



August 2021 Report

Monthly reports share short summary highlights of tracked legislative bills and rules & regulations that have seen recent activity, as well as available board and state VMA updates.

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1. Legislative Activity

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

There are 5 passed bills, 1 introduced bill, 2 cross overs, 0 hearings, and 8 dead bills.

1.1 Passed

▲ Animal Welfare

CA AB132 requires the University of California, Davis, school of veterinary medicine to develop a program called the California veterinary emergency team, and would require the program to assist in the support and training of a network of government agencies, non-governmental organizations, and individuals to assist in the evacuation and care of household and domestic animals and livestock in emergencies statewide, including disaster preparedness, response, recovery, and mitigation.

▲ COVID/Emergencies

CA AB164 appropriates \$3,000,000 to be provided to support the California Veterinary Emergency Team at the University of California, Davis, School of Veterinary Medicine

▲ Pricing/Transparency

CA AB133 requires drug reporting. This should not impact animal drugs. It has passed.

▲ Electronic Prescriptions

NH HB143 requires e-prescribing contains a veterinarian exemption.

▲ Vet-Reciprocity/Mobility

NH SB58 requires boards to grant a license to individuals already licensed in another state as long as the standards are equivalent. Makes other minor changes to board operations.

1.2 Introduced

▲ Veterinary

CA AR61, a resolution, stating that veterinarians should only perform surgical procedures when necessary and in the most humane way possible.

1.3 Crossed Over

There are 2 cross overs:

▲ State Appropriations (2)

Companion bills CA AB132 and CA SB132 would require the University of California, Davis, school of veterinary medicine to develop a program called the California

veterinary emergency team, and would require the program to assist in the support and training of a network of government agencies, non-governmental organizations, and individuals to assist in the evacuation and care of household and domestic animals and livestock in emergencies statewide, including disaster preparedness, response, recovery, and mitigation.

▲ Vet - Facilities

NC H911, allows facility permittees to be fined (not just licensees) up to \$5000.00 for each violation. This bill addresses regulatory reform for many boards and councils; Language concerning veterinarians is not driving this bill.

1.4 Hearings

▲ There are no hearings

1.4 Dead

There are 8 dead bills.

▲ State Vet/Board Issues

NH SB13 adopted omnibus legislation on state taxes and fees

▲ Cannabis (2)

RI H5190/S252 added animals to the Medical Marijuana Act.

▲ Vaccinations (4)

NH HB322 required a color photo on rabies certificates.

NH HB367 changed health certificate requirements, quarantine times, and import requirements.

NH HB387 required a rabies antibody test 30 days after vaccination.

NH HB532/S127 created a database for animal health records.

2. Rules & Regulations Activity

Rules and Regulation changes that have taken effect.

Emergency Rulemaking

▲ California

DCA Director's Order Waiving License Renewal Requirements

Pursuant to Governor Newsom's Executive Order [N-39-20](#), on July 26, 2021, the Director of the Department of Consumer Affairs (DCA) issued an Order Waiving License Renewal Requirements ([July 26 Order](#)). The July 26 Order applies to individuals whose active licenses expire between March 31, 2020, and September 30, 2021, and temporarily waives:

1. Any statutory or regulatory requirement that individuals renewing a license pursuant to Division 2 of the Business and Professions Code take and pass an examination in order to renew a license; and

1. Any statutory or regulatory requirement that an individual renewing a license pursuant to Division 2 of the Business and Professions Code complete, or demonstrate compliance with, any continuing education requirements in order to renew a license.

Licensees must satisfy any waived renewal requirements within six months of this Order, unless further extended. The temporary waivers do not relieve the licensee from timely complying with any other renewal requirements (e.g., submitting required renewal forms to the Veterinary Medical Board) and do not apply to continuing education, training, or examination required pursuant to a disciplinary order against the licensee.

On October 22, 2020, December 15, 2020, February 26, 2021, March 30, 2021, and June 3, 2021, the Director issued related Orders Waiving License Renewal Requirements. With the issuance of the [July 26 Order](#), those prior Orders are withdrawn and rescinded.

Face-to-Face Training Waiver Extension

On July 26, 2021, the Director of the Department of Consumer Affairs (DCA) issued another [60-day waiver extension order](#) to extend, through September 30, 2021, the [June 4, 2020 waiver order](#) relating to the requirement that veterinarian license applicants, who are already licensed in another state and seeking California licensure from the Veterinary Medical Board, and temporary licensees complete a “face-to-face” training class in California in order to qualify for licensure.

The [June 4, 2020 waiver order](#) waived the requirement that training for veterinarian license applicants, who are already licensed out-of-state, and temporary licensees must be conducted “face-to-face” in California, so that the training may be conducted via appropriate electronic means. The June 4, 2020 waiver order originally was set to expire on August 3, 2020.

On July 26, 2021, the Director issued a new [order](#) extending the examination deadline from 60 months to 66 months for veterinarian applications whose 60-month period expires between August 2, 2021, and September 30, 2021.

▲ Colorado

[4 CCR 727-1 Veterinary Medicine Rules and Regulations](#)

EXPANDED SCOPE OF PRACTICE FOR VETERINARIANS PURSUANT TO THE GOVERNOR'S EXECUTIVE ORDER D 2021 122 – Effective 07/12/21 – 11/09/21

Expanded Scope of Practice. **Veterinarians may perform services while working in a hospital or inpatient facility as delegated by physicians, physician assistants, advanced practice registered nurses, certified registered nurse anesthetists, professional nurses, and respiratory therapists.**

- Veterinarians are authorized to perform delegated services upon adequate cross-training as determined necessary by the hospital or inpatient facility.
- Veterinarians shall not accept or perform delegation of a service for which the licensee does not possess the knowledge, skill, or training to perform.
- Services cannot be re-delegated
- Veterinarians shall not prescribe or select medications, perform surgical or other invasive procedures or perform anesthesia services outside of the statutory scope of practice regardless of delegation.

1.25 EXPANDED SCOPE OF PRACTICE FOR VETERINARIANS IN ORDER TO ADMINISTER VACCINATIONS PURSUANT TO THE GOVERNOR'S EXECUTIVE ORDER D 2021 122

Veterinarians may administer the COVID-19 vaccination while working in a hospital, inpatient facility, or outpatient setting as delegated by physicians, physician assistants, advanced practice registered nurses, certified registered nurse anesthetists, or professional nurses

▲ Louisiana

Emergency Rule #2 due to COVID-19 Pandemic

In its June '21 meeting, the Board agreed to promulgate the following emergency rule as it pertains to continuing education for the CE Period of July 1, 2021 to June 30, 2022 for the renewal cycle of 2022-2023.

SYNOPSIS:

With regards to Continuing Education requirements for the renewal cycle of 2022-2023 (*with the CE period of July 1, 2021 through June 30, 2022*), there is no limit for approved online instruction completed. All required CE hours can be completed online with participation in approved CE programs.

This emergency rule will end on July 1, 2022 and the current Rules will apply thereafter. View the full emergency Rule at www.lsbvm.org/wp-content/uploads/2021-DOE-COVID-19-Online-CE-Max-Extension.pdf or in the Louisiana Register at <http://www.doa.la.gov/Pages/osr/reg/register.aspx>.

Effective 07/01/2021

▲ New Hampshire

For guidance regarding virtual Continuing Education for the upcoming 2021 Renewal, please reference [Emergency Rule 2021-VET-001](#)

Vet 403.01 establishes the continuing education requirements that must be demonstrated by veterinarians to obtain license renewal. Vet 403.01 expired on January 28, 2021 as an interim rule. This Emergency adopts the rule again but with a change from the expired rule. The approved programs do not include virtual education.

