



June 2021 Report



This report shares short summary highlights of tracked legislative bills and rules & regulations that have seen activity in June 2021, as well as available board and state VMA updates.

To see detailed bill information and/or review legislative activity dating back to January 2021 visit the [2021 Inaugural Report](#).



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1. Legislative Activity

Note: Filtered into sections by bill status, then listed by bill topic in alphabetical order.

There are 16 passed bills, 8 bills that have crossed over, 3 bills introduced, and 0 dead bills:

1.1 Passed

▲ Education (1)

TX HB1259 creates a rural veterinarian incentive program.

▲ Non-economic Damages (1)

Maine passed LD535 providing for the well-being of companion animals upon the dissolution of marriages.

▲ PMP (1)

Colorado passed HB1012 expanding the PMP to include all prescription drugs, however, veterinarians are voluntary participants. The bill was amended to require a study to determine whether or not to expand PMP to include all prescription drugs.

▲ Reciprocity - Military Specific (3)

Michigan passed [SB0157](#) and [SB0312](#) creating occupational licensing reciprocity for veterans, military service members, and their dependents who hold an out-of-state license. (Includes veterinarians)

Maine passed [LD374](#) allowing active duty service members and their spouses to apply for temporary occupational licenses.

▲ **State Appropriations (3)**

[IA HF868](#), [NV SB412](#), and [TX HB2](#) all passed

▲ **State Vet/Board Issues (3)**

[CT HB06666](#) Concerning investigations of allegations against veterinarians for acts or omissions: Removes the restriction that the owner of any animal that is subject of an investigation not be allowed to be deemed as a third party to the investigation. This bill requires The Department of Public Health to provide information to a person who filed a complaint against a veterinarian when the case is closed with no finding. This applies to cases where DPH made a finding of no probable cause or failed to make a finding within the required 12- month investigation period. This bill also specifically extends to veterinarian investigations certain existing procedures that apply to investigations of several other DPH-licensed health professionals. For example, among these procedures:

- The complainant must be given an opportunity to review, at DPH, certain records related to the complaint;
- Before resolving the complaint with a consent order, DPH must give the complainant at least 10 business days to submit an objection; and
- If a hearing is held after a probable cause finding, DPH must give the complainant a copy of the hearing notice with information on the opportunity to present oral or written statements.

Oregon passed [SB103](#), transferring the duties of preparing written animal emergency operations from the Office of Emergency Management to the State Department of Agriculture (i.e. evacuations).

[TX SB713](#) requires the vet med board to provide a copy of each complaint to the license holder 14 days before any response is due.

▲ **Vaccinations/Rabies (3)**

[CT HB06504](#) changes the requisite quarantine period for an animal attacked and possibly exposed to rabies from 6 to 4 months – **was amended to include VCPR language which does not allow the establishment of a VCPR via telehealth.**

DE HB4 requires a veterinarian to report rabies within 12 hours to the Department of Agriculture for animals, or the Division of Public Health for humans.

ME LD103 requires dogs over 3 months to be vaccinated for rabies and receive a booster one year later.

▲ **Veterinarian Immunity (1)**

TX HB2850 provides immunity for helping an injured animal and adds confidentiality language to statute.

1.2 Crossed Over

Note: Crossed over bills are bills that originate in one chamber (e.g., House or Senate) then *cross over* to the other chamber to be considered before the end of the session.

▲ **Cannabis (1)**

CT SB0118 restricts an establishment from producing, manufacturing, or selling cannabis that is intended for use or consumption by animals. Classifies providing cannabis to a domesticated animal as a class C misdemeanor.

▲ **Miscellaneous (2)**

CA AB1282 permits a registered veterinary technician or veterinary assistant to collect blood from an animal for the purpose of transferring or selling the blood and blood component products to a licensed veterinarian at a registered premise, under the direct or indirect supervision of a licensed veterinarian, as specified.

RI S0489 establishes a process for the donation of unused medications and outlines veterinarian reissuance processes.

▲ **Reciprocity/Mobility (1)**

NH SB58 requires all boards to grant a license of an individual licensed/certified in another state if standards are equivalent.

