

November 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. There are two report views available! The Conventional Report is also available as a PDF download.

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1. Legislative Activity

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

There are 6 passed bills, 8 introduced bills, no crossed overs, 0 hearings, and 0 dead bills.

1.1 Passed

▲ Report Abuse

NY S05023 requires veterinarians to report suspected animal cruelty to the police

▲ State Appropriations (4)

TX HR297/TX SB8/TX SR94 appropriates \$1,000,000 to the Higher Education Coordinating Board from money received by this state from the Coronavirus State Fiscal Recovery Fund (42 U.S.C. Section 802) established under the American Rescue Plan Act of 2021 (Pub. L. No. 117-2) and deposited to the credit of the Coronavirus Relief Fund No. 325 for the purpose of providing funding for the rural veterinarians grant program for the two-year period beginning on the effective date of this Act.

-

TX SB52 appropriates \$125 million for the construction of a clinical veterinary teaching and research complex at Texas A&M.

▲ Telemedicine

ME LD791 allows boards to authorize telemedicine within their standards. Unlikely to have any substantive impact.

1.2 Introduced

▲ Animal Welfare

PA SB9207 Establishes the Animal Welfare Board. Representation includes two from VMA, Federation of Dog Clubs (a licensed kennel operator), AKC, Humane Society, insurance, etc.

▲ Companion - Tax Issues

PA SB896 Provides an exemption from the sales tax for any item for guide, service, and hearing dogs. Includes veterinary services, prescription, and non-prescription drugs, food, grooming, vitamin supplements, and other products. Must be purchased by someone with a disability or caring for those dogs. Includes dogs in training.

▲ Large Animal

NJ S4110 allows large animal vet facilities to be located on preserved farmland.

▲ Pet Grooming

MA S545 removes grooming from the definition of farming. Should have no impact

▲ Veterinary Dose Restrictions

NC H793 A practitioner shall not prescribe more than a five-day replacement for a three-day supply of any targeted controlled substance upon the initial consulta and treatment of a patient for acute pain unless the prescription is for post-operative acute pain relief for use immediately following a surgical procedure.

▲ **Veterinary - Reciprocity/Military**

PA SB927 creates a stipend for veterinarians serving in the PA National Guard.

▲ **Veterinary Technician**

MA S2571 Creates a subsidiary board of veterinary technicians under the veterinary board. Directs the board to develop rules for vet tech licensing, scope of duties, etc. Only those individuals who are licensed may utilize the title of veterinary technician. Regardless of job description and duties, anyone who does not hold a valid license to practice veterinary technology in the commonwealth, yet who functions in a similar capacity of supporting the overall care of veterinary patients, shall be referred to as a veterinary assistant. Any individual or veterinary practice who is found to be inappropriately using the title veterinary technician may be subject to fines as established by the board.

▲ **Veterinary Telemedicine**

FL S0448 would allow telemedicine with a virtual exam. This bill is a pre-file for 2022

1.3 Crossed Over

▶ **None**

1.4 Hearings

▶ **None**

1.4 Dead

▶ None

2. Rules & Regulations Activity

Rules and Regulation changes that have taken effect.

Adopted

▲ Colorado

4 CCR 727-1 VETERINARY MEDICINE RULES AND REGULATIONS (DOC) **Effective**
11/30/21

1.17 REPORTING CHANGE OF ADDRESS, TELEPHONE NUMBER, OR NAME

...

1. ...

2. The Board requires one of the following forms of documentation to change a licensee's name or correct a social security number or individual taxpayer identification number:

...

1. Court order;
2. Documentation from the Internal Revenue Service verifying the licensee's valid individual taxpayer identification number; or
3. A driver's license, social security card, or passport with a second form of identification may be acceptable at the discretion of the Director of Support Services.

...

1.26. Rules Regarding the Use of Benzodiazepine

The basis for the Board's promulgation of these rules and regulations is sections 12-20-204(1), 12-315-106(5)(g), and 12-315-126, C.R.S. The specific statutory authority for the promulgation of this Rule is section 12-30-109(6), C.R.S.

The purpose for the Board's promulgation of these rules and regulations is to implement rules required by section 12-30-109(6), C.R.S., related to requirements for prescribing benzodiazepines to patients for whom licensees have not previously prescribed benzodiazepines within the last twelve months.