The COVID-19 pandemic necessarily caused cancellation of in-person continuing education programs. This was recognized in the Governor's Exhibit Y to Emergency Order #29 which permitted “[l]icenses of any board, council, or commission listed in RSA 310-A: 1-a... to

complete continuing education requirements through remote instruction until 30 days after the end of the current State of Emergency, provided the continuing education courses otherwise satisfy the applicable criteria established in the laws and rules governing the profession."

The State of Emergency ended on June 12, 2021; however, in-person programs remain largely available. As a result, veterinarians have been forced to continue to rely on virtual education courses.

Without the enactment of this emergency rule, veterinarians for whom renewal is due on

December 31, 2021, will be unable to obtain sufficient in-person credit to be able to renew their

licenses. This will result in approximately one-half of the veterinarians in the State of New

Hampshire no longer being able to practice, and would create an immediate peril to the health

and safety of animals and the public.

On June 16, 2021 the New Hampshire Board of Veterinary Medicine voted unanimously to approve an Emergency Rule to be in effect starting July 15, 2021, that would allow the

Board/Office of Professional Licensure and Certification to accept virtual continuing education.

Facility inspections will resume on June 14, 2021. A facility refusing the Facility Inspector access to conduct the biennial inspection will be in violation of Board rule and subject to disciplinary action by the Board.

16.25.7.10 FACILITY INSPECTIONS:

1. Regular facility inspections. Each licensed veterinary facility is inspected by the facility inspector every other calendar year or at a frequency determined by the board. The board conducts regular facility inspections to:
 - (1) ensure that every licensed veterinary facility in New Mexico is operating according to the minimum standards promulgated by the board of veterinary medicine;
 - (2) assist facilities in achieving and maintaining minimum standards and to encourage the continuous improvement of quality of services.

▲ North Carolina

The proposed rule for 21 NCAC 66.0211, Veterinary Telemedicine (See language below) was submitted to the Rules Review Commission on 3/16/2021 and published on 4/15/2021 in the NC Register Volume 35 Issue 20. The comment period ended on 6/14/2021. A motion was made to accept the Veterinary Telemedicine rule as the public comment period has ended, seconded, and unanimously approved.

SECTION .0200 PRACTICE OF VETERINARY MEDICINE

- (a) "Veterinary telemedicine" or "telemedicine" means the use of electronic or telecommunication technologies to remotely provide medical information regarding a patient's clinical health status and to deliver veterinary medical serv...
to a patient that resides in or is located in the State. The delivery of veterinary medical services through telemedicine is the practice of veterinary medicine. The

practice of veterinary medicine occurs where the patient(s) is located at the time telemedicine technologies are used.

- (b) A veterinarian may provide veterinary medical services via telemedicine to any patient only after establishing a Veterinarian-Client-Patient-Relationship (VCPR). No person shall practice veterinary telemedicine except a veterinarian within the context of a VCPR. A VCPR cannot be established by any electronic means or telecommunication technologies.
- (c) "Veterinary telemonitoring" means the use of a medical device, smartphone, monitoring sensor, or other technology, in combination with an internet connection, to collect and store health information for a patient of the veterinarian and to transmit it to a veterinarian, as directed or requested by a veterinarian. Veterinary telemonitoring, by that act alone, is not the practice of veterinary medicine.
- (d) "Veterinary Teleconsulting" occurs when any person, whose expertise the veterinarian believes would benefit the veterinarian's patient, provides advice or other information by any method of communication to a veterinarian at the veterinarian's direction or request. Veterinary teleconsulting, by that act alone, is not the practice of veterinary medicine.
- (e) Veterinarians practicing telemedicine shall be held to the same standard of care as veterinarians providing in-person medical care. There is not a separate standard of care applicable to telemedicine. Veterinarians shall determine whether telemedicine is appropriate and in the best interest of the patient. Veterinarians shall maintain a medical record of the telemedicine patient(s) as required by 21 NCAC 66 .0207(b)(12)."

▲ Oregon

Hearings will be held for 875-040-0000 and 875-040-0010 on 08/20/21

- **875-040-0000 Certified Euthanasia Technicians (CETs):** Amending to clarify existing language; Amending to include only one list of approved euthanasia methods that may be utilized; Amending to clarify that the euthanasia rules apply to all domestic animals; Amending to include Butorehanol as approved euthanasia drug; Alphabetizing list of euthanasia drugs; Amending to ensure that standards of conduct rules for CET's are consistent with the standards of conduct rules for all other OVMEB licensee
- **875-040-0010 Certification of Technicians:** Amending to ensure that the licensing procedures for CET applicants are consistent with the licensing procedures for all other OVMEB licensee applicants; Amending to include internship requirements prior to full licensure as a CET; Amending to correspond with proposed changes to 875-040-0000. A CET Internship requirement will ensure that euthanasia technicians receive hands-on training and demonstrate proficiency in performing euthanasia of domestic and animals prior to full licensure.

This rule had a hearing on 06/22/21. It adds to the reportable disease statutes, changing 603-011-0212: Diseases Reportable by Veterinarians.

▲ Washington

The Department of Health (department) has adopted amendments to WAC 246-10-109 and WAC 246-11-080, procedural rules applicable to adjudicative proceedings conducted by the department and health professions boards and commissions. Adjudicative proceedings are legal processes used to resolve a dispute.

The adopted amendments will: (1) Allow for the option of electronically filing of documents with the Adjudicative Clerk's Office (ACO). Electronic filing may now be done via electronic mail or other secure electronic means as established by the department; (2) Continue to allow for the option of hand delivering documents to ACO, however, the rule excludes hand delivery of documents to the ACO when office is closed during normal business hours due to exigent circumstances; (3) No longer require copies of documents being filed or served by fax to be mailed

simultaneously with fax transmission of documents; (4) Recognize that the parties may agree to electronic mail for service of documents between or among themselves, and provides that ACO will serve documents on the parties

electronically when the parties agree to service via electronic mail or other secure electronic means as established by the department

- Rule Making Order
- CES PostAdoptionNotice Efile Court Docs.pdf

This includes veterinarians and pharmacists and staff. List.

Adopted Rules

▲ D.C.

Rules establishing vet tech licensing are effective upon publishing of the Register (08/06). Allows vet techs to call themselves vet nurses. Allows grandfathering with 4000 hours within the last 5 years (only applies for 1 year); allows for reciprocity; must be certified to use the term. Scope starts at 11208. Supervision of clinical support staff at 11210. Both tech and ET require 2 hours in LGBTQ; ET requires compassion. Provides a temp license while meeting grandfathering or awaiting licensure.

Clarifies the veterinary board is under the health occupations act.

Adds Ch. 111 Euthanasia Techs; licensure; scope; continuing ed.

▲ Georgia

At their June meeting the Georgia State Board of Veterinary Medicine held hearings and unanimously adopted the following rules:

1. Rule 700-8-.01. Unprofessional Conduct

1. Rule 700-12-.08. Surgical Standards

1. Rule 700-12-.09. Examination Area

1. Rule 700-12-.11. Patient Care

Rule 700-8-.01. Unprofessional Conduct

(c)) Failure to Maintain Patient Records:

1. A veterinarian shall prepare and maintain a record reflecting the care and treatment of animals treated **or boarded**.

2. These records shall contain clinical information sufficient to justify the diagnosis and warrant treatment and shall, if applicable, include but not be limited to the following information:

...