▲ **Reporting Animal Cruelty (1)**

NY S05023 requires veterinarians to report suspected animal cruelty.

▲ **State Vet/Board Issues (1)**

NH HB2 adds the Board of Veterinary Medicine from the Division of Technical Professions to the Office of Professional Licensure and Certification.

▲ **Vaccinations/Rabies (1)**

NJ A1219 requires the owner of an animal to be notified of the rabies testing process and the possibility of decapitation. The owner may request, at their own expense, brain removal. The bill also requires vets, vet techs, and assistants to take a sensitivity training course.

▲ **Veterinary Technician - Licensing (1)**

CA AB1535 limits the examination for vet techs to a national licensing exam.

1.3 Introduced

▲ **State Boards - Licensing (2)**

NY A07597 removes the requirement of a veterinarian license applicant to be a citizen.

MA H334 changes the veterinary licensing fee requirement from annually before March 1st, to biannually before January 1st. Hearing 06/14/2021, 1:00pm

▲ **Veterinary - Loan Redemption (1)**

NJ A5117 provides loan redemption for certain veterinarians who work at an approved site for five years; annually appropriates \$500,000.

2. Rules & Regulations Activity

▲ **Iowa**

ADOPTED AND FILED:

- **Licensure by verification:** This rulemaking implements 2020 Iowa Acts, House File 2627, by allowing a veterinarian licensed in another jurisdiction to more easily obtain an Iowa license, so long as the veterinarian is an Iowa resident or is married to an active duty member of the military who is relocated to Iowa on a permanent basis.
- **Registration as a veterinary technician by verification:** This rulemaking implements 2020 Iowa Acts, House File 2627, by allowing a veterinary technician registered or licensed in another jurisdiction to more easily obtain an Iowa registration, so long as the veterinary technician is an Iowa resident or is married to an active-duty member of the military who is relocated to Iowa on a permanent basis.
- **Prescribing and dispensing a drug directly to a client:** This amendment allows a licensed veterinarian to prescribe and dispense a drug directly to a customer upon request unless prohibited by state or federal law. The veterinarian may charge a fee for doing so. The new language does not apply to livestock.
- **Licensure by verification:** This rulemaking updates the fee schedule for veterinarians by adding a new \$50 application fee for license by verification.

Notice of Intended Action

- **Waivers, amendments to ch. 14:** This proposed rulemaking implements 2020 Iowa Acts, House File 2389, by removing references to “variances” within Chapter 14 and updates the process by which the Board publishes rule waivers. *Comments due 06/22/21 by 4:30*
- **Principles of veterinary medical ethics:** This proposed rulemaking establishes Iowa’s principles of veterinary medical ethics which licensed veterinarians must abide by. These ethics rules are based on the American Veterinary Medical Association’s Principles of Veterinary Medical Ethics, which the Board currently utilizes. Licensed veterinarians who violate the ethics rules may be subject to discipline by the Board. *Comments due 06/30/21 by 4:30*

- “Item 3. Adopt the following **new** subrule 10.6(3):

10.6(3) Principles of veterinary medical ethics...

(10) A veterinarian shall not advertise a specialty or claim to be a specialist when not a diplomate of a veterinary specialty organization recognized by the AVMA.

b. Veterinarian-client-patient relationship ethics. A veterinarian shall not engage in the practice of veterinary medicine without a valid VCPR as defined in these rules.

c. Veterinarian-client communication; documentation of informed consent.

(1) A veterinarian shall explain to clients how any diagnostic tests offered would help diagnose a patient's medical condition.

(2) A veterinarian is responsible for professional communication directly with the client regarding diagnosis, options for treatment(s), expected cost of treatment(s), expected outcome of treatment(s), and the potential risks associated with each treatment regimen, as well as the client's ability to decline treatment(s). Client consent for the treatment(s) shall be documented in the patient's medical records. A veterinary assistant may communicate the information listed in this subparagraph to the client under the direct supervision of an Iowa-licensed veterinarian.

d. Veterinary medical records.

(1) Complete, accurate and legible medical records that are considered to meet the prevailing standard of the practice of veterinary medicine are required by the board. Medical records are vitally important in any board review of a complaint against a licensee.

