



# December 2021 Report



This report shares short summary highlights of tracked legislative bills and rules & regulations that have seen activity in December 2021, 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 is 1 passed bills, 13 introduced bill, 0 cross overs, 0 hearings, and 2 dead bills.*

# 1.1 Passed

## ▲ Vet Vaccinations (1)

[NJ A1219](#) Requires the owner of the animal, if known, to be notified in writing, of: (1) the necessity of the rabies testing; (2) the protocol; (3) the handling of the body; (4) the disposal of the body or its return to the owner; and (5) the possibility of decapitation and, if decapitated, the possible loss of the animal's head after completion of the rabies testing. If the owner is upset about the decapitation of the animal, the option to have only the brain removed shall be provided, unless there is a medical necessity for the entire head to be taken. All notifications under the bill are required to be provided in writing and the bill requires the animal's owner to immediately provide in writing the release, authorization, and consent.

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# 1.2 Introduced

## ▲ Animal Welfare (1)

[MO HB1586](#) bans localities from restricting the Veterinary Practice Act. This is likely to stop bans on declawing. The general assembly hereby occupies and preempts the entire field of legislation concerning the practice of veterinary medicine regulated under this chapter. A political subdivision of this state is preempted from enacting, maintaining, or enforcing any order, ordinance, rule, regulation, policy, or another similar measure that prohibits, restricts, limits, regulates, controls, directs, or interferes with the practice of veterinary medicine. (prefile)

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## ▲ Companion - Insurance (1)

[NY S07587](#) Creates various regulations on pet insurance policies. Cannot exclude a pre-existing condition; a congenital anomaly or disorder; a hereditary disorder; or a chronic condition. Exclusions are allowed with the statement "Exclusions may apply. Please refer to the exclusions section of the policy for more information." "Other exclusions or limitations may apply. Please refer to the exclusions section of the policy for more information." Provides conditions on policies that have a limit on coverage or a waiting period. A review of denied claims shall be handled by a veterinarian.

Premium increases shall be approved by the superintendent and such approval shall be made available to the public at least sixty days before the effective date of such increase.

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### ▲ **COVID Vaccine (6)**

[AL HB31](#) prohibits employers public accommodations and occupational licensing boards from discriminating based on immunization status

[AL HB8/AL SB13/AL SB12](#) Vaccinations, mandates by employers, places of public accommodation, and occupational licensing boards declared a prohibited discriminatory practice, private cause of action authorized, Attorney General authorized to enforce and intervene

[AL HB9](#) prohibits employers' public accommodations and occupational licensing boards from discriminating based on immunization status

[KS SB2](#) Notwithstanding any provision of law to the contrary, it shall be unlawful for: (1) A business entity to refuse to provide any service, product, admission to a venue or transportation to a person based on such person's vaccination status or whether such person has an immunity passport;... (6) an employer to refuse employment to a person, to bar a person from employment or to discriminate against a person in compensation or a term, condition or privilege of employment based on such person's vaccination status or whether such person has an immunity passport; Makes it illegal (10) For any employer to (A) Seek to obtain, to obtain or to use the vaccination status of an employee or prospective employee to distinguish between or discriminate against or restrict any right or benefit otherwise due or available to an employee or a prospective employee; or (B) require, directly or indirectly, any employee or prospective employee to receive a vaccination or an immunity passport. Limits the governor's ability to quarantine people during emergencies.

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### ▲ **PMP (1)**

[MO SB842](#) repeals the PMP system that was adopted last year. (prefile)

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### ▲ **Veterinary Tech - Licensing (2)**

[NJ A6154](#) This bill changes from 18 to 12 the required number of credit hours for the Animal Health Technician job title in the civil service and allows for an applicant with five years of experience in the field who does not meet all of the education requirements to substitute their experience for the totality of the education requirements. The bill does not modify any other aspect of the job specification, including the ability to substitute one year of experience in a veterinary office, animal hospital, or animal shelter performing relevant duties for a certain number of credit hours, or the total number of 60 credit hours required overall. This bill aims to address the difficulty in finding applicants for the job title.

[NJ S4168](#) Creates licensure for veterinary technicians. No grandfathering or temporary license. Duties/scope is not delineated. A veterinary technician may, under the responsible supervision of a veterinarian, perform any task for which the technician has been trained as delineated in the American Veterinary Medical Association's essential task list for veterinary technician teaching programs.

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### ▲ **Veterinary Telemedicine (2)**

[FL H0723/FL S0448](#) creates a telemedicine definition and allows a virtual VCPR. We expect a counter bill to be introduced shortly that would require a physical VCPR.

[MO SB909](#) This bill places requirements on contractors that work for "platforms" that provide veterinary services. The platform is a website or phone app and only applies if the company does not offer in-person services.

The following is the entirety of the text.

2. notwithstanding any other provision of law, a health care contractor shall be treated as an independent contractor and not as an employee of the platform for all purposes under state and local laws, regulations, ordinances, and resolutions if the following conditions are met: (1) the platform and health care contractor agree in writing that the health care contractor is an independent contractor with respect to the platform; (2) the platform does not unilaterally prescribe specific hours during which the health care contractor is required to be available to accept requests for health care services from third-party individuals or third-party entities; (3) the health care contractor is free to accept or reject requests for health care services without being penalized in any

form by the platform. this subdivision shall not apply if the health care contractor accepts a request for health care services and subsequently fails to fulfill any of its contractual obligations with respect to the request; (4) the platform does not bar the health care contractor from engaging in any other occupation or business; (5) the platform does not require health care contractors to use specific supplies or equipment; (6) the platform does not control the means and methods for the services performed by a health care contractor by requiring the health care contractor to follow specified instructions governing how to perform the services. however, the platform may require that the quality of the services provided by the health care contractor meets specific standards and requirements; (7) the agreement or contract between the health care contractor and the platform may be terminated by either the health care contractor or the platform with or without cause; (8) the health care contractor is responsible for the taxes on the health care contractor's own earnings derived from the services performed for third parties through the assignments or connections received through the platform; and (9) all or substantially all of the payment to the health care contractor is based on the performance of services for third parties who have engaged the services of the health care contractor through the platform. 3. nothing in this section shall be construed to permit a health care contractor to provide any health care service without holding any license required under the laws of this state to provide such service. (prefile)

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## ***1.3 Crossed Over***

There are no cross overs:

## ***1.4 Hearings***

There are no hearings:

# 1.4 Dead

There are 2 dead bills.

## ▲ State Appropriations (2)

[TX HB159](#) Relating to the issuance of revenue bonds to fund capital projects at public institutions of higher education and the designation of certain appropriated funds allocated to those institutions. Would have granted Texas A&M University \$75 million for the construction of a clinical veterinary teaching and research complex.

[TX HB173](#) Relating to the issuance of revenue bonds to fund capital projects at public institutions of higher education and the designation of certain appropriated funds allocated to those institutions. Would have granted Texas A&M University \$175 million for the construction of a clinical veterinary teaching and research complex.

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## 2. Rules & Regulations Activity

Rules and Regulation changes that have taken effect.

### Emergency Rulemaking

#### ▲ Pennsylvania

[Temporary Order of Designating Dangerous Transmissible Diseases Pg. 7496-7497](#)

The Department of Agriculture (Department) issues this temporary order designating Chronic Wasting Disease (CWD), Viral Hemorrhagic Septicemia (VHS), the neurologic form of Equine Rhinopneumonitis or Equine Herpes Virus (EHV-1), *Brucella canis*, Tilapia lake virus (TiLV), *Streptococcus equi ssp. zooepidemicus* (*S. zooepidemicus*) in

swine, Rabbit Hemorrhagic Disease (RHD), and *Leishmaniasis* as “dangerous transmissible diseases.” These designations are made under the authority of the Domestic Animal Law (3 Pa.C.S. §§ 2301— 2389).

*See Pg. 7496-7497 for a detailed list.*

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## Adopted Rules

### ▲ Arizona

#### **Notice of Final Rulemaking (pg. 2801) – Effective 01/04/22**

Authorizing statute: A.R.S. §§ 41-1003 and 49-104 Implementing statute: A.R.S. § 49-761(D)

Summary: The Arizona Department of Environmental Quality (ADEQ) has amended the state’s Biohazardous Medical Waste (BMW) rules within the Solid Waste (SW) area to improve clarity, bring the standards up to date, address stakeholder concerns, correct references, and citations, and ensure adequate protection of human health and the environment.

Identification of Small Businesses subject to the rules: Directly affected small businesses include transporters and generators of BMW, like dentists, doctors, and veterinarians. Sharps provisions apply to tattoo shops.

BMW is medical waste from regulated generators that are either soaked with blood or that has come into contact with infectious agents capable of transmitting the disease to humans.

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#### **Changes affecting Veterinarians:**

#### **R18-13-1401. Definitions**

4. “Biohazardous medical waste” is composed of one or more of the following:
5. Cultures and stocks: Discarded cultures and stocks generated in the diagnosis, treatment, or immunization of a human being or animal or in any research

relating to that diagnosis, treatment, or immunization, or in the production or testing of biologicals.

6. Human blood and blood products: Discarded products and materials ~~containing free-flowing blood or free-flowing blood components. that are saturated and/or dripping with human blood or caked with dried human blood, including items that would release blood in a liquid or semi-liquid form if compressed or broken, and items that contain serum, plasma, and other blood components. An item would be considered caked if it could release flakes or particles when handled.~~

### **R18-13-1406. Biohazardous Medical Waste Transported Off-Site for Treatment**

1409. A generator of biohazardous medical waste shall cause the waste to first be package-packaged the waste as prescribed in this article R18-13-1407 ~~before and shall subsequently either self-hauling self-haul or before store the waste as provided under R18-13-1408 and setting set~~ the waste out for collection by a properly licensed transporter under R18-13-1409.
1410. A generator shall obtain a copy of the tracking document signed by the transporter signifying acceptance of the biohazardous medical waste. A generator shall keep a copy of the tracking document for ~~one year from the date of acceptance by the transporter. the period required under the USDOT requirements, as listed in 49 CFR 172.201. 49 CFR 172.201, revised as of October 1, 2020, and no future editions or later amendments, is incorporated by reference in this rule and on file with ADEQ.~~ The tracking document shall contain all of the following information:
  1. No change
  2. No change
  3. Identification number attached to bags or containers, as specified as by the USDOT requirements, as listed in 49 CFR 172.300 – 172.338. 49 CFR 172.300 – 172.338, revised as of October 1, 2020, and no future editions or later amendments, is incorporated by reference in this rule and on file with ADEQ.