(viii) Findings from physical examination, including temperature and weight **for each examination**;

(ix) Clinical lab reports, if applicable;

(x) Medication **prescribed or recommended**, and treatment, **including dose, strength**, and frequency;

(xi)) Anesthetic, including **dose, strength**, type, and amount **and monitoring of**

vital signs at frequent intervals, if applicable;

- (xii) details of surgical procedure **including** with complications and/or abnormalities noted **with documentation of suture materials used**, if applicable;
- (xiii) Progress and disposition of the **case to include client communications and copies of any written instructions for homecare**;
- (xiv) Differential diagnoses; and
- (xv) X-rays if applicable **Radiographs to include radiographic interpretations.**

...

6. A veterinarian shall respond to an inquiry by the Board within fifteen (15) days and/or provide the Board with evidence that requested records have been released to the client.

Rule 700-12-08. Surgical Standards

1. ...**If the practitioner does not use a surgery table, the rationale for foregoing its use must be documented within the patient record.**

1. ...

1. **For patients under general anesthesia for more than five minutes an endotracheal tube must be utilized as appropriate for the procedure.**

1. **For patients under general anesthesia monitoring and vital signs must be recorded at intervals in accordance with minimal standards.**

(i) Warming devices for patients undergoing general anesthesia is required as appropriate.

(j) Pain management is required for patients undergoing surgical procedures.

Rule 700-12-09. Examination Area

... (e) Minimum safety standards must be in place for patient and client safety.

Rule 700-12-11. Patient Care

(1) For hospitalized or sick animals **patients that are maintained in a veterinary facility, a licensed veterinarian **or licensed veterinary technician** must **physically evaluate each patient daily**.**

(a) Patients recovering from anesthesia must be properly monitored.

(b) For hospitalized and sick patients, the licensed veterinarian must have appropriate measures in place to ensure patient comfort. visit the facility and see each animal daily.

(2) For boarded animals that are maintained in a veterinary facility, a licensed veterinarian or his or her designee must physically visit the facility and see each animal daily. Patients recovering from anesthesia must be properly monitored as appropriate.

▲ North Carolina

The proposed rule for 21 NCAC 66.0211, Veterinary Telemedicine was submitted to the Rules Review Commission on 3/16/2021 and published on 4/15/2021 in the ... Register Volume 35 Issue 20. The comment period ended 6/14/2021. This motion was voted on and unanimously approved.

21 NCAC 66 .0211 VETERINARY TELEMEDICINE

- (a) "Veterinary telemedicine" or "telemedicine" means the use of electronic or telecommunication technologies to remotely provide medical information regarding a patient's clinical health status and to deliver veterinary medical services to a patient that resides in or is located in the State. The delivery of veterinary medical services through telemedicine is the practice of veterinary medicine. The practice of veterinary medicine occurs where the patient(s) is located at the time telemedicine technologies are used.
- (b) A veterinarian may provide veterinary medical services via telemedicine to any patient only after establishing a Veterinarian-Client-Patient-Relationship (VCPR). No person shall practice veterinary telemedicine except a veterinarian within the context of a VCPR. A VCPR cannot be established by any electronic means or telecommunication technologies.
- (c) "Veterinary telemonitoring" means the use of a medical device, smartphone, monitoring sensor, or other technology, in combination with an internet connection, to collect and store health information for a patient of the veterinarian and to transmit it to a veterinarian, as directed or requested by a veterinarian. Veterinary telemonitoring, by that act alone, is not the practice of veterinary medicine.
- (d) "Veterinary Teleconsulting" occurs when any person, whose expertise the veterinarian believes would benefit the veterinarian's patient, provides advice or other information by any method of communication to a veterinarian at the veterinarian's direction or request. Veterinary teleconsulting, by that act alone, is not the practice of veterinary medicine.
- (e) Veterinarians practicing telemedicine shall be held to the same standard of care

as veterinarians providing in-person medical care. There is not a separate standard of care applicable to telemedicine. Veterinarians shall determine whether telemedicine is appropriate and in the best interest of the patient. Veterinarians shall maintain a medical record of the telemedicine patient(s) as required by 21 NCAC 66 .0207(b)(12)."

Adopted Rules

▲ Pennsylvania

The [waiver](#) allowing for unlimited online continuing education hours is expiring on September 30, 2021. Also expiring on the same date is the waiver allowing veterinarians to provide COVID vaccines.

3. Board Watch

United States

▲ California

Telemedicine

The Multidisciplinary Advisory Committee (MAC) promulgated the following legislative proposal regarding telemedicine. The [Telemedicine Memo](#) proposes flexibility over the use of telemedicine without a VCPR.

Proposed additions:

(e) "Teleconsultation" means the use of electronic technology or media, including interactive audio and/or video, for communication between a California-licensed veterinarian who has established the veterinarian-client-patient relationship for the animal patient(s), and a licensed veterinarian or other person whose expertise, in the opinion of the California-licensed veterinarian, would benefit the patient(s), but who does not have a veterinarian-client-patient relationship for the patient(s), does not have direct communication with the client, and does not have ultimate authority over the care or primary diagnosis of the animal patient(s).

(f) "Telehealth" means the use of electronic technology or media, including interactive audio and/or video, to deliver general veterinary health information and education to the client or client's representative. (g) "Telemedicine" means the use of electronic technology or media, including interactive audio and/or video, by a California-licensed veterinarian to practice veterinary medicine provided within an established veterinarian-client-patient relationship for the patient(s).

(h) "Teletriage" means the use of electronic technology or media, including interactive audio and/or video, to diagnose and treat a medical emergency as defined under Section 4840.5, until the animal patient(s) can be transported to, and/or seen by, a veterinarian.

4826.3. (a) Telemedicine may be used by a California-licensed veterinarian to further evaluate the animal patient(s)' progress, and diagnose and treat the medical condition for which the veterinarian-client-patient relationship has been established.

(b) Telehealth may be used as follows:

(1) By a California-licensed veterinarian and may include a general or preliminary diagnosis of the general health of the animal patient using a virtual examination of the animal patient(s), but shall not include treatment of whatever nature for an condition.

(2) By a registered veterinary technician or veterinary assistant to determine the seriousness of a medical situation and advise the client or client's representative of the urgency of an in-person examination of the animal patient(s), but shall not include a diagnosis or treatment of any condition.

(c) Teletriage shall not be used for non-life-threatening cases. In an emergency, as defined under Section 4840.5, teletriage may be used as follows: (1) By a California-licensed veterinarian to diagnose and treat the animal patient(s), until the animal patient(s) can be seen by, or transported to, a veterinarian. (2) By a registered veterinary technician as provided under Section 4840.5. (d) Teleconsultation may be used by a California-licensed veterinarian to obtain advice or assistance on an animal patient(s)' medical condition.

Telehealth Services The legislative proposal would authorize telehealth services to be provided by a California licensed veterinarian, and those services could include a general or preliminary diagnosis of the general health of the animal patient(s) using a virtual examination of the animal patient(s). (Prop. BPC, § 4826.3, subd. (b)(1).) This provision was crafted carefully to conform with the existing definition of "diagnosis," which is defined to mean the act or process of identifying or determining the health status of an animal through examination and the opinion derived from the examination (BPC, § 4825.1, subd. (a)). To benefit consumers by expanding the use of electronic technology and increasing access to veterinary health care services, the new telehealth provision would specify that the examination could be performed virtually in order to provide a general or preliminary diagnosis of the general health of the patient. Since this telehealth provision would not authorize treatment to be electronically provided, it could be used without establishing a VCPR, which would otherwise require an in-person examination or by medically appropriate and timely visits to the premises where the animal(s) are kept.

