific literature show a potential benefit.

Considerable confusion exists in differentiating service animals, emotional support animals (ESAs), and companion animals as well as the role of animals in animal-assisted therapy (AAT). This report will define the different categories of assistance animals and outline the current landscape of evidence related to the use of animals in medical treatments.

BACKGROUND

Lack of clarity and confusion exist regarding the terms used to designate the function and role of animals used for emotional support, comfort, and therapy. Individuals with disabilities may use animals for a variety of reasons, so a clear vocabulary is necessary to advance the science and communicate findings across these disciplines.1

Differentiating factors in the categorization of animals include: 1) the animal’s ability to provide assistance that is related to an individual’s disability; 2) whether assistance or support provided by the animal requires either a basic or advanced skill level (basic skills are synonymous with simple obedience while advanced skills are more complex or specialized tasks); and 3) whether a public service, military, or healthcare professional uses the animal to assist in the implementation of a specific public service task or health-related treatment plan (the primary care-giver for the animal is not the person with the disability).
CATEGORIES OF ASSISTANCE ANIMALS

Service Animal

As defined by Title II and Title III of the Americans with Disabilities Act (ADA), a service animal is a dog (or in some circumstances, miniature horse) “that is individually trained to do work or perform tasks for the benefit of an individual with a disability including a physical, sensory, psychiatric, intellectual, or other mental disability.” The work or tasks performed by a service dog must be directly related to the individual’s disability and that individual is the primary handler and care-giver of the animal. The ADA definition specifically excludes dogs whose sole function is to provide comfort or emotional support. Service animals have broad access to public locations, but access may be prohibited when their presence results in changes to normal business practice or when their presence poses health or safety risks. These animals have an advanced level of training and nationally-recognized certification programs are available but not mandated. Service dogs receive up to two years of training, and can cost more than $40,000. Current demand exceeds availability, and some individuals may wait for several years. The primary care-giver of the dog is often required to live at a training center for a period of time to receive training as well. Guide dogs, autism dogs, psychiatric service dogs, and diabetic alert dogs are examples of trained service animals. Other species of animals, either domestic trained or untrained, are not considered service animals.

During air travel, the Air Carrier Access Act protects the rights of passenger with disabilities and must permit a service animal to accompany a passenger with a disability. Identification cards, other written documentation, presence of harnesses, tags, or the credible verbal assurances of a qualified individual with a disability using the animal qualify as evidence that the animal is a service animal.

Public Service or Military Animal

Public service or military animals have been trained in advanced skills to provide work or tasks to assist public service or military professionals in performing their duties. Cadaver dogs, search-and-rescue dogs, and police dogs are examples of public service animals.

Therapy Animals

Therapy animals are trained in either basic or advanced skills to assist a healthcare professional qualified within the scope of a therapeutic treatment plan. These animals are used by professionals for AAT to help their patients or clients achieve treatment goals. The therapy is conducted under the guidance of a responsible healthcare professional and the treatment is conducted according to accepted practices and ethical principles, which include adequate training of the professional to work with the animal. Therapy animals have limited access to public locations and are often under the care of the professional who oversees the AAT. The patient receiving the AAT is not the care-giver of the animal.

Visitation Animals

Visitation animals are trained in basic skills to provide comfort and support to individuals through companionship and social interaction primarily in nursing homes, hospitals, and schools. Visitation animals are not required to be accompanied by healthcare professionals and are usually handled and owned by community volunteers.
Emotional Support Animals

ESAs provide physical, psychiatric, or emotional support to individuals primarily in their home. No standards exist for the training of ESAs, which usually have only basic obedience skills because they are primarily owned pets.1,3 ESA access to public locations is limited. Their rights are governed by the Fair Housing Act of 1988 (FHA) which states that ESAs can reside in both public and private housing with proof of need for an ESA. Under Federal Department of Housing and Urban Development regulations, an animal qualifies as a support animal if an individual has a disability, an animal is needed to assist with a disability, and the individual demonstrates that there is a relationship between the disability and the assistance that the animal provides.1 Proof of need is most easily, and often, conveyed with a letter from a physician describing the necessity of an animal to a person’s specific disability. Of note and according to the ADA, a letter from a physician stating the person has a disability and needs an animal for emotional support does not mean that animal qualifies as a service animal.2

According to federal regulations, airlines are not required to accept ESAs unless passengers provide current documentation on the letterhead of a licensed mental health professional (e.g., psychiatrist, psychologist, licensed clinical social worker, including a medical doctor specifically treating the passenger's mental or emotional disability) stating: 1) the passenger has a mental or emotional disability recognized in the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM IV); 2) the passenger needs the ESA as an accommodation for air travel and/or for activity at the passenger's destination; 3) the individual providing the assessment is a licensed mental health professional, and the passenger is under his or her professional care; and 4) the date of the documentation and the mental health professional's license information.4