1. Licensees must limit any prescription for a benzodiazepine, which shall not exceed 30 continuous days, that a prescriber may prescribe for a patient who has not received a benzodiazepine prescription from a prescriber within the last 12 months.
2. Prior to prescribing the second fill of a benzodiazepine, a licensee must comply with the requirements of section 12-280-404(4), C.R.S. Failure to comply with section 12-280-404(4), C.R.S., constitutes unprofessional conduct or grounds for discipline under section 12-315-112, C.R.S.
3. The limitation stated in section (A) of this Rule does not apply to patients for whom licensees prescribe benzodiazepines for the following conditions:

- 1) Epilepsy;
- 2) A seizure or seizure disorder, or suspected seizure disorder;
- 3) Spasticity; or
- 4) A neurological condition, including a posttraumatic brain injury or catatonia.

D. These rules do not require or encourage abrupt discontinuation, limitation, or withdrawal of benzodiazepines. Licensees are expected to follow generally accepted standards of veterinary medicine practice, based on an individual patient's needs, in tapering benzodiazepine prescriptions.

3. Board Watch

▲ British Columbia

Euthanasia Guidelines

A member raised the possibility of revising the CVBC's Euthanasia Guidelines at the Animal Welfare Committee meeting, but she did not go into detail surrounding amendment request, but to refresh Council's memory, noted that it was around remote euthanasia where there is no veterinarian available. An example was given

of a veterinarian prescribing with a human doctor administering the drug to a patient and they were mortified as it is not appropriate, and a human doctor should not be doing such a thing. The conversation came around to the only solution available is firearms and will reference the CVMA guidelines on acceptable methods of euthanasia.

▲ California

Approved Regulations: (Not yet adopted)

Animal Physical Rehabilitation

- Regulations Effective Date: January 1, 2022
- Filed with Secretary of State: November 15, 2021
- Std. Form 400 (as stamped by the Secretary of State)
- OAL's Notice of Approval
- Final Statement of Reasons
- Order of Adoption
- Notice of Proposed Changes
- Language
- Initial Statement of Reasons
- Notice of Public Hearing

Limited-Term RVT Examination Eligibility (Section 100)

- Filed with Secretary of State: November 2, 2021
- Std. Form 400 (as stamped by the Secretary of State)
- OAL's Notice of Approval
- Language
- Statement of Explanation for Section 100 Filing

Sodium Pentobarbital/Euthanasia Training (Section 100)

- Filed with Secretary of State: October 28, 2021
- Std. Form 400 (as stamped by the Secretary of State)
- OAL's Notice of Approval
- Language

Statement of Explanation for Section 100 Filing

▲ Colorado

The Board reviewed the drafted rule for SB21-077 implementation, concerning the elimination of verification of an individual's lawful presence in the United States as a requirement for individual credentialing. After discussion, a motion was made and carried to initiate rulemaking.

The Board reviewed the drafted rule for HB21-1276 implementation, concerning the prevention of substance use disorders. After discussion, a motion was made

the prevention of substance use disorder after cessation, a motion was made and carried to initiate rulemaking.

▲ Hawaii

Continuing Education

The Board approved USDA APHIS, and National Veterinary Accreditation Program Training Modules for Accreditation as continuing education. They also approved the following courses offered by the Monterey Bay Area Veterinary Medical Association: Canine and Feline Hypersensitivity, Bowel Basics: Intestinal Disease in Dogs and Cats, Chronic Renal Failure and More than Just Fluids, Radiographs & Gastrointestinal Disease, Canine Appendicular Osteosarcoma, and Identifying Kidney Disease Earlier for Optimal Care During the Patient Visit.

Out-of-State Veterinarians (HRS Section 471-2)

The legislative proposal was presented with no vote. The proposed legislation would add several definitions to HRS §471-1 and would also expand and amend exemptions in HRS §471-2. A definition for consultation was added.

“Consultation” means deliberation between two or more licensed veterinarians or a licensed veterinarian and any certified scientist or professional in animal care, concerning the diagnosis of an animal’s condition, the care to be provided, and the proper management of the case.

▲ Iowa

ARC 6012C The proposed amendment to chapter 39, “Expanded Practice Standards”, updates a Board rule relating to collaborative pharmacy practice agreements between pharmacists and Iowa-licensed prescribers who have independent prescribing authority. The rule-making identifies the minimum required elements of such agreements.

Rescind rule 657—39.13(155A) and adopt the following

“Collaborative pharmacy practice” means a practice of pharmacy whereby one or more pharmacists provides patient care and drug therapy management services not otherwise permitted to be performed by a pharmacist to patients under a collaborative pharmacy practice agreement with one or more practitioners which defines the nature, scope, conditions, and limitations of the patient care and drug therapy management services to be provided by the pharmacist(s) in order to ensure that a patient achieves the desired outcomes.