To further increase access to veterinary health care, the telehealth provision would allow an RVT or VA to use telehealth to determine the seriousness of a medical situation and advise the client or client's representative of the urgency of the animal patient(s) being seen. (Prop. BPC, § 4826.3, subd. (b)(2).) This provision is

consistent with current practice when consumers telephone or email a veterinary clinic for advice on whether to bring in their animal for veterinary medical assistance. The telehealth provision would authorize a registered veterinary technician (RVT) or veterinary assistant (VA) to provide telehealth to consumers as long as no diagnosis or treatment of any condition is provided. This limitation is consistent with the prohibitions on RVTs and VAs providing a diagnosis or prognosis of animal diseases and prescribing drugs, medicine, and appliances established under BPC section 4840.2, and clarified in CCR, Title 16, sections 2036, subsection (a), and 2036.5, subsection (a).

▲ DC

Licensing

The Board has switched to an online licensing system, Salesforce.

COVID

All licensed veterinarians have been sent an email to participate in a research study examining the wellness of veterinarians during COVID-19. The survey titled, the Potomac Regional Veterinary Coping, Resilience and Challenges (CRC) aims to assess the stressors veterinarians are experiencing during COVID-19 and to disseminate resource information.

Facility Inspection

The veterinary facility inspection program is back after halting due to COVID. The facilities licenses that are expired are not considered expired due to Covid. They are still considered 'active' unless otherwise noted. The Board is aiming to get those completed by the 1st of September.

PDMP

The Board reported that the Prescription Drug Monitoring Program Query Amendment Act of 2020 has a projected law date of March 15, 2021.

<https://lims.dccouncil.us/Legislation/B23-0890>

▲ Texas

CE

At its August 3, 2021, meeting, the Texas Board of Veterinary Medical Examiners (TBVME) approved a revision to its continuing education (CE) requirements. Going forward, licensees will no longer be required to obtain a portion of their required hours from personal attendance at live courses and seminars. Licensees will be able to obtain all the required hours via online courses or seminars.

In conjunction with the revision of this regulation, the TBVME tentatively announced that beginning in January of 2022, licensees will once again be required to have the minimum number of CE hours to renew their licenses. That requirement has been on hold since the pandemic began in 2020 due to the very limited availability of in-person CE.

▲ Wisconsin

Telemedicine

The Veterinary Examining Board (VEB) on July 21 approved [guidance](#) to directly address how telehealth may be utilized in Wisconsin under existing rules and statutes. (The proposed rule below discusses changes to existing rule and is not currently in effect.)

In accordance with Wis. Stat. §89.02 (8) (b), a veterinary-client-patient relationship must be established via the veterinarian making an in-person physical exam, as meaning of “recently examined the patient”, or through timely medically appropriate visits by the veterinarian to the premises on which the patient is kept. It

may not be established by telehealth technologies. The veterinary-client-patient relationship, once established, extends to other veterinarians within the practice, or relief veterinarians within the practice, that have access to, and have reviewed, the medical history and records of the animal.

Canada

► British Columbia

Revised PFAC Policy for Virtual Inspections

Since the onset of the pandemic, the Practice Facility Accreditation Committee (PFAC) has developed (and Council has approved) two separate policies for virtual practice facility inspections. The first policy was to allow new facilities to be inspected virtually and be granted provisional approval to operate, until such time that an on-site inspection could be performed. The second policy was to allow existing facilities to have their regular (5-year) reaccreditation inspections performed virtually and for PFAC to make a final reaccreditation decision based upon the virtual inspection if they felt it to be appropriate.

At the direction of PFAC, the office reviewed the existing policies and amalgamated them into a [single unified policy \[FAQ\]](#). The Practice Facility Accreditation Committee reviewed and approved the draft policy at its May meeting and directed the office to present it to Council for approval. The Board adopted the “Practice Facility Accreditation Committee’s Unified Policy for Remote/Virtual Inspections during the COVID-19 Pandemic” to replace the existing two temporary policies.

This is currently still framed as a temporary policy to be revisited once COVID-related risk is reduced but, given the success of the virtual platform and the flexibility that it provides, anticipates that virtual inspections will remain a tool of the CVBC and PFAC processes going forward

Telemedicine

The Board voted to accept the amended telemedicine position statement for publication to the CVBC website. The Telemedicine Working Group shared the CVBC's draft Telemedicine Policy at a national-level telemedicine meeting – feedback from the group was positive, with no suggested changes. The [CVBC's telemedicine policy](#) will be more permissive than some other jurisdictions, as it allows a VCPR to be established via telemedicine and for prescriptions to be issued (under specific circumstances and with veterinarians using personal judgment and documenting the justification). The development of [The FAQ document](#) provides a good resource for an understanding of the Policy.

▲ Ontario

Use of Non-Conventional Therapies in the Practice of Veterinary Medicine

College Council discussed a draft position statement on the use of non-conventional therapies in the practice of veterinary medicine. Position statements enable Council to take a position on a topic that has polarizing views within the public and the profession. The public is increasingly seeking new forms of treatment and care for their animals and they have become accustomed to having choice and access in selecting a provider for lower risk therapies. The College's existing position on complementary and alternative therapies indicates these therapies must be part of veterinary medicine. For lower-risk therapies, this may not be necessary when thinking of public protection based on risk. Following discussion, Council decided to approve the draft [position statement](#), which will be published soon. Council is also asking the College to develop resources to support public education on accessing lower-risk therapies.

Telemedicine

College Council reviewed its professional practice standard on telemedicine. In March 2020, the College relaxed its rules related to prescribing via telemedicine alone to enable veterinarians to prescribe non-controlled drugs and substances within a veterinarian-client-patient relationship but without performing an in-person examination. Jurisdiction is also an important consideration. A veterinarian

licensed in Ontario remains accountable to the College regardless of where or how they are practicing veterinary medicine. Further, the College expects that a veterinarian who is not licensed in Ontario will comply with the licensing requirements in the jurisdiction in which they hold licensure and provide care in accordance with the standard of care of that jurisdiction. The Council also looked at its standard on prescribing a drug in connection with its telemedicine standard. Following discussion, Council approved changes for public consultation which would permit a veterinarian to obtain recent and sufficient knowledge of an animal through a virtual examination in order to prescribe a non-controlled drug to a new patient or for a new condition with an existing patient where there is an immediate, short-term need under certain conditions, as laid out in the standard on prescribing. It is important to note that the additional requirement to be readily available in-person to manage any adverse reactions to a drug, when prescribing a drug, has not been altered.

▲ Prince Edward Island

CE

The Canadian Registrars (CCVR) have started an important initiative to develop an essential competencies profile for the veterinary profession in North America.

Four organizations representing regulation within the veterinary medical profession in Canada and the United States have united to launch an important new initiative – creation of a North American essential competency profile for veterinary medicine. These leaders include the American Association of Veterinary State Boards (AAVSB), the Canadian Council of Veterinary Registrars (CCVR), the College of Veterinarians of Ontario (CVO), and the International Council for Veterinary Assessment (ICVA). They are joined by advisors from the Association of American Veterinary Medical Colleges (AAVMC), the Canadian National Examining Board (NEB), and the Educational Commission for Foreign Veterinary Graduates (ECFVG).

The goal of the project is to develop a validated, essential competency profile for veterinary medicine in North America that articulates the core competencies of the profession to be maintained throughout a veterinarian's career. The profile will be

used by the veterinary regulatory sector for licensure, quality assurance programs, and continuing competence evaluation. The 20-month project began in August 2020 and will run through spring of 2022.