No certification or registration standards exist for ESAs; however, many online agencies claim to "register" an ESA for a fee, offer identification cards, kits with identification vests, and some provide healthcare professional letters for a fee.5-8 The industry that has developed around the certification of ESAs to allow pet owners to have their animals with them in restricted housing and on flights at no cost has raised concerns from both professional and ethical standards perspectives.9

SERVICE ANIMAL AND EMOTIONAL SUPPORT ANIMAL POLICY

The recent proliferation of service dogs and ESAs has led to individuals taking advantage of unclear policies and misrepresenting animals as service animals.3 The ADA permits only two questions to be asked of people with service animals: 1) Is the dog a service animal and 2) what task is the dog trained to perform? No additional inquiry can be made regarding a disability, and no proof of service dog status can be requested. No federal licenses or documents to prove service dog status exist, but some states do have “assistance animal” registries for service dogs with the intended purpose of making access to public places easier for the animal and handler.10 A recent study of assistance dog registrations in California revealed that registrations have increased sharply in the past decade and that tags have been mistakenly issued to ESAs, some cats, and dogs not fitting the definition of assistance dogs under the law.11

Although there is substantial variation in scope and penalty, nineteen states have laws against the fraudulent representation of a service animal.12,13 Other states are considering legislation against fraudulent ESAs.13,14 Furthermore, proposed federal legislation amending the Air Carrier Access Act includes ESAs in the definition of service animals.15

True service dogs are essential for the well-being of their human owners and both humans and the service dogs are put at risk by untrained dogs in public places. Advocates for laws against service
dog fraud, as well as responsible pet owners, have voiced opinions that new legislation should include public education efforts on legitimately trained service dogs and the distractions imposed by untrained pets and the need for a national certification program and registry for legitimately trained service dogs.\textsuperscript{13,16}

Few studies have addressed the public health risks of animals in the healthcare setting and the limited research that has been conducted indicates cause for concern. For example, methicillin-resistant \textit{Staphylococcus aureus} (MRSA) has increasingly been described in cats and dogs making these animals a potential source of MRSA exposure in healthcare facilities.\textsuperscript{17} In a survey of U.S. hospitals, elder care facilities, and therapy animal organizations, health and safety policies for therapy animals varied significantly and many did not follow recommended guidelines for animal visitation, potentially compromising human and animal safety.\textsuperscript{18,19}

\textbf{EVIDENCE RELATED TO THE USE OF ANIMALS IN MEDICAL TREATMENTS}

Limited evidence exists regarding the use of animals for treatments of individuals. Evidence of benefits of AAT and animals as companions is limited in depth because the sample sizes of the few clinical trials are either too small to produce reliable results or there is little evidence that the improvement is due to the presence of the animal as opposed to interacting with the animals’ sympathetic handlers. Additionally, study authors note the need for longitudinal follow-up studies to verify the stability of a therapeutic effect attributed to the AAT on the patients. Of the limited and relatively low quality randomized controlled trials identified, approximately half involved “mental and behavioral disorders” and the types of animal interventions included dog, cat, dolphin, bird, cow, rabbit, ferret, and guinea pig.\textsuperscript{20-25} Numerous examples of individual case studies and individual clinical anecdotes exist in the literature.\textsuperscript{26}

The American Veterinary Medical Association (AVMA) and others have researched the benefits of pet ownership and maintain resources detailing the work.\textsuperscript{27-29} The Human-Animal Bond Research Initiative (HABRI) Foundation and the Purdue University College of Veterinary Medicine maintain an online platform for open research and collaboration regarding the relationships between humans and their pets.\textsuperscript{30}

\textbf{CURRENT AMA POLICY}

AMA policy does not address the use of AAT or companion animals, but broadly addresses alternative treatments. Current AMA Policy H-480.964, “Alternative Medicine,” addresses alternative therapies and states research should be done to evaluate efficacy; physicians should routinely inquire and educate themselves and their patients about alternative therapies; and that patients should be educated about any potential hazards of stopping conventional medical treatment. Policy H-295.902, “Alternative Medicine,” states that medical school courses addressing alternative medicine should present the scientific view of unconventional therapies, potential therapeutic utility, safety, and efficacy.
RECOMMENDATIONS

The Board of Trustees recommends the following policy be adopted in lieu of Resolution 508-A-17, and the remainder of the report be filed:

Service Animals, Animal-Assisted Therapy, and Animals in Healthcare

Our American Medical Association:

1. Encourages research into the use of animal-assisted therapy as a part of a therapeutic treatment plan.
2. Supports public education efforts on legitimately trained service animals, as defined by the Americans with Disabilities Act (ADA).
3. Supports a national certification program and registry for legitimately trained service animals, as defined by the ADA.
4. Encourages health care facilities to set evidence-based policy guidelines for animal visitation. (New HOD Policy)

Fiscal Note: Less than $500
REFERENCES