“Practitioner” means a physician, dentist, podiatric physician, **veterinarian**, optometrist, or advanced registered nurse practitioner who holds an active license to practice in Iowa.

39.13(2) *Collaborative practice agreement.*

– A pharmacist or pharmacy may engage in collaborative pharmacy practice under a collaborative pharmacy practice agreement with one or more practitioners to provide patient care and drug therapy management services to one or more patients

-Requires the agreement to include parties’ information, scope of authorized practice and permitted activities, protocol, the process to monitor compliance, Agreement will be maintained by pharmacy and available upon request.

▲ Maryland

VCPR/Telemedicine for Shelter Veterinarians.

A shelter veterinarian asked for clarification on how telemedicine can be used in a shelter setting. The Board determined that if a veterinarian had a formal relationship with a shelter, even if unpaid, then a vet could provide telemedicine services to a shelter staff person; however, they should only treat conditions that they would normally treat by telemedicine (such as skin conditions) and must still exhibit the standard level of professional judgment. This will be added to the

exhibit the standard level of professional judgment. This will be added to the proposed regulation update.

▲ Nebraska

Potential changes to the Scope of Practice for DVMs and Veterinary

Technicians as compared to the AAVSB Model Regulations: The Board suggested that the Nebraska Statutes and Regulations need to be reviewed to update and enhance the scope of practice for the Veterinary Technician and the Unlicensed Assistant. The belief is that by expanding the scope of practice this will ultimately improve patient care in the interest of public health and also retain the Veterinary Technician workforce for Nebraska. The Board will start the process of researching and drafting proposed changes and working with the Board members using their expertise and advice.

Wholesale Drug Distributor license scope vs Veterinary Drug Distributor license scope:

Neb. Rev. Stat. 71-8912 states that no person or entity shall distribute, sell, or offer for sale any veterinary legend drug in this state without first obtaining a license issued by the department under the Veterinary Drug Distribution Licensing Act, except that a veterinarian licensed under the Veterinary Medicine and Surgery Practice Act acting within the scope of practice of his or her profession shall not be required to be licensed under the Veterinary Drug Distribution Licensing Act.

Licensure is required for veterinary drug distributors that sell veterinary legend drugs directly to laypersons. If your business is limited to distributing veterinary legend drugs to other distributors or to licensed veterinarians, the veterinary drug distributor license is not required. If you sell to laypersons and distribute to other distributors or licensed veterinarians, then the license is needed for the part of your business that involves sale directly to laypersons.

To view the Veterinary Drug Distributor Act – Neb. Rev. Stat. 71-8912 in its entirety go to: <https://nebraskalegislature.gov/laws/statutes.php?statute=71-8912>

- If a business is distributing animal drugs shipped to the Veterinarian, no license is required by the business.
- If a business is distributing human drugs used for animals to the Veterinarian, the business would be required to have a Wholesale Drug License.
- If a business is distributing human drugs used for animals directly to the consumer then the business would be required to have either a Community or Mail Service License.

To learn more about the Wholesale Drug Distributor license go to:
<https://nebraskalegislature.gov/laws/statutes.php?statute=71-8912>

Proposed draft Regulations for Title 172 Chapter 180 – Regulations Governing the Practice of Veterinary Medicine and Surgery and Proposed draft Regulations for Title 172 Chapter 182 – Licensure of Animal Therapist are currently being reviewed by the Governor’s office. Once the Regulations are approved by the Governor the Regulations will again be recalled to be reviewed for additional proposed draft changes. To follow the approval process go to:
<https://www.nebraska.gov/nesos/rules-and-regs/regtrack/index.cgi>

▲ Nevada

Proposed regulation of the Nevada State Board of Veterinary Medical Examiners:

LCB FILE NO. R074-21I: This document is the initial draft regulation proposed by the agency submitted on 11/02/2021

▲ New Jersey

SENATE No. 942 [Second Reprint] – Requires certain standards for professional and occupational boards considering applicants with criminal history records.

The Board discussed Senate No. 942. Law, which became effective early Fall. The statute was amended and a new section was added. Criminal convictions have to have a direct or substantial relationship to the activity regulated by the Board or be of a nature such that licensure of the person would be inconsistent with the public's health, safety, or welfare.

If the Board decides to consider the crime based on conviction with the intention to deny application, a hearing before the Board is required.

▲ **New Mexico**

The Board is accepting all online/virtual continuing education hours through December 31, 2021

▲ **North Carolina**

The Board discussed the following bills:

[House Bill 911](#) – Regulatory Reform 2.0, the proposed amendment to clarify NCVMB authority to issue certain civil penalties section 11.(a) G.S. 90-187.8 – to add “or a veterinary facility permittee”.