If you have questions about the project please contact our research partners:
patricia.muenzen@act.org.

4. VMA Updates

▲ D.C.

DC Academy Seminars from September 2, 2021 through December 2, 2021 will be exclusively webinars.

There will be no in-person attendance at either the Elks Lodge or our remote viewing sites. Individual members will be able to receive CE credit by participating in our seminars live, on the day they are scheduled and will have access to the proceedings for review purposes only after the seminar takes place.

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animal, even if an owner is not available to consent to care. Requires veterinarians to report suspected animal cruelty or the injury or death of an animal as part of a staged fight. Protects veterinarians from civil liability for making such reports. *Effective June 25, 2021.*

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▲ Iowa

Online Continuing Education – IBVM Update

The Iowa Board of Veterinary Medicine (IBVM) has approved a temporary provision change to the Online Continuing Education policy due to the COVID pandemic for veterinarians and veterinary technicians for the current triennium. The provision states: "Licensed veterinarians may obtain all their continuing education hours for the current triennium (July 1, 2020 through June 30, 2023) online. In-person coursework will not be required." Certified veterinary technicians may obtain all their continuing education hours for the current triennium (January 1, 2021 through December 31, 2023) online. In-person coursework will not be required. [Click here](#) to view the entire provision

▲ New Jersey

Removal of Required Protocols to Reduce The Spread of COVID-19 (July 2021)

The Division of Consumer Affairs recently issued [Administrative Order 2021-](#)

15 relaxing various requirements for veterinary facilities. The Administrative Order, among other things,

- Lifts masking requirements; and
- Eliminates social distancing and barrier requirements.

This Administrative Order rescinds earlier Administrative Order 2020-20, which permitted licensed veterinarians to provide the full scope of veterinary services and required licensees to follow protocols to reduce the spread of COVID-19.

Now, COVID-19 protocols will change from requirements imposed by Order to recommended [best practices](#). These best practice recommendations will be on the Board of Veterinary Medical Examiners [website](#).

Licensed veterinarians should review the [Administrative Order](#) and [best practices](#) closely. Please contact the [New Jersey Board of Veterinary Medical Examiners](#) if you have questions about the Administrative Order.

NJVMA Supports A2308 / S3145

A2308 / S3145 was strongly supported by the NJVMA and was signed into law by the Governor. The law allows licensed professionals to continue operating under their original name even if their name has legally changed. Currently, licensed professionals are only allowed to practice under their legal name and therefore must go through the process of updating their license or certificate and other business materials if they choose to legally change their name. This disproportionately affects women, who are more likely to change their last names as a result of marriage. The law will take effect on the first day of the sixth month following its enactment.

▲ Washington

Gov. Inslee's vaccine mandate does not apply to veterinarians and their

teams

The WSVMA provided the following clarification on 08/13/21. Gov. Jay Inslee announced a requirement for workers in private health care and long-term care settings to be fully vaccinated with a recommended COVID-19 vaccine by October 18, 2021. The proclamation also includes most state workers, contractors, and volunteers.

The governor's [Proclamation 21-14 COVID-19 Vaccine Requirement](#) for health care workers does NOT apply to veterinary healthcare settings, animal care, and control agencies, or humane societies. However, as COVID-19 cases rise significantly across Washington, we hope that all members of the veterinary healthcare team will get vaccinated, a proven strategy to eliminate and even eradicate deadly viruses.

5. Canadian VMA Updates

▲ Ontario

Since 2016, Council has conducted an annual review of its policy on telemedicine. This year, there are two major areas for Council's discussion and debate. These issues were brought to Council's attention to the debate in September 2020, at which time the Council directed staff to bring the issues back for its consideration.

June 2021 with further background information with respect to the outcome of pandemic measures and other information.

The first area of consideration relates to jurisdiction. The College's current *Professional Practice Standard: Telemedicine* states that, in all circumstances, an individual practicing veterinary medicine in Ontario must be licensed with the College. However, a recent *National Policy Statement on Telemedicine* adopted by the Canadian Council of Veterinary Regulators (CCVR) presents the opportunity for Council to revisit its policy.

The second area of consideration relates to prescribing. The College's current *Professional Practice Standard: Telemedicine* permits a veterinarian working from an accredited facility to establish a veterinarian-client-patient relationship (VCPR) via telemedicine alone. However, a veterinarian must have recent and sufficient knowledge of the animal(s) obtained through either an in-person physical examination or premise visit to prescribe a drug. In response to the Covid- 19 pandemic, this rule was temporarily modified in March 2020 to permit prescribing of all non-controlled drugs and substances to a new client/patient via telemedicine within a VCPR but without requiring a physical examination or premise visit to obtain recent and sufficient knowledge. This temporary modification has presented Council with the opportunity to consider whether this allowance, in a circumscribed manner, should become a permanent amendment in cases where there is an immediate need for the welfare of the animal.

The College relaxed its rules related to prescribing via telemedicine alone in March 2020. This allows a veterinarian to prescribe non-controlled drugs and/or substances within a veterinarian-client-patient relationship ("VCPR") but without performing an in-person physical examination or premise visit in order to obtain recent and sufficient knowledge.

Both of these developments have presented Council with the opportunity to reconsider its current standard.

In August 2020, the College conducted an online survey related to the use of prescribing via telemedicine alone during the Covid-19 pandemic.

In September 2020, Council reviewed a proposed updated Draft *Professional Practice Standard: Telemedicine*, along with a briefing note on Jurisdictional and Prescribing Questions in Telemedicine and the results of the August 2020 telemedicine survey. Council directed that staff conduct a new survey in the Spring of 2021 with more specific questions related to practices with various species.

A new telemedicine survey was sent out by email to all veterinarians who indicated that they are in clinical practice. It was anonymous and operated by surveymonkey. The survey ran from May 3, 2021, to May 17, 2021. There were 838 responses in total. An in-depth analysis, survey data, and legal analyses are contained in **Appendix A**, beginning on page 75 ([link](#)).

The CVO voted to publish professional practice standards on the following topics: Euthanasia, Criminal Records Check, Competency Examination and Assessment Pathways

6. Pharmacy Board Updates

▲ National

FDA Grants First Full Approval for Treatment of Lymphoma in Dogs | July 2021

The U.S. Food and Drug Administration fully approved Tanovea (rabacfosadine injection) to treat lymphoma in dogs.

Lymphoma, also called lymphosarcoma, is a type of cancer that can affect many species, including dogs. Tanovea is the first conditionally approved new animal drug for dogs to achieve the FDA's full approval.

Read the complete text [here](#).

Updates by Jurisdiction

California

Arizona

Colorado

California

Connecticut

Georgia

Hawaii

Idaho

Illinois

Indiana

Iowa

Louisiana

Maine

Maryland

Massachusetts

Michigan

Minnesota

Missouri

Nevada

New Mexico

North Carolina

Ohio

Oklahoma

Ontario

Oregon

Pennsylvania

Rhode Island

Texas

Virginia

Washington

California

▲ Passed Bills

Animal Welfare

CA AB132 requires the University of California, Davis, school of veterinary medicine to develop a program called the California veterinary emergency team, and would require the program to assist in the support and training of a network of government agencies, non-governmental organizations, and individuals to assist in

the evacuation and care of household and domestic animals and livestock in emergencies statewide, including disaster preparedness, response, recovery, and mitigation.

COVID/Emergencies

[CA AB164](#) appropriates \$3,000,000 to be provided to support the California Veterinary Emergency Team at the University of California, Davis, School of Veterinary Medicine

Pricing/Transparency

[CA AB133](#) requires drug reporting. This should not impact animal drugs. It has passed.