### **R18-13-1409. Transporter License; Fees; Transportation;**

1. A transporter shall obtain a transporter license from the Department as provided under subsections (B), and (C), ~~and (D)~~ below in addition to possessing a permit,

license, or approval if required by a local health department, environmental agency, or other governmental agency with jurisdiction.

2. A transporter license is valid for five years after issuance. To renew the license, the licensee shall submit an application under subsection (B)(1) no later than 60 days prior to the license's expiration and shall pay the fee provided in subsections (B)(2). With each application submitted for approval, the applicant shall remit an initial transporter license application fee in accordance with the Fee Table in subsection (B)(2). This subsection also lists the maximum fees that the Department will bill the applicant. All fees paid shall be payable to the state of Arizona. The Department shall deposit the fees paid into the Solid Waste Fee Fund established pursuant to A.R.S. § 49-881, unless otherwise authorized or required by law.

1. To apply for or to renew a transporter license, an applicant shall submit all of the following in a Department-approved format:
  1. The name, address, and telephone number of the transportation company or entity.
  2. All owners' names, addresses, and telephone numbers.
  3. All names, addresses, and telephone numbers of any agents authorized to act on behalf of the owner.
  4. A copy of either the certificate of disclosure required by A.R.S. § 49-109 or a written acknowledgment that this disclosure is not required.
  5. Photocopies or other evidence of the issuance of a permit, license, or approval if required by a local health department, environmental agency, or other governmental agency with jurisdiction.
  6. A copy of the transportation management plan as defined in R18-13-1401.
  7. A list identifying each dedicated vehicle.
  8. The initial transporter application license fee indicated in the Fee Table in (B)(2) for Transporter License Fees.

The new or renewal application license fee shall be calculated by multiplying the hourly rate of \$122 by the number of personnel hours involved in inspecting each transporting vehicle, evaluating the application, and approving the license, which amount shall be subtracted from the initial application license fee on deposit. Any remaining surplus of the initial application license fee on deposit shall be returned to the applicant. Any cost that exceeds the initial application license fee on deposit shall be billed to the applicant, but shall not exceed the maximum.

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## 3. Board Watch

### ▲ California

#### **Veterinarian-Client-Patient Relationship (VCPR) Frequently Asked Questions (FAQs)**

Amendments to California Code of Regulations (CCR) sections [2032.15](#) and [2032.25](#) regarding VCPRs in the absence of client communication and the original prescribing veterinarian became effective on April 1, 2021. Since that time, the Board received several questions regarding the VCPR. To educate the veterinary profession and consumers, the Board approved [VCPR FAQs](#) and posted them on the Board's website.

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### ▲ DC

#### **License Renewal – Open November 1, 2021 – December 31, 2021**

DC veterinary license renewal system is now live. The link has been provided to all active licensees along with the latest CE requirements that include 2 hours of LGBTQ courses and 3.6 hours of Public Health-related courses.

# VETERINARIAN FREQUENTLY ASKED QUESTIONS

## RENEWAL FEES

· ***How much does it cost to renew?*** o \$130

o \$85 late fee after December 31, 2021 (This fee is in addition to the renewal fee)

## **CRIMINAL BACKGROUND CHECK (CBC) FEE**

· ***Do I need a Criminal Background Check?***

All licensees are required to pay a mandatory fee of \$50 for the CBC which is a name-based search.

Licensees are not required to get fingerprinted again at this time.

## CONTINUING EDUCATION (CE)

· ***What are my CE requirements?***

CEs must be taken between January 1, 2020, and December 31, 2021.

· **Veterinarians must complete thirty-six (36) hours of approved CEs to include**

Two (2) hours on cultural competency or specialized clinical training on patients or clients who identify as LGBTQ;

o 10% (3.6 hours) of Public Health Priorities;

· **Please note, the continuing education requirements may be satisfied through approved internet continuing education courses.**

### ***New CE Requirement:***

In addition to any other CE requirements, you must complete on or before September 30, 2021, Two (2) hours of continuing education on SARS-CoV-2 vaccines, including, but not limited to, SARS-CoV-2 vaccine safety, best practices for counseling patients about SARS-CoV-2 vaccines, and SARS-CoV-2 vaccine efficacy and effectiveness.

The new CE requirement may be counted as hours required for public health priorities training hours or optional training hours where applicable.

***ALL First-Time Renewal Applicants: If you are renewing for the first time, CEs are not required.***

· ***How come I am not able to upload my CE documents?***

Several users have stated they are unable to upload proof of having completed their CE. Our IT department has identified certain issues with document uploads on browsers **OTHER** than Google Chrome or Firefox. If you are not using the most up-to-date versions of Google Chrome or Firefox, first try uploading your CE document using these web browsers {Google Chrome/Firefox}. To submit your uploaded CEs, you must **WRITE** something in the continuing education **DESCRIPTION BOX**. For example, you may write *"I have uploaded all my CEs or CEs are attached"*.

Finally, if you still have upload issues, you can submit your renewal application by selecting the ***"I will have completed my CEs by December 31, 2021"*** option in the CE category of the renewal application. By selecting this, you can skip the document uploads and proceed with the rest of your application so you may renew your license on time.

## **INFORMATION ABOUT CONTINUING EDUCATION AUDITS**

· ***Will I be audited?***

After the renewal, you may be audited and required to submit continuing education (CE) documents to the Board. CEs must be taken between January 1, 2020, and December 31, 2021. The required continuing education units are listed above.

## **Prescription Drug Monitoring Program (PDMP)**

Mandatory PDMP registration and Mandatory PDMP query are now law in the District of Columbia. The passage of The Health Care Reporting Amendment Act of 2020 requires you to register for the program. ***If you are not registered for the program, you will not be able to renew your professional license.***

If you are registered with the DC PDMP, no further action is required.

To register for the DC PDMP, please visit our website at:

<https://districtofcolumbia.pmpaware.net/login>. Once there, click, "Create an Account" to begin the registration process. Those without a DEA number may register as a "Prescriber without DEA".

The passage of the Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020 requires you to query the PDMP:

- Prior to prescribing or dispensing an opioid or benzodiazepine for more than seven (7) consecutive days and
- Every ninety (90) days thereafter while the course of treatment or therapy continues, or
- Prior to dispensing another refill after ninety days

### **Vaccination Attestation**

On August 27, 2021, regulations were issued requiring the following individuals receive the first dose of a COVID-19 mRNA vaccine (i.e., Moderna or Pfizer) or a single dose of the Johnson & Johnson vaccine no later than September 30, 2021:

- Health professionals who are licensed, registered, or certified by the Department of Health, and
- Unlicensed personnel in a Healthcare setting.

Failure to meet this requirement can result in disciplinary action including suspension and revocation of a health professional's license. For unlicensed personnel, no Healthcare facility, after October 1, 2021, regardless of the date of hire, shall employ, contract, or grant privileges to a person who is not fully vaccinated.

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## ▲ Idaho

### **Telemedicine Policy Revision**

#### Definitions:

1. Client means an entity, Person, group, or corporation that has entered into an agreement with a Veterinarian for the purposes of obtaining veterinary medical services.
1. Consultation means when a Veterinarian receives advice or assistance in Person, telephonically, electronically, or by any other method of communication, from a veterinarian or other Person whose expertise, in the opinion of the Veterinarian, would benefit an Animal. Under any circumstance, the responsibility for the welfare of the Animal remains with the Veterinarian receiving Consultation.
1. Informed Consent means the Veterinarian has informed the Client or the Clients authorized representative, in a manner understood by the Client or representative, of the diagnostic and treatment options, risk assessment, prognosis, and the Client has consented to the recommended treatment.
2. Telehealth is the overarching term that encompasses all uses of technology geared to remotely deliver health information or education.
3. Veterinarian-Client-Patient Relationship (VCPR) exists when both the Veterinarian and Client agree for the Veterinarian to assume responsibility for making medical judgments regarding the health of the patient(s). This necessitates an in person or virtual examination or timely visits to the premises where the animal or group of animals is kept. Exceptions to this definition include, but are not limited to, the

Federal Drug Administration's definition for Veterinary Feed Directive (VFD) found at 21 CFR §558.6.

### Guidelines:

A veterinarian or veterinary technician must be licensed or under the jurisdiction, of the Board of Veterinary Medicine in the state or province where the patient is located. The practice of veterinary medicine occurs where the patient(s) or client is located at the time Telehealth is used. Veterinarians who treat through online service sites are practicing veterinary medicine and must possess appropriate licensure in all jurisdictions where patients receive care. Should a veterinary technician be utilized in the delivery of animal care, the veterinarian and veterinary technician must possess appropriate licensure in the jurisdiction where the patient(s) is receiving care.

The veterinarian must employ sound professional judgment to determine whether using Telehealth is appropriate in particular circumstances each and every time animal care is provided and only provide medical advice or treatment via Telehealth to the extent that it is possible without a physical examination.

A veterinarian using Telehealth must take appropriate steps to obtain informed consent, establish the VCPR and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of Telehealth as a component of, or in lieu of, hands-on medical care, while others are not.

The veterinarian must ensure that he or she safeguards a client's privacy when practicing via Telehealth by taking appropriate precautions and confirming that the technology and physical setting being used by the veterinarian and client have adequate security protocols in place to ensure compliance with the veterinarian's legal and professional obligations to protect clients' privacy and confidentiality.

Evidence documenting appropriate consent for the use of Telehealth must be obtained and maintained. The veterinarian must ensure that the client is aware of th

veterinarian's identity, location, licensure state or province, number and status, and the privacy and security issues involved in accessing veterinary care via Telehealth.