[Senate Bill 651](#) – Amend the Veterinary Practice Act. Add Veterinary Consulting definition and remove “Preceptee” throughout the NC Practice Act

▲ **Oklahoma**

The [Oklahoma Veterinary Practice Act](#) has been updated and became effective November 1, 2021.

▲ Pennsylvania

50 State Comparison Report: A Comparison of State Occupational Licensure Requirements and Processes

This report was funded as part of a \$422,000, three-year grant received from the U.S. Department of Labor in 2018 to reduce excessive occupational licensing requirements and explore alternative approaches that maintain public health and safety. The intent of this analysis, which includes veterinary licensing, is to identify opportunities for state officials to remove unnecessary barriers that prevent Pennsylvanians from gaining employment without compromising the health and safety of residents. The report should be used as a resource when officials evaluate the health and safety protections associated with licensure against the impact of restrictions on Pennsylvania works and businesses.

▲ Texas

The board voted on the following rules for adoption to be posted to the Texas Register:

571.15 Temporary Licenses (Amendment)

573.27 Honesty Integrity and Fair Dealing (Amendment)

573.65 Proof of Acceptable Continuing Education (Amendment)

573.52 Veterinarian Patient Record-Keeping (Amendment)

573.40 Labeling of Medications Dispensed (Amendment)

573.75 Duty to Cooperate with Board (Amendment)

▲ Wisconsin

The Wisconsin Veterinary Examining Board held a hearing on 11/08/21 on the proposed **following permanent rule to repeal** VE 1 to 10; **to create** VE 1 to 3; **to renumber** VE 11; **relating to** veterinarians and veterinary technicians.

The proposed rule makes structural changes, minor language changes, and telehealth changes.

Structural Changes

- Consolidates the eleven existing rule chapters into three chapters: one for veterinarians, one for veterinary technicians, and one for the professional assistance program. Consolidation makes the rules easier to access quickly.
- Adds a chapter for relevant complaint procedures that did not transfer in the previous rules from DSPS to DATCP.
- States the current fee amounts in the rule. Fee amounts do not change.

Minor Language Changes

- Makes changes regarding procedures and processes.
 - o Removes the word annual from references to the review of colleges and technical schools.
 - o Expands the temporary veterinary permit process to include applicants who are scheduled to take or are awaiting results from the examination on state laws and rules.
 - o Clarifies that applicants for licensure who have previously been licensed in Wisconsin or another jurisdiction must apply by endorsement.
 - o Adds for clarity and consistency a section identifying common situations in which the board may require additional information from an applicant

which the board may require additional information from an applicant when reviewing an application.

- States more clearly that the board may reprimand the licensee or deny, suspend, limit or revoke a credential for cause, including filing an incomplete or fraudulent application, misrepresenting information on an application, or violating the rule chapter or Wis. Stat. ch. 89.

- Makes technical changes and updates

- Adds the denial of a license to the list of reasons for a temporary veterinary permit to expire.
- Allows applicants to provide proof of graduation through the American Association of Veterinary State Boards (AAVSB), which allows for electronic submissions using the AAVSB online system.
- Adds direction in the rules to assure the requirements for access to health care records required in Wis. Stat. s. 89.075 are clear and consistently applied.
- Removes an obsolete provision regarding continuing education auditing of journal articles read. The Board previously eliminated the ability to self-study journal articles and mistakenly did not also eliminate this provision regarding auditing.
- Clarifies the continuing education requirements for persons who have not been credentialed for more than 5 years.
- Adds language to clearly state license exemptions.

- Allows veterinarians to delegate additional veterinary medical acts to certified veterinary technicians and unlicensed assistants

certified veterinary technicians and unlicensed assistants.

- Allows veterinarians to delegate the placement of intravenous catheters to unlicensed assistants under the direct supervision of the veterinarian present on the premises, per requests from stakeholders.
 - Additional changes to the delegation of veterinary medical acts are included in the telehealth section of this summary.
- Makes changes for consistency and ease of use the places in which rule requirements repeat, or refer to requirements in statute.
- Modifies language regarding unprofessional conduct so that it also refers to Wis. Stat. s. 89.07 (1).
 - Modifies language regarding prescribing and dispensing a veterinary drug to refer to Wis. Stat. s. 89.068 (1) (c) allows.
 - Makes a correction to the delegation of rabies vaccinations to reflect Wis. Stat. s. 95.21 (2) (a).
- Modifies terminology for clarity and consistency.
- Adds additional definitions and updates existing definitions language for clarity. ○ Renames “temporary permit” to “temporary veterinary permit” and renamed “temporary consulting permit” to “veterinary consulting permit.”
 - Changes language to use the word “dispense” rather than “sell” to be more consistent with statutory language and definitions to make the language clearer and easier to understand.