▲ Introduced

Veterinary

[CAAR61](#), a resolution, stating that veterinarians should only perform surgical procedures when necessary and in the most humane way possible.

▲ Crossed Over

State Appropriations

[CA SB164](#) appropriates \$3,000,000 to be provided to support the California Veterinary Emergency Team at the University of California, Davis, School of Veterinary Medicine. (Passed bill [CA AB164](#) appropriates the same amount.)

▲ Rules and Regulation

DCA Director's Order Waiving License Renewal Requirements

Pursuant to Governor Newsom's Executive Order N-39-20, on July 26, 2021, the Director of the Department of Consumer Affairs (DCA) issued an Order Waiving License Renewal Requirements ([July 26 Order](#)). The July 26 Order applies to

individuals whose active licenses expire between March 31, 2020, and September 30, 2021, and temporarily waives:

1. Any statutory or regulatory requirement that individuals renewing a license pursuant to Division 2 of the Business and Professions Code take and pass an examination in order to renew a license; and

1. Any statutory or regulatory requirement that an individual renewing a license pursuant to Division 2 of the Business and Professions Code complete, or demonstrate compliance with, any continuing education requirements in order to renew a license.

Licensees must satisfy any waived renewal requirements within six months of this Order, unless further extended. The temporary waivers do not relieve the licensee from timely complying with any other renewal requirements (e.g., submitting required renewal forms to the Veterinary Medical Board) and do not apply to continuing education, training, or examination required pursuant to a disciplinary order against the licensee.

On October 22, 2020, December 15, 2020, February 26, 2021, March 30, 2021, and June 3, 2021, the Director issued related Orders Waiving License Renewal Requirements. With the issuance of the [July 26 Order](#), those prior Orders are withdrawn and rescinded.

Face-to-Face Training Waiver Extension

On July 26, 2021, the Director of the Department of Consumer Affairs (DCA) issued another [60-day waiver extension order](#) to extend, through September 30, 2021, the [June 4, 2020 waiver order](#) relating to the requirement that veterinarian license applicants, who are already licensed in another state and seeking California licensure from the Veterinary Medical Board, and temporary licensees complete a “face-to-face” training class in California in order to qualify for licensure.

The June 4, 2020 waiver order waived the requirement that training for veterinarian license applicants, who are already licensed out-of-state, and temporary licensees must be conducted “face-to-face” in California, so that the training may be conducted via appropriate electronic means. The June 4, 2020 waiver order originally was set to expire on August 3, 2020.

On July 26, 2021, the Director issued a new [order](#) extending the examination deadline from 60 months to 66 months for veterinarian applications whose 60-month period expires between August 2, 2021, and September 30, 2021.

▲ **Board Watch**

Telemedicine

The Multidisciplinary Advisory Committee (MAC) promulgated the following legislative proposal regarding telemedicine. The [Telemedicine Memo](#) proposes flexibility over the use of telemedicine without a VCPR.

Proposed additions:

(e) “Teleconsultation” means the use of electronic technology or media, including interactive audio and/or video, for communication between a California-licensed veterinarian who has established the veterinarian-client-patient relationship for the animal patient(s), and a licensed veterinarian or other person whose expertise, in the opinion of the California-licensed veterinarian, would benefit the patient(s), but who does not have a veterinarian-client-patient relationship for the patient(s), does not have direct communication with the client, and does not have ultimate authority over the care or primary diagnosis of the animal patient(s).

(f) “Telehealth” means the use of electronic technology or media, including interactive audio and/or video, to deliver general veterinary health information and education to the client or client’s representative. (g) “Telemedicine” means the use of electronic technology or media, including interactive audio and/or video, by a California-licensed veterinarian to practice veterinary medicine provided within established veterinarian-client-patient relationship for the patient(s).

(h) "Teletriage" means the use of electronic technology or media, including interactive audio and/or video, to diagnose and treat a medical emergency as defined under Section 4840.5, until the animal patient(s) can be transported to, and/or seen by, a veterinarian.

4826.3. (a) Telemedicine may be used by a California-licensed veterinarian to further evaluate the animal patient(s)' progress, and diagnose and treat the medical condition for which the veterinarian-client-patient relationship has been established.

(b) Telehealth may be used as follows:

(1) By a California-licensed veterinarian and may include a general or preliminary diagnosis of the general health of the animal patient using a virtual examination of the animal patient(s), but shall not include treatment of whatever nature for any condition.

(2) By a registered veterinary technician or veterinary assistant to determine the seriousness of a medical situation and advise the client or client's representative of the urgency of an in-person examination of the animal patient(s), but shall not include a diagnosis or treatment of any condition.

(c) Teletriage shall not be used for non-life-threatening cases. In an emergency, as defined under Section 4840.5, teletriage may be used as follows: (1) By a California-licensed veterinarian to diagnose and treat the animal patient(s), until the animal patient(s) can be seen by, or transported to, a veterinarian. (2) By a registered veterinary technician as provided under Section 4840.5. (d) Teleconsultation may be used by a California-licensed veterinarian to obtain advice or assistance on an animal patient(s)' medical condition.

Telehealth Services The legislative proposal would authorize telehealth services to be provided by a California licensed veterinarian, and those services could include a general or preliminary diagnosis of the general health of the animal patient(s) using a virtual examination of the animal patient(s). (Prop. BPC, § 4826.3, subd. (b)(1).)

This provision was crafted carefully to conform with the existing definition of “diagnosis,” which is defined to mean the act or process of identifying or determining the health status of an animal through examination and the opinion derived from the examination (BPC, § 4825.1, subd. (a)). To benefit consumers by expanding the use of electronic technology and increasing access to veterinary health care services, the new telehealth provision would specify that the examination could be performed virtually in order to provide a general or preliminary diagnosis of the general health of the patient. Since this telehealth provision would not authorize treatment to be electronically provided, it could be used without establishing a VCPR, which would otherwise require an in-person examination or by medically appropriate and timely visits to the premises where the animal(s) are kept.

To further increase access to veterinary health care, the telehealth provision would allow an RVT or VA to use telehealth to determine the seriousness of a medical situation and advise the client or client’s representative of the urgency of the animal patient(s) being seen. (Prop. BPC, § 4826.3, subd. (b)(2).) This provision is consistent with current practice when consumers telephone or email a veterinary clinic for advice on whether to bring in their animal for veterinary medical assistance. The telehealth provision would authorize a registered veterinary technician (RVT) or veterinary assistant (VA) to provide telehealth to consumers as long as no diagnosis or treatment of any condition is provided. This limitation is consistent with the prohibitions on RVTs and VAs providing a diagnosis or prognosis of animal diseases and prescribing drugs, medicine, and appliances established under BPC section 4840.2, and clarified in CCR, Title 16, sections 2036, subsection (a), and 2036.5, subsection (a).

Colorado

▲ Rules and Regulations Activity

Emergency Rulemaking

EXPANDED SCOPE OF PRACTICE FOR VETERINARIANS PURSUANT TO THE GOVERNOR'S EXECUTIVE ORDER D 2021 122 – Effective 07/12/21 – 11/09/21

Expanded Scope of Practice. **Veterinarians may perform services while working in a hospital or inpatient facility as delegated by physicians, physician assistants, advanced practice registered nurses, certified registered nurse anesthetists, professional nurses, and respiratory therapists.**

- Veterinarians are authorized to perform delegated services upon adequate cross-training as determined necessary by the hospital or inpatient facility.
- Veterinarians shall not accept or perform delegation of a service for which the licensee does not possess the knowledge, skill, or training to perform.
- Services cannot be re-delegated
- Veterinarians shall not prescribe or select medications, perform surgical or other invasive procedures or perform anesthesia services outside of the statutory scope of practice regardless of delegation.