Appropriate medical records must be maintained in a secure and confidential manner. The medical record should include, but not be limited to, if applicable, copies of all patient-related electronic communications, including prescriptions, laboratory and test results, imaging, evaluations and consultations, and instructions obtained or produced in connection with the utilization of Telehealth. Informed consents obtained in connection with an encounter involving Telehealth should also be filed in the medical record.

Prescribing medications, in-person or via Telehealth, is at the professional discretion of the veterinarian. The indication, appropriateness, and safety considerations for each Telehealth visit prescription must be evaluated by the veterinarian in accordance with current laws and standards of care and consequently carry the same professional accountability as prescriptions delivered during an encounter in person.

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## ▲ Iowa

Iowa Board of Veterinary Medicine Proposed Rules:

### **ARC 6058C – Principles of veterinary medical ethics**

Amends Chapter 10 "Discipline".

*Summary:* This proposed rule-making establishes Iowa's principles of veterinary medical ethics which licensed veterinarians must abide by. These ethics rules are based on the American Veterinary Medical Association's (AVMA's) Principles of Veterinary Medical Ethics, which the Board currently utilizes. Licensed veterinarians who violate the ethics rules may be subject to discipline by the Board.

**ITEM 1. Amend rule 811—10.6(17A,169,272C), introductory paragraph, as follows:**

811—10.6(17A,169,272C) Grounds for discipline and principles of veterinary medical

ethics. The board has established grounds for discipline and principles of ethics for veterinary medicine. Without regard as to whether the board has determined that an injury has occurred, the board may impose any of the disciplinary sanctions set forth in rule ~~10.7(17A,169,272C)~~ 811—10.7(17A,169,272C), including civil penalties in an amount not to exceed \$10,000, when the board determines that the credential holder is guilty of any of the following acts or offenses:

**ITEM 2. Amend paragraph 10.6(2)“a” as follows:**

a. Engaging in unethical conduct which includes, but is not limited to, a violation of the standards of practice as set out in 811—Chapter 12, and which may include acts or offenses in violation of the ~~AVMA Principles of Veterinary Medical Ethics Iowa’s~~ principles of veterinary medical ethics, as adopted in subrule 10.6(3).

**ITEM 3. Adopt the following new subrule 10.6(3):**

10.6(3) Principles of veterinary medical ethics. Veterinarians are members of a scholarly profession who have earned academic degrees from comprehensive universities or similar educational institutions. Licensed veterinarians practice veterinary medicine in a variety of situations and circumstances. Exemplary professional conduct upholds the dignity of the veterinary profession. All Iowa-licensed veterinarians are expected to adhere to these principles of veterinary medical ethics adopted by the board.

a. General ethics principles.

(1) A veterinarian shall be influenced only by the welfare of the patient, the needs of the client, the safety of the public, and the need to uphold the public trust vested in the veterinary profession and shall avoid conflicts of interest or the appearance thereof.

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

(3) A veterinarian shall uphold the standards of professionalism, be honest in all

professional interactions, and report veterinarians who are deficient in character or competence to the appropriate entities.

(4) A veterinarian shall not willfully violate the provisions of Iowa Code chapters 169 and 272C and rules promulgated thereunder by the board, or other law of this state, another state, or the United States, which relates to the practice of veterinary medicine.

(5) A veterinarian shall respect the rights of clients, colleagues, and other health professionals and shall safeguard medical information within the confines of the law.

(6) A veterinarian shall continue to study, apply, and advance scientific knowledge; maintain a commitment to veterinary medical education; make relevant information available to clients, colleagues, and the public; and obtain consultation or referral when indicated.

(7) A veterinarian shall, in the provision of appropriate patient care, be free to choose whom to serve, with whom to associate, and the environment in which to provide veterinary medical care.

(8) A veterinarian shall not advertise a specialty or claim to be a specialist when

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

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

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

(2) A veterinarian is responsible for professional communication directly with the client regarding diagnosis, options for treatment(s), expected cost of treatment(s), expected outcome of treatment(s), and the potential risks associated with each treatment regimen, as well as the client's ability to decline treatment(s). Client

consent for the treatment(s) shall be documented in the patient's medical records. A veterinary assistant may communicate the information listed in this subparagraph to the client under the direct supervision of an Iowa-licensed veterinarian.

(3) If a veterinarian does not have the expertise or the necessary equipment and facilities to adequately diagnose or treat a patient, the veterinarian shall offer a referral to another veterinarian or referral center where the diagnosis or treatment can be performed.

d. Veterinary medical records.

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

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

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

e. Client and patient privacy rights.

(1) A veterinarian shall protect and respect the privacy rights of clients, colleagues, and other health professionals. A veterinarian shall not reveal confidential medical records or other medical information unless authorized to do so by law

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## ▲ Oklahoma

### **FAXING CONTROLLED DANGEROUS SUBSTANCES**

The Board of Pharmacy has approved all veterinary prescriptions that are faxed for a Schedule III-V and are written on the required prescription form (received from the OK Bureau of Narcotics). Schedule II's must be written on the required prescription form and given to the pharmacy to fill.

### **TAKE BACK OF CONTROLLED DANGEROUS SUBSTANCES**

When Controlled Dangerous Substances have been dispensed or prescribed to a patient – the practitioner should not take back any Controlled Dangerous Substances as a convenience for the client. Direct your clients to the OBNDD website at [www.obndd.ok.gov](http://www.obndd.ok.gov) to find the nearest take-back box location listed by zip code; these boxes are for the patient prescribed CDS to be disposed of properly.

### **STATUTORY CHANGES FOR THE VETERINARY PRACTICE ACT**

Definition for Telemedicine/Telehealth; Authority to give scholarships to OK State Veterinary College; deleting tooth floaters and use the term non-veterinary equine dental care technician and cleanup language throughout the statutes, nothing significant just outdated language. The legislature and Governor approved the statutory changes and they took effect November 1, 2021. If you would like to have a copy of the changes, please email [cathyk@okvetboard.ok.gov](mailto:cathyk@okvetboard.ok.gov) and a copy will be emailed to you.

### **RULE PROPOSALS**

## **TITLE 775. BOARD OF VETERINARY MEDICAL EXAMINERS**

### *CHAPTER 10. LICENSURE OF VETERINARIANS, VETERINARY TECHNICIANS AND ANIMAL EUTHANASIA TECHNICIAN*

#### **775:10-3-3. Examination Criteria**

*In the event an applicant twice fails any veterinary licensing examination, whether or not taken in the State of Oklahoma, before the applicant can retake any veterinary licensing exam in Oklahoma, the Board may require the applicant to demonstrate successful completion of additional training and clinical competency. Such evidence may include but not be limited to:*

*(1) One additional year of education training in a school approved by the Board.*

*(2) Obtaining licensure in another state or jurisdiction and/or passing the ECFVG/PAVE.*

#### **775:10-3-5. Continuing education for renewal of license**

*(a) Before an active license is reissued, the licensee shall, on a form provided by the Board, certify that he or she has obtained twenty (20) hours of continuing education in veterinary medicine or surgery. Acceptable hours of credit will be determined as follows:*

*(1) One hour of credit for each hour of attendance at veterinary college and extension seminars.*

*(2) One hour of credit for each hour of attendance at national, regional, state, or local scientific meetings.*

*(3) One hour of credit for each hour spent developing or presenting original, peer-reviewed presentations or publications. A maximum of four hours credit may be gained by this means.*

## **TITLE 775. BOARD OF VETERINARY MEDICAL EXAMINERS –**

### *CHAPTER 5. PURPOSE AND PROCEDURES [OAR Docket #21-768]*

**RULEMAKING ACTION:** Notice of proposed PERMANENT rulemaking

**SUMMARY:** The proposed revision to chapter 5 include a definition for Program for the Assessment of Veterinary Education Equivalence (PAVE); this is another pathway for graduates of a non-American Veterinary Medical Association accredited school to become licensed in Oklahoma.

#### **775:5-1-2. Definitions**

*The following words and terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise:*

**“Act”** means the Oklahoma Veterinary Practice Act, 59 O.S. Sec. 698.1, et seq.

**“APA”** means Article I and/or Article II of the Oklahoma Administrative Procedures Act, 75 O.S. Sec. 250, et seq.

**“Applicant”** means any person who submits an application for licensure to the Board.

**“Board”** means the Board of Veterinary Examiners.

**“Executive Director”** means the Executive Director of the Board.

**“PAVE”** means the Program for the Assessment of Veterinary Education Equivalence.

**“President”** means the President of the Board.

***“Secretary-Treasurer”*** means the Secretary-Treasurer of the Board.

***“Vice-President”*** means the Vice-President of the Board.

TITLE 775. BOARD OF VETERINARY MEDICAL EXAMINERS – CHAPTER 5. PURPOSE AND PROCEDURES – SUBCHAPTER 3. LICENSURE OF VETERINARIANS

***775:10-3-3. Examination Criteria***

*In the event an applicant twice fails any veterinary licensing examination, whether or not taken in the State of Oklahoma, before the applicant can retake any veterinary licensing exam in Oklahoma, the Board may require the applicant to demonstrate successful completion of additional training and clinical competency. Such evidence may include but not be limited to:*

*(1) One additional year of education training in a school approved by the Board.*

*(2) Obtaining licensure in another state or jurisdiction and/or passing the ECFVG/PAVE.*

***775:10-3-5. Continuing education for renewal of license***

*(a) Before an active license is reissued, the licensee shall, on a form provided by the Board, certify that he or she has obtained twenty (20) hours of continuing education in veterinary medicine or surgery. Acceptable hours of credit will be determined as follows:*

*(1) One hour of credit for each hour of attendance at veterinary college and extension seminars.*

*(2) One hour of credit for each hour of attendance at national, regional, state or local scientific meetings.*

(3) One hour of credit for each hour spent developing or presenting original, peer-received presentations or publication. A maximum of four hours credit may be gained by this means.