(2) Any controlled substances administered to a patient must be written into the patient's medical record and shall include the drug name, the date the drug was administered, the amount of drug administered, the frequency of drug administration, and the prescribing (and administering, if different) veterinarian's name, as required by rules 811—12.2(169) to 811—12.4(169). This requirement is in addition to regulations and requirements promulgated by the Iowa board of pharmacy, U.S. Drug Enforcement Administration, and any other applicable governmental agency. Violating or failing to comply with a state or federal law or regulation relating to the storing, labeling, prescribing, or dispensing of controlled substances shall be deemed unethical.

(3) Humane euthanasia of animals is an ethical veterinary procedure. A veterinarian can refuse to perform euthanasia.”...

▲ Oregon

Notice of Proposed Rulemaking – Minimum Veterinary Practice Standards – Hearing 08/20/2021

AMEND: 875-015-0030

RULE SUMMARY: Amending to correspond with a recent rule change in OAR 875-011-0010 requiring documented consent prior to performing diagnostics, treatment, or performing surgery. Amending to clarify that if a client accepts or declines any diagnostics, tests, or other recommended treatments, it shall be noted in the medical record.

CHANGES TO RULE:

875-015-0030 Minimum Veterinary Practice Standard

[Notice of Proposed Rulemaking](#) – Minimum Standards for Veterinary Drugs – Hearing 08/20/2021

AMEND: 875-015-0040

RULE SUMMARY: Amending to clarify “Pharmacy” self-inspection checklist; Amending to require pharmacy inspection checklist as part of registration; Amended to include all prescription labeling requirements; Amended separating facility and managing veterinarian responsibilities from responsibilities of all licensees; Amended to include that it is the Managing Veterinarian responsibility to ensure that all agents, licensees, and employees of the facility are in compliance with this rule.

[Notice of Proposed Rulemaking](#) – Definitions – Hearing 08/20/2021

AMEND: 875-005-0005

RULE SUMMARY: Amended to include the definition of Principal, Facility Owner, Licensee Portal, satellite unit, and Facility Registration; Put in alphabetical order; renumbered; Clarified definitions of Veterinary Medical Facility to include “Fixed Location Facility”, “Mobile Facility” and “House Call Facility”.

▲ Wyoming

Chapter 8: Definitions, License, and Permit (effective 05/13/21)

- Changes incorporation by reference references
- Adds license by endorsement (for veterinarians who have been practice 5 years prior to application)
- Adds emergency relief license – a license that lapsed due to non-renewal may be emergently reactivated

Chapter 9: Standards of Professional Conduct (effective 05/13/21)

- Allows a patient’s veterinary medical records and information about the medical condition to be furnished without client authorization under the certain

circumstances

- For the purposes of this section, a “locum veterinarian” or “relief veterinarian” is a licensed veterinarian who temporarily fills the position of a veterinary clinic’s permanent staff member for any reason.

Repeal Chapter 14: Application Review, Complaints, and Hearing Procedures

Adds Chapter 16: Principles of Veterinary Medical Ethics of the Board (effective 05/13/21):

...

(b) A veterinarian shall provide competent veterinary medical clinical care under the terms of a veterinarian-client-patient relationship (VCPR), with compassion and respect for animal welfare and human health.

(c) It is unethical to engage in the practice of veterinary medicine without a VCPR.

3. Board Watch

▲ Alaska [Regulations]

At their June meeting, The Alaska Board of Veterinary Examiners proposed to adopt [regulations](#) regarding examinations, veterinarian-client-patient relationships, the prescription drug monitoring program, and definitions. The new language allows for a veterinarian to delegate PDMP responsibilities to another veterinarian or veterinary technician within their practice. The proposed definition for a VCPR allows for the establishment through electronic means in remote regions where there are no locally available veterinarians.

▲ British Columbia [Telemedicine]

The College of Veterinarians of British Columbia has comprised a working group for telemedicine, which meets weekly and could possibly help lower the stress on clinics as they look towards signing up teletriage companies to assist in alleviating the workload in their practices. The draft to-date is quite long and draws from various other telemedicine documents produced by Colleges in other provinces, the CVMA as well as Telus, and will be refined to meet the needs of the CVBC. The working group wants to

ensure that the document provides solid direction for registrants to use when starting any telemedicine appointment.