1.25 EXPANDED SCOPE OF PRACTICE FOR VETERINARIANS IN ORDER TO ADMINISTER VACCINATIONS PURSUANT TO THE GOVERNOR'S EXECUTIVE ORDER D 2021 122

Veterinarians may administer the COVID-19 vaccination while working in a hospital, inpatient facility, or outpatient setting as delegated by physicians, physician assistants, advanced practice registered nurses, certified registered nurse anesthetists, or professional nurses

D.C.

▲ Rules and Regulations Activity

Rules establishing vet tech licensing are effective upon publishing of the [Register](#) (08/06). Allows vet techs to call themselves vet nurses. Allows grandfathering with 4000 hours within the last 5 years (only applies for 1 year); allows for reciprocity; must be certified to use the term. Scope starts at 11208. Supervision of clinical support staff at 11210. Both tech and ET require 2 hours in LGBTQ; ET requires compassion. Provides a temp license while meeting grandfathering or awaiting licensure.

Clarifies the veterinary board is under the health occupations act.

Adds Ch. 111 Euthanasia Techs; licensure; scope; continuing ed.

▲ **Board Watch**

Licensing

The Board has switched to an online licensing system, Salesforce.

COVID

All licensed veterinarians have been sent an email to participate in a research study examining the wellness of veterinarians during COVID-19. The survey titled, the Potomac Regional Veterinary Coping, Resilience and Challenges (CRC) aims to assess the stressors veterinarians are experiencing during COVID-19 and to disseminate resource information.

Facility Inspection

The veterinary facility inspection program is back after halting due to COVID. The facilities licenses that are expired are not considered expired due to Covid. They are still considered 'active' unless otherwise noted. The Board is aiming to get those completed by the 1st of September.

PDMP

The Board reported that The Prescription Drug Monitoring Program Query Amendment Act of 2020 has a projected law date of March 15, 2021.

▲ State VMA Updates

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Georgia

▲ Adopted Rules

At their June meeting the Georgia State Board of Veterinary Medicine held hearings and unanimously adopted the following rules:

1. Rule 700-8-.01. Unprofessional Conduct
1. Rule 700-12-.08. Surgical Standards
1. Rule 700-12-.09. Examination Area
1. Rule 700-12-.11. Patient Care

Rule 700-8-.01. Unprofessional Conduct

(c)) Failure to Maintain Patient Records:

1. A veterinarian shall prepare and maintain a record reflecting the care and treatment of animals treated **or boarded**.
2. These records shall contain clinical information sufficient to justify the diagnosis and warrant treatment and shall, if applicable, include but not be limited to the following information:

...

 - (viii) Findings from physical examination, including temperature and weight **for each examination**;
 - (ix) Clinical lab reports, if applicable;
 - (x) Medication **prescribed or recommended**, and treatment, **including dose, strength**, and frequency;
 - (xi) Anesthetic, including **dose, strength**, type, and amount **and monitoring of vital signs** at frequent intervals, if applicable;
 - (xii) details of surgical procedure **including** with complications and/or abnormalities noted **with documentation of suture materials used**, if applicable;
 - (xiii) Progress and disposition of the **case to include client communications and copies of any written instructions for homecare**;
 - (xiv) Differential diagnoses; and
 - (xv) X-rays if applicable **Radiographs to include radiographic interpretations**.

...

6. A veterinarian shall respond to an inquiry by the Board within fifteen (15) days and/or provide the Board with evidence that requested records have been released to the client.

Rule 700-12-08. Surgical Standards

1. ...If the practitioner does not use a surgery table, the rationale for foregoing its use must be documented within the patient record.

1. ...

1. For patients under general anesthesia for more than five minutes an endotracheal tube must be utilized as appropriate for the procedure.

1. For patients under general anesthesia monitoring and vital signs must be recorded at intervals in accordance with minimal standards.

(i) Warming devices for patients undergoing general anesthesia is required as appropriate.

(j) Pain management is required for patients undergoing surgical procedures.

Rule 700-12-09. Examination Area

... (e) Minimum safety standards must be in place for patient and client safety.

Rule 700-12-11. Patient Care

(1) For hospitalized or sick animals **patients that are maintained in a veterinary facility, a licensed veterinarian **or licensed veterinary technician** must **physic evaluate each patient daily.****

- (a) **Patients recovering from anesthesia must be properly monitored.**
- (b) **For hospitalized and sick patients, the licensed veterinarian must have appropriate measures in place to ensure patient comfort.** visit the facility and see each animal daily.
-
- (2) **For boarded animals that are maintained in a veterinary facility, a licensed veterinarian or his or her designee must physically visit the facility and see each animal daily.** Patients recovering from anesthesia must be properly monitored as appropriate.

Hawaii

▲ State VMA Update

New animal laws enacted in 2021 (from previous legislative sessions):

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Iowa

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New Hampshire

▲ Passed Bill

Electronic Prescriptions

NH HB143 requires e-prescribing contains a veterinarian exemption.

Vet- Reciprocity/Mobility

NH SB58 requires boards to grant a license to individuals already licensed in another state as long as the standards are equivalent. Makes other minor changes to board operations.

New Jersey

▲ Passed Bill

Removal of Required Protocols to Reduce The Spread of COVID-19 (July 2021)

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- Lifts masking requirements; and
- Eliminates social distancing and barrier requirements.

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North Carolina

▲ Adopted Rules

The proposed rule for 21 NCAC 66.0211, Veterinary Telemedicine was submitted to the Rules Review Commission on 3/16/2021 and published on 4/15/2021 in the NC Register Volume 35 Issue 20. The comment period ended 6/14/2021. This motion was voted on and unanimously approved.

21 NCAC 66 .0211 VETERINARY TELEMEDICINE

(a) “Veterinary telemedicine” or “telemedicine” means the use of electronic or telecommunication technologies to remotely provide medical information regarding a patient’s clinical health status and to deliver veterinary medical services to a patient that resides in or is located in the State. The delivery of veterinary medical services through telemedicine is the practice of veterinary medicine. The practice of veterinary medicine occurs where the patient(s) is located at the time telemedicine technologies are used.

(b) A veterinarian may provide veterinary medical services via telemedicine to a patient only after establishing a Veterinarian-Client-Patient-Relationship (VCPR). ... person shall practice veterinary telemedicine except a veterinarian within the

context of a VCPR. A VCPR cannot be established by any electronic means or telecommunication technologies.

(c) "Veterinary telemonitoring" means the use of a medical device, smartphone, monitoring sensor, or other technology, in combination with an internet connection, to collect and store health information for a patient of the veterinarian and to transmit it to a veterinarian, as directed or requested by a veterinarian. Veterinary telemonitoring, by that act alone, is not the practice of veterinary medicine.

(d) "Veterinary Teleconsulting" occurs when any person, whose expertise the veterinarian believes would benefit the veterinarian's patient, provides advice or other information by any method of communication to a veterinarian at the veterinarian's direction or request. Veterinary teleconsulting, by that act alone, is not the practice of veterinary medicine.

(e) Veterinarians practicing telemedicine shall be held to the same standard of care as veterinarians providing in-person medical care. There is not a separate standard of care applicable to telemedicine. Veterinarians shall determine whether telemedicine is appropriate and in the best interest of the patient. Veterinarians shall maintain a medical record of the telemedicine patient(s) as required by 21 NCAC 66 .0207(b)(12)."