(4) One hour of credit for each hour of study with autotutorial tapes or web based of scientific material related to veterinary practice. A maximum of four hours credit may be gained by this means.

(7) One hour of credit for each approved hour of completed interactive online courses approved by the Board. For all online courses, a copy of the certificate indicating the number of course hours must be ~~submitted to qualify~~ obtained and kept for five years.

(8) For DEA registrants – one hour of credit in pain management or one hour in opioid use or addiction.

(e) Only those courses, meetings or seminars previously approved and/or offered by the American Veterinary Medical Association (AVMA), the American Association of Veterinary State Boards (AAVSB), Oklahoma State College of Veterinary Medicine or any other state veterinary board or recognized state veterinary association, shall not require previous approval by the Board to qualify as continuing education hours to be counted towards the fulfillment of the twenty (20) required hours, so long as the material offered complies with the requirements of this section.

(f) Regional veterinary associations, corporations, individuals or any other organizations must submit course material to the Board for evaluation to qualify for continuing education hours being offered at regional or local meetings, and shall adhere to the following procedure:

(1) Submit a published notice of the meeting,

(2) Submit a planned program as evidenced by a published agenda,

(3) Submit a formal presentation ~~on printed material (i.e. papers, brochures, videos with printed material describing the video contents, etc),...~~

## ▲ Kentucky

### **GOVERNMENT AFFAIRS COMMITTEE Practice Act Modernization discussion -**

- Members of the Board determined that more research was needed in this area before including any changes to the Practice Act that would allow the KBVE to provide a credential to potentially qualified practitioners, including learning the number and types of schools in the U.S. offering these training courses.
- A proposal was introduced to limit the use of the term “chiropractor” or “chiropractic” by veterinarians.
- Members of the Board discussed changing the term “Veterinary Assistant” to “Veterinary Aid” (layperson) and redefining the term “Veterinary Assistant” to be a person certified by NAFTA.
- Members of the Board discussed Veterinary Facility Registrations and Inspections in detail. Members agreed to waive inspections for AHA Certified facilities was appropriate, but that these facilities would still need to register with the KBVE.
- At KVMA’s request, Members of the Board discussed adding telemedicine definitions.

A motion was passed to proceed with edits to the Practice Act Modernization Package with modifications as discussed, and provide this draft to KVMA for their consideration.

### **Statements and Announcements**

#### Animal Therapy Services

Only a Kentucky-licensed veterinarian, or a person who is working under the direct supervision of a licensed veterinarian, can perform certain alternative services in the Commonwealth. The practice of veterinary medicine, as defined by the Kentucky General Assembly in KRS 321.181, covers a wide range of activities that may be

performed to treat, correct, change, or prevent an animal's deformity, defect, injury, or other physical or mental condition. "Manipulation" of an animal, which includes the services listed below as specific activities that the law regards as the practice of veterinary medicine.

- Animal Massage Therapy
- Animal Acupuncture
- Animal Rehabilitation (a.k.a. non-human physical therapy)
- Laser Therapy

A person who is not a Kentucky-licensed veterinarian can provide these services in the Commonwealth only under limited circumstances. An animal's owner, or the owner's employee, may provide these services without a license. In addition, a trainer, sales agent, or herdsman can provide these services under instruction and direct supervision from a Kentucky-licensed veterinarian, provided there exists a veterinarian-client-patient relationship. Other limited circumstances are listed in KRS 321.200.

Please contact the Board at [Vet@ky.gov](mailto:Vet@ky.gov) for more on requirements on the particular service you would like to offer.

### Industrial Hemp Derived Products / CBD use in Animals

Regarding veterinarians or clinics, the Board cautions that selling, prescribing, or advising on the use of cannabidiol (CBD) in animals is at your own risk in the event a patient has an adverse reaction.

Background information on CBD:

- In 2018, the U.S. Congress passed the 2018 Farm Bill descheduling industrial hemp from the Controlled Substances Act. The farm bill assigns regulatory responsibility for industrial hemp to states with a USDA-approved plan and sets minimum requirements for a state regulatory framework.

- The regulation of CBD and other industrial hemp extracts remains with the U.S. Food and Drug Administration (FDA) under the [Federal Food, Drug, and Cosmetic Act \(FD & C Act\)](#). There still exists a big gray area on whether CBD extract is a supplement or a drug. Until the FDA issues a clear statement(s) in writing or federal law is clearly updated to define extract products as either a supplement or a drug, Kentucky will continue to view CBD as a supplement and treat it accordingly. ([40 KRS 218A.010\(27\)](#) – scroll down to definition # 27).

- The regulation of industrial hemp grain and all extracts, including CBD in animal feed remains with the Association of [American Feed Control Officials \(AAFCO\)](#) and the [Feed Program of University of Kentucky Division of Regulatory Services](#). The AAFCO released a [statement on industrial hemp](#) in May 2019 which discusses food ingredients, and clearly states that CBD is seen as a drug and not approved as an animal feed ingredient. The UK Feed Program does not currently allow the use of any hemp products including hemp seeds, hemp oil, or hemp seed meal in products intended for the feeding of animals, except for the feeding of hemp seed to wild birds. Please see the [UK Feed Program Policy on Use of Hemp Products in Animal Feed](#) for more information.

- The Kentucky Department of Agriculture (KDA) is a world leader in Industrial Hemp growing and processing. In 2019, KDA approved more than 42,000 acres and 2.9 million square feet of greenhouse space for hemp cultivation. The Commonwealth also boasts over 100 processors, most of whom are focused on CBD production.

- Cornell University has completed some research with CBD and dogs and found that it helped. The study titled [Pharmacokinetics, Safety, and Clinical Efficacy of Cannabidiol Treatment in Osteoarthritic Dogs](#)” by Gamble, Boesch, Frye, et al., was published in *Frontiers in Veterinary Science* in July 2018.

- In Kentucky, pursuant to [40 KRS 218A.010\(27\)](#), CBD products are legal when derived from industrial hemp (*Cannabis sativa* L. with a tetrahydrocannabinol (THC) concentration of not more than 0.3% on a dry weight basis).

- There is no prohibition in Kentucky for carrying this product in a store or clinic as a product with an off-label use.
- Per federal rule, practitioners are prohibited from making efficacy claims about CBD products.

In Kentucky, veterinarians and the general public can learn more about industrial hemp from the [Kentucky Department of Agriculture Hemp Program](#).

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## ▲ Ohio

**The Oregon Veterinary Medical Examining Board will hold a hearing on 01/12/21** for a 5-year consideration of rules from [Chapter 4741-Veterinarians](#).

[4741-1-01 Veterinary technician duties, registration and continuing education requirements](#) The rule is being amended to authorize the acceptance of the American Association of Veterinary State Board's test for veterinary technician education equivalency program.

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## ▲ Ontario

### **Registration Committee Report to Council**

#### *Supervision Conditions*

The Committee received an update from staff about the changes the Committee made in September 2021 related to supervision for Restricted license holders in the process of completing an entry to practice pathway. The Committee had indicated support of moving in the direction of allowing supervisors to determine the level of supervision for a Restricted license holder after the Restricted license holder completes a period of 480 hours under direct supervision. The Committee also considered and adopted changes to its Licensure with a Supervision Condition (imposed by the Registration Committee) Policy.”

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## ▲ Oregon

**The Oregon Veterinary Medical Examining Board will hold a hearing on 12/17/21** for proposed changes to §875-030-0040. The purpose of the amendment is to provide consistency regarding the supervision of licensed Certified Veterinary Technicians and non-licensed Technicians when administering an animal identification device. Amending to include all methods by which an animal identification device may be administered to the body of an animal.

RULE SUMMARY: Removing the requirement for “Direct” supervision of Certified Veterinary Technician (CVT) when injecting/implanting/tattooing or tagging an animal with a permanent identification device to be consistent with OAR 875-030-0050 amended 07/21/18 allowing persons who are not licensed as CVT’s to inject or implant a permanent identification device under the “supervision” of a licensed veterinarian. Amending “inject or implant” a permanent identification device to “administer” a permanent identification device clarifying that animal identification devices can be applied to the body of an animal by several methods, including but not limited to tattooing, injecting, implanting, and tagging.

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## ▲ Utah

### **Veterinary Board meeting and rule hearing re: R156-28 (Veterinary Practice Act Rule)**

Entity: Department of Commerce

Subject: Occupational Licensing

Meeting Date & Time: 01/20/2022 09:00 AM

Since this rule was last reviewed in November 2016, the rule has been amended three times (September 2018, March 2019, and October 2020). With respect to the

proposed rule amendments filed by the Division in September 2018 (DAR File No. 43189), the Division received the following two written/emailed comments. Both of the comments submitted were in opposition to proposed amendments with respect to unlicensed assistive personnel working with and being supervised by a licensed veterinarian. Both of these comments were reviewed by the Division and the

Veterinarian Board. As a result of an October 2018 public rule hearing and the written comments received, additional proposed amendments (CPR filing) were filed by the Division in February 2019 which addressed the concerns raised in the October 2018 comments.

This rule should be continued as it provides a mechanism to inform potential licensees of the requirements for licensure as allowed under statutory authority provided in Title 58, Chapter 28. This rule should also be continued as it provides information to ensure applicants for licensure are adequately trained and meet minimum licensure requirements, and provides licensees with information concerning unprofessional conduct, definitions, and ethical standards relating to the profession.

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#### ▲ Vermont

At the 12/09/21 meeting, the Vermont Board of Veterinary Medicine held a public comment session for their final review of the proposed Administrative Rules for Veterinarians.

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## 4. VMA Updates

#### ▲ Colorado

##### **How might the Colorado Veterinary Practice Act change in 2022?**

Many veterinarians in Colorado may be aware that the Colorado Veterinary Practice Act underwent a sunset review by the Department of Regulatory Agencies (DORA) and will be **up for renewal by the state legislature in 2022.**

On October 15, 2021, **DORA released a report** with key findings and recommendations from its sunset review process. DORA's recommendations will be presented to the state legislature in mid-January and will become the basis for a bill that revises the veterinary practice to be introduced in the Colorado House of Representatives.