▲ **California [Regulations]**

Veterinary Medical Board has proposed modifications to the text of section 2006, article 1, division 20, title 16 of the California Code of Regulations, and to the document entitled “[Veterinary Medical Board Disciplinary Guidelines, July 2012 Edition](#)”

▲ **Kentucky [Statutes]**

The Board has been discussing the modernization of their Practice Act

- Continue [KRS 321.181](#) – Definitions for chapter, starting with “Practice of Veterinary Medicine”
 - [KRS 321.190](#) – License required to practice veterinary medicine
 - [KRS 321.193](#) – Veterinarian’s License — Requirements
 - [KRS 321.200](#) – Exemptions from application of chapter
 - [KRS 321.201](#) – Special permits — Duration
 - KRS NEW – Temporary Permits; Qualifications for a Temporary Permit — Emergency Practice
 - [KRS 321.221](#) – Licensure by endorsement for veterinarians licensed in other jurisdictions
 - [KRS 321.211](#) – Renewal of [veterinarian] license — Fees — Expiration and termination of license — Reinstatement — Continuing education – Retired or inactive licensure status
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▲ **New Hampshire [Rules]**

New Hampshire has posted on their agenda [Proposed Vet 100-200 Rule Revision](#)

Notable Definitions:

(mm) “Telemedicine” is defined as the practice of veterinary medicine by any electronic or telephonic or similar means.

(rr) “Veterinarian-Client-Patient Relationship (VCPR)” exists when the licensed veterinarian has assumed responsibility for making medical judgments regarding the health of the animal(s) and the need for medical treatment.

▲ **South Carolina [Regulations]**

South Carolina has posted in their agenda a review of regulation 120-9. Practice Standards for: Licensed Veterinary Technicians; Unlicensed Veterinary Assistants.

▲ **Wisconsin [Telehealth]**

Wisconsin Veterinary Examining Board has created a Telehealth Advisory Committee to provide recommendations for telehealth regulatory framework in Wisconsin to the Veterinary Examining Board (VEB), in relation to statement of scope SS 064-20.

The Telehealth Advisory Committee is limited to the telehealth portion of statement of scope.

The VEB's rule proposal must comply with existing state statutes, and recommendations from the Telehealth Committee should also comply with existing state statutes.

The Board will take the information from the Committee and determine what to include in the initial hearing draft.

Staff anticipate bringing the hearing draft to the Board for approval in July. The public hearing and comment period would likely be in late August or early September.

Key sections relevant to the discussion of telehealth:

- 89. 89.02 (6) – the definition of the “practice of veterinary medicine”
 - s. 89.02 (8) – the definition of the “veterinarian-client-patient relationship”
 - s. 89.068 (1) (c) – prescribing, dispensing, and administering requirement
-

4. VMA Updates

▲ Connecticut [CBD]

CVMA Connecticut explicitly allows the sale of CBD hemp products following the enactment of Public Act 19-3 last month. This means that Hemp products for animals that do not claim to treat a medical condition or that are not in animal feed, are legal in Connecticut. For more details [click here](#).

The direct link is https://portal.ct.gov/-/media/DCP/Hemp/CBD-HempFAQs_DCP.pdf

▲ Saskatchewan [Bylaws Policy]

A new policy for proposing changes to bylaws can be viewed [here](#); Proposed amendments to bylaws were due June 20, 2021.

▲ Washington [Telemedicine]

WSVMA (06/07) There is a new state training requirement for healthcare providers, including veterinarians, that use telemedicine in their practice. The deadline to complete it is June 30, 2021. For the purposes of this training, “telemedicine” does not include the use of audio-only telephone, facsimile, text, or email, but if you use

interactive audio and video technology, with real-time communication between you and your client, this one-time training must be satisfied. If you don't use telemedicine in your practice, there is no need to take the course. ([Link](#))

CONTACT US

Need help?

You can get help by emailing memberservices@aavsb.org.

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