▲ Crossed Over

Vet – Facilities

NC H911, allows facility permittees to be fined (not just licensees) up to \$5000.00 for each violation. This bill addresses regulatory reform for many boards and councils; Language concerning veterinarians is not driving this bill.

▲ Dead

State Vet/Board Issues

NH SB13 adopted omnibus legislation on state taxes and fees

Vaccinations

NH HB322 required a color photo on rabies certificates.

NH HB367 changed health certificate requirements, quarantine times, and import requirements.

NH HB387 required a rabies antibody test 30 days after vaccination.

NH HB532/S127 created a database for animal health records.

Rhode Island

▲ Cannabis

RI H5190/S252 added animals to the Medical Marijuana Act.

Texas

▲ CE

At its August 3, 2021, meeting, the Texas Board of Veterinary Medical Examiners (TBVME) approved a revision to its continuing education (CE) requirements. Going forward, licensees will no longer be required to obtain a portion of their required hours from personal attendance at live courses and seminars. Licensees will be able to obtain all the required hours via online courses or seminars.

In conjunction with the revision of this regulation, the TBVME tentatively announced that beginning in January of 2022, licensees will once again be required to have the minimum number of CE hours to renew their licenses. That requirement has been

on hold since the pandemic began in 2020 due to the very limited availability of in-person CE.

Washington

▲ VMA Update

Gov. Inslee's vaccine mandate does not apply to veterinarians and their teams

The WSVMA provided the following clarification on 08/13/21. Gov. Jay Inslee announced a requirement for workers in private health care and long-term care settings to be fully vaccinated with a recommended COVID-19 vaccine by October 18, 2021. The proclamation also includes most state workers, contractors, and volunteers.

The governor's Proclamation 21-14 COVID-19 Vaccine Requirement for health care workers does NOT apply to veterinary healthcare settings, animal care, and control agencies, or humane societies. However, as COVID-19 cases rise significantly across Washington, we hope that all members of the veterinary healthcare team will get vaccinated, a proven strategy to eliminate and even eradicate deadly viruses.

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Wisconsin

▲ Board Watch

Telemedicine

The Veterinary Examining Board (VEB) on July 21 approved [guidance](#) to directly address how telehealth may be utilized in Wisconsin under existing rules and statutes. (The proposed rule below discusses changes to existing rule and is not currently in effect.)

In accordance with Wis. Stat. §89.02 (8) (b), a veterinary-client-patient relationship must be established via the veterinarian making an in-person physical exam, as the meaning of “recently examined the patient”, or through timely medically appropriate visits by the veterinarian to the premises on which the patient is kept. It may not be established by telehealth technologies. The veterinary-client-patient relationship, once established, extends to other veterinarians within the practice, or relief veterinarians within the practice, that have access to, and have reviewed, the medical history and records of the animal.

Canada

British Columbia

▲ Board Watch

Revised PFAC Policy for Virtual Inspections

Since the onset of the pandemic, the Practice Facility Accreditation Committee (PFAC) has developed (and Council has approved) two separate policies for virtual practice facility inspections. The first policy was to allow new facilities to be inspected virtually and be granted provisional approval to operate, until such time that an on-site inspection could be performed. The second policy was to allow existing facilities to have their regular (5-year) reaccreditation inspections performed virtually and for PFAC to make a final reaccreditation decision based upon the virtual inspection if they felt it to be appropriate.

At the direction of PFAC, the office reviewed the existing policies and amalgamated them into a [single unified policy \[FAQ\]](#). The Practice Facility Accreditation Committee reviewed and approved the draft policy at its May meeting and directed the office to present it to Council for approval. The Board adopted the “Practice Facility Accreditation Committee’s Unified Policy for Remote/Virtual Inspections during the COVID-19 Pandemic” to replace the existing two temporary policies.

This is currently still framed as a temporary policy to be revisited once COVID-related risk is reduced but, given the success of the virtual platform and the flexibility that it provides, anticipates that virtual inspections will remain a tool of the CVBC and PFAC processes going forward

Telemedicine

The Board voted to accept the amended telemedicine position statement for publication to the CVBC website. The Telemedicine Working Group shared the CVBC’s draft Telemedicine Policy at a national-level telemedicine meeting – feedback from the group was positive, with no suggested changes. The [CVBC’s telemedicine policy](#) will be more permissive than some other jurisdictions, as it allows a VCPR to be established via telemedicine and for prescriptions to be issued (under specific circumstances and with veterinarians using personal judgment and documenting the justification). The development of [The FAQ document](#) provides a good resource for an understanding of the Policy.

Ontario

▲ Board Watch

Use of Non-Conventional Therapies in the Practice of Veterinary Medicine

College Council discussed a draft position statement on the use of non-conventional therapies in the practice of veterinary medicine. Position statements enable Council to take a position on a topic that has polarizing views within the public and the profession. The public is increasingly seeking new forms of treatment and care for their animals and they have become accustomed to having choice and access in selecting a provider for lower risk therapies. The College's existing position on complementary and alternative therapies indicates these therapies must be part of veterinary medicine. For lower-risk therapies, this may not be necessary when thinking of public protection based on risk. Following discussion, Council decided to approve the draft [position statement](#), which will be published soon. Council is also asking the College to develop resources to support public education on accessing lower-risk therapies.

Telemedicine

College Council reviewed its professional practice standard on telemedicine. In March 2020, the College relaxed its rules related to prescribing via telemedicine alone to enable veterinarians to prescribe non-controlled drugs and substances within a veterinarian-client-patient relationship but without performing an in-person examination. Jurisdiction is also an important consideration. A veterinarian licensed in Ontario remains accountable to the College regardless of where or how they are practicing veterinary medicine. Further, the College expects that a veterinarian who is not licensed in Ontario will comply with the licensing requirements in the jurisdiction in which they hold licensure and provide care in accordance with the standard of care of that jurisdiction. The Council also looked at its standard on prescribing a drug in connection with its telemedicine standard. Following discussion, Council approved changes for public consultation which would permit a veterinarian to obtain recent and sufficient knowledge of an animal through a virtual examination in order to prescribe a non-controlled drug to a new patient or for a new condition with an existing patient where there is an immediate, short-term need under certain conditions, as laid out in the standard on prescribing. It is important to note that the additional requirement to be readily available in-person to manage any adverse reactions to a drug, when prescribing a drug, has not been altered.

Prince Edward Island

▲ Board Watch

CE

The Canadian Registrars (CCVR) have started an important initiative to develop an essential competencies profile for the veterinary profession in North America.

Four organizations representing regulation within the veterinary medical profession in Canada and the United States have united to launch an important new initiative – creation of a North American essential competency profile for veterinary medicine. These leaders include the American Association of Veterinary State Boards (AAVSB), the Canadian Council of Veterinary Registrars (CCVR), the College of Veterinarians of Ontario (CVO), and the International Council for Veterinary Assessment (ICVA). They are joined by advisors from the Association of American Veterinary Medical Colleges (AAVMC), the Canadian National Examining Board (NEB), and the Educational Commission for Foreign Veterinary Graduates (ECFVG).

The goal of the project is to develop a validated, essential competency profile for veterinary medicine in North America that articulates the core competencies of the profession to be maintained throughout a veterinarian's career. The profile will be used by the veterinary regulatory sector for licensure, quality assurance programs, and continuing competence evaluation. The 20-month project began in August 2020 and will run through spring of 2022.

If you have questions about the project please contact our research partners: patricia.muenzen@act.org."

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