In the report, DORA made the following recommendations:

**Recommendation 1: The practice act should be continued for 11 more years, until 2033.**

CVMA supports this recommendation. The last sunset review of the Colorado Veterinary Practice Act was conducted in 2010; the act was renewed by the state legislature in 2011 for a period of 11 years. Since 1976, every regulated profession in Colorado undergoes a sunset review according to a set schedule. The Colorado legislature sets specific dates that a particular board (such as the State Board of Veterinary Medicine) will expire unless the legislature passes new legislation to continue that board or entity.

**Recommendation 2: The practice act should be amended to authorize veterinarians to delegate the task of administering rabies vaccinations while under their supervision.**

CVMA supports this recommendation. The CVMA Sunset Review Task Force suggested this change to DORA during stakeholder meetings held in 2021. CVMA recommends adhering to the **Compendium of Animal Rabies Prevention and Control guidelines** (published by the National Association of State Public Health Veterinarians), which expands the administration of rabies vaccinations. Expanding vaccination administration to include shelter staff under supervision of a veterinarian will help prevent public health threats like rabies while also serving to better utilize veterinary staff.

**Recommendation 3: The practice act should require veterinarians to create a written plan for the storage, security, and disposal of patient records.**

CVMA supports this recommendation. CVMA often fields inquiries from veterinarians

CVMA supports this recommendation. CVMA often fields inquiries from veterinarians wondering what should be done with patient records when retiring or closing a practice. Having guidelines in place will help ensure continuity of care for patients and their owners.

**Recommendation 4: The practice act should expand the veterinary board's authority to require a physical examination of a licensed veterinarian if there is reasonable cause to believe the veterinarian is unable to practice with reasonable skill and safety.**

CVMA supports this recommendation. Research shows that the Dentist and Dental Hygienists Practice Act, Medical Practice Act, Nurses and Nurse Aides Practice Act, and Pharmacists Practice Act all grant the respective boards the authority to require a physical examination if there is reasonable cause to believe that the licensed professional is unable to practice with reasonable skill and safety. CVMA's Sunset Review Task Force concluded that this recommendation is reasonable and that opposing this recommendation would be unlikely to succeed.

**Recommendation 5: The practice act should clarify the requirements concerning confidential agreements.**

CVMA supports this recommendation. This recommendation clears up a statutory conflict in Title 12, Professions and Occupations. DORA will propose revisions to the Practice Act to address the conflict.

The following conflicts are:

- 12-30-108, C.R.S. Authorizes regulators to enter into confidential agreements to limit practice with licensees who suffer from a physical illness, physical condition, behavioral or mental health disorder that renders them unable to practice with reasonable skill and safety.
- 12-30-108(1)(a) Requires such licensees to notify their respective regulators of such conditions. 12-30-108(4)(b)(II), C.R.S. Exempts veterinarians from the notification requirement, not the parts of the provision pertaining to confidential agreements. *Note: This is the contradictory provision.*

- 12-315-112(1)(gg), C.R.S. Requires veterinarians to agree to the terms under a confidential agreement entered into under sections 12-30-108 and 12-315-125, C.R.S.
- 12-315-125, C.R.S. States that confidential agreements to limit a veterinarian's practice applies to the Act.

DORA reported that the referenced statutes appear to be contradictory since it is difficult to see how the veterinary board could enter into a confidential agreement without having been notified of the triggering condition. It is unclear whether the board has the authority to discipline a veterinarian if he or she fails to notify the board of a physical illness, physical condition, behavioral or mental health disorder that renders a practitioner unable to practice with reasonable skill and safety. Since the statutes contradict one another, DORA recommends the statutes should be harmonized to clarify that veterinarians who have a physical illness, physical condition, behavioral or mental health disorder that renders them unable to practice with reasonable skill and safety are required to notify the board.

**Recommendation 6: The practice act should repeal the requirement that the board send a letter of admonition by certified mail.**

CVMA supports this recommendation. Sending certified letters does not guarantee that the letter was reviewed by the recipient, and is inconsistent with other practice acts. CVMA's Sunset Review Task Force determined this recommendation is reasonable.

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▲ **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](mailto:cmoody@ucdavis.edu) with any concerns or questions you may have about participation or withdrawal from this survey.

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## ▲ Georgia

### [GAVet Magazine Winter 2021 Issue](#)

For nearly 80 years, The Georgia Veterinarian has been providing up-to-date information to Georgia's veterinarians and it continues to grow with the profession. The publication is highly-valued by GVMA members and is continually cited as one of the top benefits of membership.

The Georgia Veterinarian is published quarterly by the association in January, April, July, and October. It reaches more than 3,000\* veterinarians, technicians, students, and industry leaders throughout Georgia, the Southeast, and the nation. The publication is free to all GVMA members.

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## ▲ Hawaii

### **Legislative Update**

The HVMA Legislative Committee is working on a few proposals to update Hawaii's

The IVMA 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. Have another proposal? [Let us know.](#)

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## ▲ Iowa

### **IVMA CVM Student Internship & Shadowing Directory**

The IVMA is beginning a new project to bring together Iowa State University College of Veterinary Medicine (ISU CVM) students and veterinary clinics who would be interested in providing veterinary students with learning opportunities through job shadowing, internships, or preceptorships at their veterinary clinics. IVMA Members and CVM Students [CLICK HERE](#) for details

### **2021 IVMA Member Needs & Satisfaction Survey**

The IVMA recently conducted the **2021 IVMA Member Needs and Satisfaction Survey** to gauge IVMA members' overall satisfaction with IVMA and to learn how to improve our member services. Also included in the survey were questions asking for suggestions for future programming. The information obtained in the survey will be used to improve IVMA benefits and services which will, in turn, retain existing members and increase membership. A summary of the survey can be found in the October Update or read the entire results of the survey [HERE](#).

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## ▲ Maryland

The Maryland General Assembly is gearing up for Legislative Session 2022. MDVMA's legislative committee has been laying the groundwork and bolstering relationships with legislators. Before the normal legislative session begins in January, the General Assembly will hold a "Special Session" for the specific purposes of overriding more than twenty of Governor Hogan's legislative vetoes from the 2021 session and confirming Maryland's Congressional District Map. Redistricting is a function of government that occurs every decade following the census. No other issues are slated to be discussed or determined during this one-week special session beginning Monday, December 6th lasting through Friday, December 10th.

## MDVMA Initiatives

One of the legislative policy initiatives that the MDVMA Legislative Committee foresees during the upcoming regular session includes the “Ban on Cat Declaw Procedures.” This bill is returning in the same posture as it did in 2020. MDVMA has met with the bill’s sponsor to express concerns about legislating around specific veterinary procedures. MDVMA recognizes the potential for a “slippery slope” if bans (or mandates) for specific veterinary procedures are legislatively inserted into a veterinarian-client-patient relationship. Further, the MDVMA Legislative Committee surveyed its membership and has determined what it initially suspected. An overwhelming majority of MDVMA members do not advertise for the declaw procedure, perform the procedure without consult and follow-up, or perform the procedure without suggesting alternatives. MDVMA stands ready to convey these facts in a respectful manner when the bill is introduced. The MDVMA Legislative Committee routinely meets to strategize for the upcoming session and will be reviewing all introduced legislation to weigh in on relevant policies as necessary during session. They work hard to ensure the Association is wholly represented in Annapolis.

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## ▲ Washington

### **Updates from the Washington State Veterinarian’s Office**

Below is a roundup of updates from the Washington State Veterinarian’s Office.

#### **WSDA authorizes new RHDV2 Vaccine for Rabbits**

The Washington State Veterinarian’s Office has authorized the use of a new, domestically produced vaccine for [Rabbit Hemorrhagic Disease Virus Type 2 \(RHDV2\)](#), a highly contagious, fatal disease of rabbits.

a highly contagious, fatal disease of rabbits.

In 2019, the virus killed hundreds of feral domestic and domestic rabbits in Island and Clallam counties. Since April 2020, a phylogenetically distinct RHDV2 virus has spread across [15 states in the U.S.](#) that is also deadly to wild rabbits.

The vaccination was developed by Medgene Labs of South Dakota. Their product is an inactivated (killed) recombinant subunit vaccine that builds immunity to RHDV2 specific antigenic proteins in the rabbit. Unlike the Eravac and Filavac vaccines imported from Europe, the Medgene product does not depend on live rabbits for its production and Medgene vaccinated rabbits can be differentiated from infected rabbits on a laboratory PCR test.

While the vaccine is under emergency and conditional approval with the U.S. Department of Agriculture, Center of Veterinary Biologics, it must be administered by a Washington-licensed veterinarian. The vaccine is administered as a subcutaneous injection and is a 2-dose regimen, with the booster dose being delivered 21 days following. Established vaccine withdrawal

periods (21 days) must be followed for meat-type rabbits used for human or animal consumption.

Veterinarians who would like to order the vaccine should contact [Medgene labs](#) directly at [medgenelabs.com](http://medgenelabs.com) or 605-697-2600. Veterinarians should maintain vaccination records for any routine vaccination and conform to state licensure expectations. Meat-type rabbits vaccination records may be kept at the herd level, similar to other livestock, rather than at the individual animal level.

Once the RHDV2 vaccine gains full licensure, as early as this spring, the vaccine will likely become more accessible. Due to the contagious and extremely virulent nature of this virus, vaccination is critical for disease control to protect our domestic and wild rabbit populations alike.

For more information on RHDV2, biosecurity, and prevention, please visit [agr.wa.gov](http://agr.wa.gov) and search for the [Rabbit Hemorrhagic Disease](#) webpage.

**African Swine Fever (ASF):** This animal disease continues to pose an ongoing threat. The Dominican Republic has slaughtered tens of thousands of pigs after detecting outbreaks of ASF in 14 of the country's 32 provinces in early August with estimated economic losses of around \$180 million.