- Adds a note clarifying that the board accepts “veterinary nurse” as equivalent to “veterinary technician.”

Telehealth Changes

- Adds definitions related to telehealth.
 - Adds definitions related to veterinary consulting and clarifies that a consulting veterinarian or other consultant may not do any of the following:
 - Visit the patient or client or communicate directly with the client without the knowledge of the attending veterinarian.
 - Take charge of a case or problem without the consent of the attending veterinarian and the client.
 - Clarifies that the practice of veterinary medicine takes place where the animal is located at the time of practice, in alignment with Wis. Stat. ss. 89.05 (1) and 89.02 (6).
 - Clarifies that in order to practice veterinary medicine in Wisconsin a veterinarian must be licensed in Wisconsin and have an established veterinary-client-patient relationship (VCPR) with the client. A VCPR must be established via an in-person physical exam, or timely medically appropriate visits to the premises on which the patient is kept. It may not be established by telehealth technologies.
 - Clarifies that the VCPR, 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.

- Clarifies that records must be kept, regardless of the encounter type.

- Clarifies, in accordance with Wis. Stat. s. 89.02 (8) (c), that an animal owner must be able to easily seek follow-up care or information from the veterinarian who conducts an encounter while using telehealth technologies.

- Expands the delegation of medical services to allow a veterinarian to delegate the following items to a certified veterinary technician (CVT) if the veterinarian is available to communicate via telehealth technologies within five minutes. Under current rules, these items may only be delegated to a CVT if the veterinarian is personally present on the premises.

- o Performing diagnostic radiographic awake contrast studies not requiring general anesthesia.

- o Sample collection via a cystocentesis procedure.

- o Placement of intravenous catheters.

- o Suturing of tubes and catheters.

Fine needle aspirate of a mass

4. VMA Updates

▲ Hawaii

Veterinary Practice Act Updates

The HVMA Legislative Committee is working on a few proposals to update Hawaii's Veterinary Practice Law (HRS 471). These proposals include definitions and guidelines surrounding telemedicine, visiting veterinarians, and informed consent.

▲ Idaho

Survey - Using Video Telemedicine to Provide Cat Health and Behavior Care

You are invited to join a research survey conducted by Dr. Carly Moody (Assistant Professor, Dept of Animal Science, UC Davis) and Liam Newquist (senior undergraduate student, UC Davis).

The purpose of this study is to investigate the attitudes of currently practicing US veterinarians (DVM), behaviorists (CAAB, ACAAB, Other), board-certified veterinary behaviorists (DVM DACVB), and residency-trained clinical veterinarian behaviorists (DVM) about using video telemedicine for providing cat health and behavior care. Video telemedicine is a method of remotely delivering information or education about the health of pets using video technology. Little research has examined how this technology may be implemented to help support, maintain, and increase access to health and behavior care for cats, from the perspectives of the health care providers.

Benefit to Participant

Although there is no direct benefit to the individual participating in the study, the cat health and behavior care communities may benefit from this research. The research results will highlight the interest, benefits, and challenges of using video telemedicine, as well future areas where research is needed.

Please contact Dr. Carly Moody at cmoody@ucdavis.edu with any concerns or questions you may have about participation or withdrawal from this survey.

▲ Iowa

Bovine PC Research Funds Available

The Iowa Veterinary Medical Association announces the availability of grant(s) supporting clinical research in beef cattle. Proposals should be aimed at providing practical solutions veterinarians can utilize in beef production environments. Funding for this support is provided by the IVMA Bovine Committee from proceeds of the Iowa Green/Gold Tag Preconditioning Program. The IVMA is encouraging proposals from private practitioners and collaborative research projects between University faculty and private practitioners. [Click here](#) for detailed information and application. **Proposals must be received by November 30th, 2021.**

▲ Louisiana

Louisiana's first mobile pet shelter to help in emergency situations

A mobile pet shelter was announced at Lamar Dixon in Gonzales this Fall.

The mobile shelter, an 18-wheeler outfitted with 55 stainless steel cages, air conditioning, and running water — reportedly the only one of its kind in the country — is now ready for its mission of rescuing and evacuating pets caught in disasters.

Officials with the state Department of Agriculture and Forestry and other organizations that together funded the mobile pet shelter and will provide shelter to as many as 55 pets at a time. It will be used to transport and shelter pets during

to as many as 55 pets at a time. It will be used to transport and shelter pets during emergencies like hurricanes.