On September 20, the U.S. Department of Agriculture (USDA) reported a positive case of ASF in Haiti. USDA continues to assist with surveillance, control, and eradication efforts in both domestic and feral swine. In addition, USDA issued a Federal Order to establish additional requirements for dogs imported into the United States for resale from countries where ASF exists because ASF can be transmitted via dogs' fur and bedding, representing a possible pathway for the introduction of disease.

**Epizootic Hemorrhagic Disease Virus (EHDV) and Bluetongue virus (BTV):** The Washington State Department of Fish and Wildlife is mapping positive cases of EHDV and BTV throughout the state ([Hemorrhagic Surveillance 2021 – Google My Maps](#)). White-tailed, mule deer, and bighorn sheep continue to die of the disease. WSDA has had several reports of EHDV and BTV in domestic sheep, cows, yaks, and an alpaca since July.

**Animal Disease Traceability Program:** In the last few years, WSDA has worked hard to build infrastructure and promote Animal Disease Traceability and support private veterinarians by providing free RFID tags, handheld readers, and access to free animal health records in the field and at public livestock markets. Here are some facts to show our progress in the last year:

- 59,690 (75 percent) of all tags distributed to 62 veterinarians were official 840 RFID. Only 20 veterinarians are still requesting metal tags.
- 5,031 (80.3 percent) of CVIs received from 803 accredited vets in 45 states were eCVIs and only 1,232 (19.7 percent) were paper.
- 500+ Washington veterinarians and 74 authorized users (technicians) have accounts in the Oregon Department of Agriculture, [Oregon Veterinary Information System](#).
- 89 RFID Stick Readers have been distributed to Washington veterinarians.
- 5 RFID readers have been distributed to support fairs.
- 6 public livestock markets in the state have the Saletime system vet module and receive free RFID tags and readers.

receive free RFID tags and readers.

- 6 slaughter facilities in the state have the capability to retire all RFID tags information electronically when animals are harvested. WSDA captures 99 percent of animals harvested in the state.
- Approximately 30,000 dairy bull calves that move interstate annually have RFID tags placed prior to movement.

Some of you may remember a few years ago when horse owners had an “equine passport” health certificate available to them that allowed movement for one animal for six months. Most of these were done for rodeo or show animals that moved many times in the season. At the end of the season, the owner was required to send an itinerary of their movements during those six months.

These were problematic in that the itinerary was after the fact and most were never sent back to the state offices. If those animals were exposed to a disease, it was difficult or impossible to know where they had been transported to. Eventually, the states that were using this paper-based format quit accepting them and went back to the 30-day certificate of veterinary inspections (CVI). These could get quite expensive for the owner as the animal moved many times in one month to different shows, rodeos, events.

A team of veterinarians started working on the development of a replacement that addressed the shortcomings of the old passports. After bringing proposals forward and getting input from state veterinarian offices across the country, Global Vet Link (GVL) launched an online extended equine certificate of veterinary inspection (EECVI).

To get an EECVI, private veterinarians must have an account with GVL. The veterinarian enters current Equine Infectious Anemia (EIA) testing information and completes some basic data. The veterinarian must do some client education so when the movement occurs, the owner logs on to their own portal and attests that the animal is healthy. They then provide the itinerary and receive a permit for that specific movement.

GVL has made it easy with help center online tutorials or live training sessions with technicians. Recently a few upgrades have been made to improve a few areas of compliance. In all, at this time, 30 states are participating and those are on the GVL website.

State animal health officials can access the data on horses permitted to enter, and in the case of a disease outbreak, notify the owners. The link for more information is <https://www.globalvetlink.com/eecvi/>

There are some other companies with plans to release something similar, but as of this writing, GVL is the only company that offers the EECVI.

The extended equine health certificate is a nice tool to offer clients or to ask your private veterinarian about if you travel frequently to rodeos or shows in the summer.

*By Dr. Amber Itle, Interim Washington State Veterinarian, and Dr. Ben Smith, Field Veterinarian Supervisor*

## **President's Message – Defining the VCPR in a Telehealth Post-Pandemic World**

Can it be that 2021 is already closing in on the holidays and almost two years since the first COVID-19 case made national news from here in Washington state? The Pandemic has simultaneously become something we are weary of hearing about from a variety of daily news media outlets and something we cannot ignore as we brace ourselves to adapt and respond to the impacts it has had on every aspect of our lives. The veterinary profession has seen rapid paradigm shifts because of the Pandemic including the embracement of telehealth technology, enhanced safety measures with curbside check-in and video chat exams, and the loosening of

state continuing education and licensing requirements. While these changes were initially implemented as a rapid means to enhance staff and client safety, we've now had enough time with these new normals to determine what will be incorporated long-term into how we practice.

In my own practice environment at a municipal animal shelter, we added artificial intelligence-based telehealth triaging program to assist us with caring for animals in our foster care program, whom we manage as an extension of the shelter medicine

our foster care program, which we manage as an extension of the shelter medicine service. Telehealth has allowed us to provide a 24-hour based response to foster parents with new medical and behavioral concerns and gives them initial information about the signs they are observing. Based on the information entered, the system then uses an AI algorithm to determine the urgency level and sends an immediate notification to the veterinary staff on call. We also use this program to provide post-operative care to clients of our public spay/neuter clinic, many of whom do not have a regular veterinarian and who have transportation challenges. The integration of telehealth services into our practice has elevated the level of care we can provide and makes documentation and communication rapid, simple, and versatile. Pandemic or not, telehealth is here to stay now that we have come to rely on this technology for the daily delivery of care.

Telehealth ventures have enjoyed a wave of temporary modifications to the Valid Client Patient Relationship (VCPR) over the past 18 months which have allowed veterinarians to deliver services such as medication refills when access to care was often limited. Many state Veterinary Boards of Governors, including Washington's own, put forth statements that the standard VCPR requirements would either be relaxed or not enforced for a specified period of time due to the Pandemic. The federal VCPR, which requires a physical exam in order to prescribe many drugs for animal patients, also [temporarily relaxed the requirement](#). The AVMA states in Section III of the [AVMA's Principles of Veterinary Medical Ethics](#) that in order to establish a VCPR:

*(1) the veterinarian has assumed the responsibility for making clinical judgments regarding the health of the patient and the client has agreed to follow the veterinarians' instructions;*

*(2) the veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a **timely examination** of the patient by the veterinarian, or medically appropriate and **timely visits** by the veterinarian to the operation where the patient is managed;*

*(3) the veterinarian is readily available for follow-up evaluation or has arranged for veterinary emergency coverage, and continuing care and treatment;*

*(4) the veterinarian provides oversight of treatment, compliance, and outcome; and*

*(5) patient records are maintained*

(5) *patient records are maintained.*

Many state practice acts have adopted this seminal definition and **require a physical exam to establish the VCPR** along with timely visits.

It is this in-person requirement that is now coming under fire across multiple states, with a variety of private entrepreneurs and corporate veterinary medicine companies bringing requests to open state veterinary practice acts in an effort to modify the VCPR definition. There are obvious advantages to this proposal, including those that benefit us as practitioners such as expanded accessibility for clients, ability to dispense medications when appointment slots are not available, increasing clientele regardless of their physical location. But there are great concerns as well. Our patients cannot talk to us and tell us what they are feeling and

thinking. We are severely limited without a hands-on review of their condition as there is simply no substitute for what we can learn from all our senses: what we see – yes – but also what we smell, feel, hear (hopefully not taste!) all inform our differentials and diagnoses and may not be noticed or reported by owners. Corporate practices are seeing and seizing the opportunity to expand business across state lines and beyond the exam room through the relaxation of the physical exam requirement, and there are already companies cropping up that are filling this telehealth space by employing veterinarians to answer questions and give advice online. Currently, companies are largely limited to just that – advice – but with legislative or regulatory changes, they could begin to diagnose, treat, and dispense medications as is now the norm in human medicine. Since 2016, nearly 100% of states have modified their human medical practice acts to allow telehealth for physicians including the establishment of a VCPR solely by virtual means and in some cases, across state lines.

Because of recent attempts to relax the VCPR in other states by telemedicine corporations and advocacy groups, the WSVMA Board of Directors took action and voted at their October 19, 2021 meeting to oppose efforts to eliminate the physical exam as a condition of establishing the VCPR.

The WSVMA works diligently to keep abreast of upcoming legal proceedings that may affect you as veterinary professionals and as business owners through its legislative advocacy program. As your WSVMA Board President, I want to hear from you about

advocacy program. As your WSVMA Board President, I want to hear from you about this topic and the benefits you see or the concerns you have around the opening of the Washington Veterinary Practice Act which would allow for changes in the definition of the VCPR. Does the possibility of no physical exam requirement change how you would practice medicine? Even those of us in non-private practice arenas can feel the ripple effects as these changes will broadly impact our profession.

*By Dr. Jennifer Bennett, WSVMA President.*

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## ▲ Wisconsin

### **Free RFID Tags Available for Cattle and Bison Replacements**

*By Dr. Gretchen May, Veterinary Program Manager, Wisconsin Department of Agriculture, Trade and Consumer Protection*

A limited supply of free radio frequency identification (RFID) tags is available from the United States Department of Agriculture (USDA) to Wisconsin producers, markets, and dealers, as well as to veterinarians for use in their clients' animals. The free tags, available for a limited time, are intended for use in replacement cattle and bison only.

USDA and the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) continue to encourage the use of RFID tags as official identification. RFID tags result in better protection of the long-term health, marketability, and economic viability of livestock. They also allow for better disease control management through faster information sharing.