▲ New York

New Law Protects Veterinarians When They Report Animal Cruelty

On October 30th, NY Governor Kathy Hochul signed a new law that expands on the legal protection for veterinarians when they report animal abuse.

Follow [this link](#) to see the full text of the new law S.5023A/A.5823-A

NYSVMS has been in negotiations with the advocates of this new bill for over 2 years. We opposed earlier versions of the bill, because we were concerned about the definitions of abuse and also that the appropriate channels for reporting were poorly defined, and not always effective.

However, the bill is very important to the partner organizations we work with on a range of animal welfare legislation. We decided to work with them to see if we could arrive at language that was acceptable to all involved.

The final language that has been signed into law adds veterinarians to the list of healthcare professionals mandated to report abuse, and it gives veterinarians the same type of legal protection from liability and confidentiality that are usual for mandated reporters of abuse. We also made sure that it included a feedback loop so that veterinarians could be sure that the abuse that they report has been followed up and appropriate action is taken.

In its current form, we believe that this law will support the veterinary community in their work to reduce animal abuse.

▲ Pennsylvania

DVMA supports SB 907 – An Animal Welfare Board Act

What Is Senate Bill 907?

- SB907 is sponsored by Senator Gene Yaw of the 23rd District (Bradford, Lycoming, Sullivan, Susquehanna, and Union Counties).
- PVMA worked closely with Senator Yaw and staff in crafting this important bill.
- The Bill would create an Animal Welfare Board composed of stakeholders from different fields and perspectives with one common goal – improving the lives of companion animals.

Why Is Senate Bill 907 Important to the Veterinary Profession?

- Although Pennsylvania has made great strides in improving animal welfare laws, there is more work to be done.
PVMA supports a holistic and comprehensive review of all Commonwealth laws that affect companion animal health and welfare, including the Dog Law, cruelty laws, consumer protections, and any other laws and regulations that may protect animals.
- PVMA believes that an Animal Welfare Board strengthens the human-animal bond and benefits our profession, as it would bring diverse experts to the table to take a comprehensive and creative look at what works and what doesn't.
- As scientists, veterinarians and CVTs should be concerned about animal welfare in our state and support this cooperative approach as we strive to advise lawmakers on how we can propose practical and effective laws that will work together to protect companion animals in Pennsylvania.

▲ Washington

Deadline extended on WSVMA's diversity, equity, and inclusion survey

As part of its commitment to diversity, equity, and inclusion (DEI), the Washington State Veterinary Medical Association (WSVMA) is conducting a survey. The purpose

of the survey is to hear different experiences from veterinarians and learn what the challenges are to supporting DEI in veterinary medicine.

WSVMA's DEI Committee put together the survey as the group's initial exercise before conducting an organization-wide assessment. The assessment will evaluate several components of the Association including Governance & Organizational Strategy, Education & Events, Marketing & Communications, and Operations. The survey and the assessment reflect the Board of Directors and Committee's commitment to a diverse, equitable, and inclusive veterinary community.

Just like routine wellness checks are an important part of ensuring the health and wellbeing of our veterinary patients and herds, data collection is fundamental to understanding the health and wellbeing of an organization, workplace, university, or nation. Collecting information on race, ethnicity, sex, disability status, sexual orientation, and other factors is necessary to create evidence-based policies that address key disparities in veterinary medicine. Indeed, it is impossible to measure progress towards a more diverse veterinary population without data on the underlying makeup of our members.

The study is voluntary, confidential, and anonymous. All responses are strictly confidential and will only be reported in aggregate form. The survey takes approximately 15 minutes to complete and the deadline to complete the survey has been extended to **Friday, Dec. 3, 2021**.

To keep your information confidential, please complete the survey in private. Should you experience any emotional distress while taking this survey, or if completing the survey highlights any issues you may wish to talk through, please consider making an appointment

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Thank you to the membership for your participation in this important study. Your voice matters.

Take the survey [here](#).

The Washington State Animal Health Foundation is excited to share a new resource intended to help you better serve your clients who struggle with affording important veterinary treatment – The Vets Helping Pets Fund.

The Vets Helping Pets Fund will allow WSVMA members and their associates to advocate for clients in need and receive financial support to be able to provide needed care and treatment for their beloved animal companions. We understand that many families struggle to afford care and our goal is to create a robust partnership with veterinarians to not only address this issue but help bridge that gap in care. We have created a simple application form and a set of guidelines to help with case selection. All we ask in return is for you to help us connect with these families so their stories and the power of their bond can be shared with our community.

If you have patients who you are considering for this type of assistance, here are a few of our eligibility guidelines:

- Must be used for a one-time surgical or medical intervention that will improve the prognosis and well-being of the patient and is not meant for treating chronic conditions.
- Cannot be used for a treatment that was rendered more than two weeks prior to submission of application.
- May not be used for spay/neuter procedures unless spay/neuter is essential to the prognosis and/or relieving suffering of the animal (for example, pyometra).
- Will take the animal's age and other underlying issues under consideration to determine the Vets Helping Pets Veterinary Grant award.

Of course, what makes this program possible is the generous support of our donors and the WSVMA membership. Through their generosity, Vets Helping Pets can be there to help provide financial resources when it is needed most. You too can be part of this solution by making a donation to the Vets Helping Pets Fund today at wsahf.org.

For more information on this new program, please visit wsahf.org. There you can learn more about this exciting opportunity for Washington veterinarians and families, and access all supporting materials, including the complete guidelines, grant applications, and case studies.

The Washington State Animal Health Foundation is a 501c3 non-profit corporation and the charitable arm of the Washington State Veterinary Medical Association. The Board of Directors include Dr. Katie Kuehl, president, Dr. Kristen Kjellberg, vice president, Dr. Melanie Girard, Secretary, and Christie Cotterill, Virginia Piper, and Dr. Bryan Slinker, directors.

All donations are tax-deductible. Donations to support the program can be made conveniently online [here](#).

▲ West Virginia

Mandatory Use of Single Sheet DEA 222 Order Form

As of October 30, 2021, The Drug Enforcement Administration is implementing the mandatory use of a single sheet DEA 222 Order Form, and the triplicate DEA Order Forms will no longer be available or utilized as stated in the Code of Federal Regulations 1305.20(a). If you are needing to place an order for the newly implemented DEA Order Forms, please use the following link to complete your request <http://apps.dea diversion.usdoj.gov/webforms2/spring/orderFormsLogi>

If you are needing to relinquish unused triplicate DEA Order Forms, please send

If you are needing to relinquish unused duplicate DEA Order Forms, please send them to DEA Registration Section, 8701 Morrissette Drive, Spring Field, Virginia, 22152.

▲ Wisconsin

Wisconsin Approves RHDV2 Vaccine

By the Wisconsin Department of Agriculture, Trade and Consumer Protection Division of Animal Health

Wisconsin veterinarians can now offer the Medgene Labs vaccine for rabbit hemorrhagic disease virus 2 (RHDV2), thanks to authorization by the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) Division of Animal Health. RHDV2 has not been detected in Wisconsin, however, RHDV2 has been confirmed in Minnesota and several other states.

Veterinarians may order the RHDV2 vaccine by contacting Medgene Labs at (605) 697-2600. For more information on the vaccine, go to medgenelabs.com/rhdv2-vaccine/

Rabbit owners are encouraged to reduce the risk of disease introduction by taking extra precautions when moving rabbits to fairs/shows, buying equipment, handling rabbits that aren't their own, introducing new rabbits to their household, and keeping their animals outdoors.

RHDV2 is a highly contagious viral disease that affects domesticated and wild rabbits. Although fatal to rabbits, the disease does not affect humans. This virus can survive for a long time on surfaces and in the environment, so it is especially important to review your biosecurity measures.

Often, the only signs of RHDV2 are sudden death and blood-stained noses caused

by internal bleeding. Infected rabbits experience fever, loss of appetite, difficulty breathing, or seizures.

For more on RHDV2, go to datcp.wi.gov/Pages/Programs_Services/RabbitHemorrhagicDisease.aspx.

5. Pharmacy Board Updates

▲ National

DEA Letter to Registrants Regarding Prescriptions

The following email was sent to all DEA registered pharmacies and practitioners from the Drug Enforcement Administration to remind registrants that paper prescriptions must be manually signed by the prescribing practitioner.

Please find the full original email in its entirety below:

DEA Registrants

Dear Registrant:

DEA wishes to remind registrants that paper prescriptions, including prescriptions created on paper and prescriptions generated by computer or a prescription application that are printed out or faxed by a practitioner, must be manually signed by the prescribing practitioner.

The Controlled Substances Act (CSA) and its implementing regulations specify the requirements for issuing and filling prescriptions for controlled substances. By statutory requirement, a valid prescription issued by a DEA-registered practitioner (or a practitioner exempt from the requirement of registration) is required for dispensing a controlled substance, unless the controlled substance is dispensed directly by a practitioner. 21 U.S.C. 829; 21 CFR 1306.11.