Important points to remember:

- The free RFID tags can be ordered through [DATCP's veterinary supply catalog](#).
- Tags can be ordered in multiples of 100.
  - Your premises identification number (PIN) is required to order tags. If you do not have a PIN or are not sure, go to the [Wisconsin Livestock Identification Consortium website](#) or call (888) 808-1910.
  - The tags are available to veterinarians for clients' animals only. Veterinarians

- The tags are available to veterinarians for clients' animals only. Veterinarians who redistribute the tags by leaving them at the farm need to become an animal identification number (AIN) device manager. For more information, go to the [USDA website](#) and click on the image titled "How to Become an AIN Device Manager."
- As with the metal National Uniform Eartagging System (NUES) tags, veterinarians are required to keep a record of where tags are used, including the date, farm name, address, PI,N, and tag number. For the free RFID tags, veterinarians are required to submit those records to DATCP by email to [sharonm.haberkorn@wisconsin.gov](mailto:sharonm.haberkorn@wisconsin.gov) or by mail to DATCP-DAH, P.O. Box 8911, Madison, WI 53708-8911.
- White button tags are available for producers, markets, and dealers. White button tags and orange button tags (which can be used for identification when vaccinating against brucellosis) are available for veterinarians. Submitted brucellosis vaccination reports can serve as a record of tag application if it is clearly indicated on the reports that they also serve as a tag application record. Orange tags are not required for brucellosis vaccination as long as the animal is officially identified when vaccinating, however they can only be used for this purpose.
- Specific tags can be requested (Allflex, Datamars, Y-TEX). If no specific type of tag is requested or the requested type of tag is not available, orders will be filled with available tags.
- A limited supply of taggers is available at no charge for first-time orders of specific manufacturers' tags. Taggers may also be purchased directly from the manufacturer or their distributor. It is recommended to use a tagger from the same manufacturer as the tags.

Currently, there is no timeline to officially transition to RFID tags. Although the use of RFID is encouraged, the metal official ID tags are still acceptable.

DATCP has low-frequency readers available for veterinarians. To improve accuracy and efficiency in reading official identification, DATCP recommends that when using RFID tags, you also utilize the technology these tags offer. DATCP also encourages you to use RFID readers to read the tags, and to use electronic certificates of veterinary inspection (eCVIs) into which the data collected by the readers can be digitally incorporated. Systems are also available to incorporate the data collected by readers for brucellosis vaccination and TB testing into those

regulatory documents.

For more information on low-frequency RFID readers for veterinarians, [click here](#).

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## 5. AVMA Updates

### ▲ Ensuring veterinarians have access to compounded products

#### Ensuring veterinarians have access to compounded products

The Food and Drug Administration (FDA) is in the process of finalizing a guidance document on the use of bulk drug substances for compounding animal medications. As currently written, the draft guidance would not allow the use of compounds made from bulk drug substances to be kept in office stock for administration or dispensing by a veterinarian unless the compound is identified on a list maintained by the FDA.

The AVMA has previously filed comments opposing the use of a list in this manner. As the details of the final guidance become available, the AVMA will evaluate the impact to practice and work to ensure veterinarians have appropriate access to the compounded medications needed to treat our patients.

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### ▲ NIFA Invests \$2.8M in Rural Food Animal Veterinary Medicine Across the U.S.

NIFA recently announced 17 Veterinary Service Grants Program (VSGP) awards, [seven Education, Extension, and Training \(EET\) grants](#) and [10 Rural Practice Enhancement \(RPE\) grants](#) to help mitigate food animal veterinary service shortages in the United

States. The goals of the [VSGP](#) are to support food animal veterinary medicine through education, extension, and training (EET) funds for accredited schools and organizations and through rural practice enhancement (RPE) funds for veterinary clinics that provide services in veterinary shortage situations. This program is designed to support education and extension activities that will enable veterinarians, veterinary students, and veterinary technicians gain specialized food animal skills and practices. The 2014 Farm Bill authorized the establishment of the VSGP as a companion to the Veterinary Medical Loan Repayment Program to incentivize service in veterinary shortage situations. Ultimately, VSGP will bolster the capacity of private veterinary practitioners to provide food animal medicine in rural veterinarian shortage locations.

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### ▲ **New specialty college proposed: Veterinary medical education**

The AVMA's American Board of Veterinary Specialties (ABVS) is accepting public comment through February 28, 2022, on a request to recognize a new American College of Veterinary Medical Education as a veterinary specialty organization.

The ABVS, which establishes and oversees standards for recognizing veterinary specialties and specialty organizations, has received a letter of intent from a group wishing to pursue recognition of the new college as an AVMA/ABVS recognized veterinary specialty organization. If recognized, the organization would certify veterinarians as specialists in veterinary medical education.

The letter of intent outlined the proposed college's mission and goals, and the group's reasoning for requesting recognition.

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### ▲ **How to Comment**

Comments on the proposal must be sent by email no later than February 28, 2022. [See instructions for commenting along with the requesting group's letter of intent.](#)

The ABVS will consider any comments received in deciding whether to recognize the new college as a veterinary specialty organization. Criteria for recognizing specialty organizations include whether the organization fills a recognizable need and represents a distinct area of specialization in veterinary medicine and whether a

sufficient number of qualified and interested veterinarians exist to warrant its recognition.

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## 6. Pharmacy Board Updates

There are no Pharmacy Updates

## Updates by Jurisdiction

Alabama

D.C.

Iowa

New Jersey

Oregon

Washington

AVMA

Florida

Kentucky

New York

Pennsylvania

Wisconsin

Arizona

Georgia

Kansas

Oklahoma

Texas

California

Hawaii

Maryland

Ohio

Utah

Colorado

Idaho

Missouri

Ontario

Vermont

## **Alabama**

### **▲ Introduced (4)**

#### **COVID Vaccine**

[AL HB31](#) prohibits employers public accommodations and occupational licensing boards from discriminating based on immunization status

[AL HB8/AL SB13/AL SB12](#) Vaccinations, mandates by employers, places of public accommodation, and occupational licensing boards declared a prohibited discriminatory practice, private cause of action authorized, Attorney General authorized to enforce and intervene

## AVMA

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## **Arizona**

### **▲ Adopted Rules**

#### **Notice of Final Rulemaking (pg. 2801) – Effective 01/04/22**

Authorizing statute: A.R.S. §§ 41-1003 and 49-104 Implementing statute: A.R.S. § 49-761(D)

Summary: The Arizona Department of Environmental Quality (ADEQ) has amended the state's Biohazardous Medical Waste (BMW) rules within the Solid Waste (SW) area to

improve clarity, bring the standards up to date, address stakeholder concerns, correct references, and citations, and ensure adequate protection of human health and the environment.

Identification of Small Businesses subject to the rules: Directly affected small businesses include transporters and generators of BMW, like dentists, doctors, and veterinarians. Sharps provisions apply to tattoo shops.

BMW is medical waste from regulated generators that are either soaked with blood or that has come into contact with infectious agents capable of transmitting the disease to humans.

### **Changes affecting Veterinarians:**

#### **R18-13-1401. Definitions**

4. "Biohazardous medical waste" is composed of one or more of the following:

1. Cultures and stocks: Discarded cultures and stocks generated in the diagnosis, treatment, or immunization of a human being or animal or in any research relating to that diagnosis, treatment, or immunization, or in the production or testing of biologicals.
2. Human blood and blood products: Discarded products and materials ~~containing free-flowing blood or free-flowing blood components. that are saturated and/or dripping with human blood or caked with dried human blood, including items that would release blood in a liquid or semi-liquid form if compressed or broken, and items that contain serum, plasma, and other blood components. An item would be considered caked if it could release flakes or particles when handled.~~

#### **R18-13-1406. Biohazardous Medical Waste Transported Off-Site for Treatment**

1409. A generator of biohazardous medical waste shall cause the waste to first be package-packaged the waste as prescribed in this article R18-13-1407 ~~before and shall subsequently either self-hauling self-haul or before store the waste as~~

provided under R18-13-1408 and setting set the waste out for collection by a properly licensed transporter under R18-13-1409.

1410. A generator shall obtain a copy of the tracking document signed by the transporter signifying acceptance of the biohazardous medical waste. A generator shall keep a copy of the tracking document for ~~one year from the date of acceptance by the transporter.~~ the period required under the USDOT requirements, as listed in 49 CFR 172.201. 49 CFR 172.201, revised as of October 1, 2020, and no future editions or later amendments, is incorporated by reference in this rule and on file with ADEQ. The tracking document shall contain all of the following information:

1. No change
2. No change
3. Identification number attached to bags or containers, as specified as by the USDOT requirements, as listed in 49 CFR 172.300 – 172.338. 49 CFR 172.300 – 172.338, revised as of October 1, 2020, and no future editions or later amendments, is incorporated by reference in this rule and on file with ADEQ.

### **R18-13-1408. Storage**

...

C. Beginning at the time the waste is set out for collection, a generator who stores biohazardous medical waste shall comply with all of the following requirements:

...

1. Keep putrescible Putrescible biohazardous medical waste may be kept unrefrigerated up to 72 hours...
2. Refrigerate at 40° F. or less from hour 72 through day 90 putrescible biohazardous medical waste kept for up to 90 days.
3. Nonputrescible biohazardous medical waste may be kept unrefrigerated for up to 90 days.

### **R18-13-1409. Transporter License; Fees; Transportation;**

1. A transporter shall obtain a transporter license from the Department as provided under subsections (B), and (C), ~~and (D)~~ below in addition to possessing a permit,

license, or approval if required by a local health department, environmental agency, or other governmental agency with jurisdiction.

2. A transporter license is valid for five years after issuance. To renew the license, the licensee shall submit an application under subsection (B)(1) no later than 60 days prior to the license's expiration and shall pay the fee provided in subsections (B)(2). With each application submitted for approval, the applicant shall remit an initial transporter license application fee in accordance with the Fee Table in subsection (B)(2). This subsection also lists the maximum fees that the Department will bill the applicant. All fees paid shall be payable to the state of Arizona. The Department shall deposit the fees paid into the Solid Waste Fee Fund established pursuant to A.R.S. § 49-881, unless otherwise authorized or required by law.

1. To apply for or to renew a transporter license, an applicant shall submit all of the following in a Department-approved format:

1. The name, address, and telephone number of the transportation company or entity.
2. All owners' names, addresses, and telephone numbers.
3. All names, addresses, and telephone numbers of any agents authorized to act on behalf of the owner.
4. A copy of either the certificate of disclosure required by A.R.S. § 49-109 or a written acknowledgment that this disclosure is not required.
5. Photocopies or other evidence of the issuance of a permit, license, or approval if required by a local health department, environmental agency, or other governmental agency with jurisdiction.
6. A copy of the transportation management plan as defined in R18-13-1401.
7. A list identifying each dedicated vehicle.
8. The initial transporter application license fee indicated in the Fee Table in (B)(2) for Transporter License Fees.