The CSA provides that a pharmacist may dispense schedule III and IV controlled substances pursuant to a “written or oral prescription.” 21 U.S.C. 829(b). DEA regulations further specify that a pharmacist may dispense a controlled substance listed in schedule III, IV, or V pursuant to “either a paper prescription signed by a practitioner [or] a facsimile of a signed paper prescription transmitted by the practitioner or the practitioner’s agent” 21 CFR 1306.21(a). With respect to paper prescriptions for controlled substances in any schedule, DEA regulations provide that a “computer-generated prescription that is printed out or faxed by the practitioner must be manually signed.” 21 CFR 1306.05(d). Controlled substances in schedules III, IV, and V may also be dispensed by a pharmacist pursuant to “an oral prescription made by an individual practitioner and promptly reduced to writing by the pharmacist containing all information required [for a valid prescription] in § 1306.05(a), except for the signature of the practitioner.” 21 CFR 1306.21(a).

In addition, DEA regulations permit a practitioner to issue, and a pharmacy to process, electronic prescriptions for controlled substances in schedules II-V provided that the requirements in part 1311 are met. 21 CFR 1306.08, 1306.05(e), and 1311.100(b),(e).

Because schedule II controlled substances have a higher potential for abuse and a greater likelihood of dependence compared to those in schedules III-V, the CSA’s controls on schedule II controlled substances are more restrictive. Therefore, the CSA and DEA regulations permit a schedule II controlled substance to be dispensed only pursuant to a written prescription signed by the practitioner, except in emergency situations when dispensing pursuant to an oral prescription is

permitted. 21 U.S.C. 829(a); 21 CFR 1306.11(a),(d).1 DEA regulations further provide that a paper prescription for a controlled substance in schedule II

“may be transmitted by the practitioner or the practitioner’s agent to a pharmacy via facsimile equipment, provided that the original manually signed prescription is presented to the pharmacist for review prior to the actual dispensing of the controlled substance” 21 CFR 1306.11(a). Certain limited exceptions apply to prescriptions for narcotic substances to be compounded for direct administration to a patient and to prescriptions for residents of long-term care facilities and patients in certain hospice care programs. 21 C.F.R. 1306.11(e)-(g). However, in most cases, a pharmacist must receive the original, manually signed paper prescription or an electronic prescription meeting the requirements of part 1311 prior to dispensing a schedule II controlled substance.

In sum, DEA wishes to reiterate that paper prescriptions, including prescriptions created on paper and prescriptions generated by computer or a prescription application that are printed out or faxed, must be manually signed by the practitioner. This includes prescriptions faxed via computer or a prescription application that does not meet the requirements for electronic prescriptions in part 1311. Further, registrants are reminded that “the responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.” 21 CFR 1306.04(a).

We hope this information is helpful. For information regarding DEA’s Diversion Control Division, please visit www.DEAdiversion.usdoj.gov. Please contact the Diversion Control Division, Policy Section at (571) 362-3260 for further questions.

Published: November 16, 2021

▲ Louisiana

Pharmacists, Pharmacies and Prescriptions (LAC 46:LIII.Chapters 5, 11, 24, 25

and 27) (pg. 1641) **Adopted**

Summary: The changes in §521 update and simplify the rule relative to medication administration. The changes in §1103 removed outdated minimum specifications for prescription departments **and requires pharmacies to maintain a veterinary drug reference**. The changes in §1105 provide additional time for the reporting of changes in the pharmacist-in-charge at pharmacies to the board. The change in §1107 provides that no person credentialed by the board may be forced to practice pharmacy for longer than six hours without a rest break. The changes in §1123 permit the disposal of hard copy prescription records after they have been imaged and stored in the electronic recordkeeping system and make technical corrections. The change in §1131 removes an outdated requirement relative to applications for pharmacy permits. The changes in §2425 remove outdated minimum specifications for prescription departments in telepharmacy dispensing sites, provide that pharmacy technician candidates may not practice in such sites, clarify the patient counseling requirements in such sites, and make technical corrections. The changes in §2511 remove a provision relative to facsimile prescriptions which expired in December 2016. The changes in §2513 clarify the responsibilities of pharmacists receiving and verifying prescriptions. The change in §2521 extends the quantity of medication that a pharmacist may dispense pursuant to an emergency refill. The changes in §§2519, 2525, 2745, and 2747 extend the expiration date of prescriptions for controlled substances listed in Schedule V from six months to one year in conformance with the federal rules and make technical corrections.

▲ Utah

Utah Controlled Substance Database Act Rule, R156-37f (File no. 54001) (Proposed and Filed: 11/01/2021) (Closes: 12/01/2021)

Does not specify veterinarians.