The new or renewal application license fee shall be calculated by multiplying the hourly rate of \$122 by the number of personnel hours involved in inspecting each transporting vehicle, evaluating the application, and approving the license, which amount shall be subtracted from the initial application license fee on deposit. Any remaining surplus of the initial application license fee on deposit shall be returned to

the applicant. Any cost that exceeds the initial application license fee on deposit shall be billed to the applicant, but shall not exceed the maximum.

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## California

### ▲ Board Watch

#### **Veterinarian-Client-Patient Relationship (VCPR) Frequently Asked Questions (FAQs)**

Amendments to California Code of Regulations (CCR) sections [2032.15](#) and [2032.25](#) regarding VCPRs in the absence of client communication and the original prescribing veterinarian became effective on April 1, 2021. Since that time, the Board received several questions regarding the VCPR. To educate the veterinary profession and consumers, the Board approved [VCPR FAQs](#) and posted them on the Board's website.

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## Colorado

### ▲ VMA Updates

#### **How might the Colorado Veterinary Practice Act change in 2022?**

Many veterinarians in Colorado may be aware that the Colorado Veterinary Practice Act underwent a sunset review by the Department of Regulatory Agencies (DORA) and will be **up for renewal by the state legislature in 2022.**

On October 15, 2021, **DORA released a report** with key findings and recommendations from its sunset review process. DORA's recommendations will be presented to the state legislature in mid-January and will become the basis for a bill that revises the veterinary practice to be introduced in the Colorado House of Representatives.

In the report, DORA made the following recommendations:

**Recommendation 1: The practice act should be continued for 11 more years, until 2033.**

CVMA supports this recommendation. The last sunset review of the Colorado Veterinary Practice Act was conducted in 2010; the act was renewed by the state legislature in 2011 for a period of 11 years. Since 1976, every regulated profession in Colorado undergoes a sunset review according to a set schedule. The Colorado legislature sets specific dates that a particular board (such as the State Board of Veterinary Medicine) will expire unless the legislature passes new legislation to continue that board or entity.

**Recommendation 2: The practice act should be amended to authorize veterinarians to delegate the task of administering rabies vaccinations while under their supervision.**

CVMA supports this recommendation. The CVMA Sunset Review Task Force suggested this change to DORA during stakeholder meetings held in 2021. CVMA recommends adhering to the **Compendium of Animal Rabies Prevention and Control guidelines** (published by the National Association of State Public Health Veterinarians), which expands the administration of rabies vaccinations. Expanding vaccination administration to include shelter staff under supervision of a veterinarian will help prevent public health threats like rabies while also serving to better utilize veterinary staff.

**Recommendation 3: The practice act should require veterinarians to create a written plan for the storage, security, and disposal of patient records.**

CVMA supports this recommendation. CVMA often fields inquiries from veterinarians wondering what should be done with patient records when retiring or closing a practice. Having guidelines in place will help ensure continuity of care for patients and their owners.

**Recommendation 4: The practice act should expand the veterinary board's authority to require a physical examination of a licensed veterinarian if there is reasonable cause to believe the veterinarian is unable to practice with reasonable skill and safety.**

CVMA supports this recommendation. Research shows that the Dentist and Dental Hygienists Practice Act, Medical Practice Act, Nurses and Nurse Aides Practice Act, and Pharmacists Practice Act all grant the respective boards the authority to require a physical examination if there is reasonable cause to believe that the licensed professional is unable to practice with reasonable skill and safety. CVMA's Sunset Review Task Force concluded that this recommendation is reasonable and that opposing this recommendation would be unlikely to succeed.

**Recommendation 5: The practice act should clarify the requirements concerning confidential agreements.**

CVMA supports this recommendation. This recommendation clears up a statutory conflict in Title 12, Professions and Occupations. DORA will propose revisions to the Practice Act to address the conflict.

The following conflicts are:

- 12-30-108, C.R.S. Authorizes regulators to enter into confidential agreements to limit practice with licensees who suffer from a physical illness, physical condition, behavioral or mental health disorder that renders them unable to practice with reasonable skill and safety.
- 12-30-108(1)(a) Requires such licensees to notify their respective regulators of such conditions. 12-30-108(4)(b)(II), C.R.S. Exempts veterinarians from the notification requirement, not the parts of the provision pertaining to confidential agreements. *Note: This is the contradictory provision.*
- 12-315-112(1)(gg), C.R.S. Requires veterinarians to agree to the terms under a confidential agreement entered into under sections 12-30-108 and 12-315-125, C.R.S.
- 12-315-125, C.R.S. States that confidential agreements to limit a veterinarian's practice applies to the Act.

DORA reported that the referenced statutes appear to be contradictory since it is difficult to see how the veterinary board could enter into a confidential agreement without having been notified of the triggering condition. It is unclear whether the board has the authority to discipline a veterinarian if he or she fails to notify the board of a physical illness, physical condition, behavioral or mental health disorder that

renders a practitioner unable to practice with reasonable skill and safety. Since the statutes contradict one another, DORA recommends the statutes should be harmonized to clarify that veterinarians who have a physical illness, physical condition, behavioral or mental health disorder that renders them unable to practice with reasonable skill and safety are required to notify the board.

**Recommendation 6: The practice act should repeal the requirement that the board send a letter of admonition by certified mail.**

CVMA supports this recommendation. Sending certified letters does not guarantee that the letter was reviewed by the recipient, and is inconsistent with other practice acts. CVMA's Sunset Review Task Force determined this recommendation is reasonable.

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## **D.C.**

### **▲ Board Watch**

#### **License Renewal – Open November 1, 2021 – December 31, 2021**

DC veterinary license renewal system is now live. The link has been provided to all active licensees along with the latest CE requirements that include 2 hours of LGBTQ courses and 3.6 hours of Public Health-related courses.

## **VETERINARIAN FREQUENTLY ASKED QUESTIONS**

### **RENEWAL FEES**

#### **· *How much does it cost to renew?***

- \$130
- \$85 late fee after December 31, 2021 (This fee is in addition to the renewal fee)

### **CRIMINAL BACKGROUND CHECK (CBC) FEE**

## ***Do I need a Criminal Background Check?***

All licensees are required to pay a mandatory fee of \$50 for the CBC which is a name-based search.

Licensees are not required to get fingerprinted again at this time.

## **CONTINUING EDUCATION (CE)**

- ***What are my CE requirements?***

CEs must be taken between January 1, 2020, and December 31, 2021.

- **Veterinarians must complete thirty-six (36) hours of approved CEs to include**
  - o Two (2) hours on cultural competency or specialized clinical training on patients or clients who identify as LGBTQ;
- 10% (3.6 hours) of Public Health Priorities;

**Please note, the continuing education requirements may be satisfied through approved internet continuing education courses.**

### ***New CE Requirement:***

In addition to any other CE requirements, you must complete on or before September 30, 2021, Two (2) hours of continuing education on SARS-CoV-2 vaccines, including, but not limited to, SARS-CoV-2 vaccine safety, best practices for counseling patients about SARS-CoV-2 vaccines, and SARS-CoV-2 vaccine efficacy and effectiveness.

The new CE requirement may be counted as hours required for public health priorities training hours or optional training hours where applicable.

***ALL First-Time Renewal Applicants: If you are renewing for the first time, CEs are not required.***

### ***How come I am not able to upload my CE documents?***

Several users have stated they are unable to upload proof of having completed their CE. Our IT department has identified certain issues with document uploads on

browsers **OTHER** than Google Chrome or Firefox. If you are not using the most up-to-date versions of Google Chrome or Firefox, first try uploading your CE document using these web browsers {Google Chrome/Firefox}. To submit your uploaded CEs, you must **WRITE** something in the continuing education **DESCRIPTION BOX**. For example, you may write *"I have uploaded all my CEs or CEs are attached"*.

Finally, if you still have upload issues, you can submit your renewal application by selecting the ***"I will have completed my CEs by December 31, 2021"*** option in the CE category of the renewal application. By selecting this, you can skip the document uploads and proceed with the rest of your application so you may renew your license on time.

## **INFORMATION ABOUT CONTINUING EDUCATION AUDITS**

### ***Will I be audited?***

After the renewal, you may be audited and required to submit continuing education (CE) documents to the Board. CEs must be taken between January 1, 2020, and December 31, 2021. The required continuing education units are listed above.

### **Prescription Drug Monitoring Program (PDMP)**

Mandatory PDMP registration and Mandatory PDMP query are now law in the District of Columbia. The passage of The Health Care Reporting Amendment Act of 2020 requires you to register for the program. ***If you are not registered for the program, you will not be able to renew your professional license.***

If you are registered with the DC PDMP, no further action is required.

To register for the DC PDMP, please visit our website at:

<https://districtofcolumbia.pmpaware.net/login>. Once there, click, "Create an Account" to begin the registration process. Those without a DEA number may register as a "Prescriber without DEA".

The passage of the Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020 requires you to query the PDMP:

- Prior to prescribing or dispensing an opioid or benzodiazepine for more than seven (7) consecutive days and
- Every ninety (90) days thereafter while the course of treatment or therapy continues, or
- Prior to dispensing another refill after ninety days

## **Vaccination Attestation**

On August 27, 2021, regulations were issued requiring the following individuals receive the first dose of a COVID-19 mRNA vaccine (i.e., Moderna or Pfizer) or a single dose of the Johnson & Johnson vaccine no later than September 30, 2021:

- Health professionals who are licensed, registered, or certified by the Department of Health, and
- Unlicensed personnel in a Healthcare setting.

Failure to meet this requirement can result in disciplinary action including suspension and revocation of a health professional's license. For unlicensed personnel, no Healthcare facility, after October 1, 2021, regardless of the date of hire, shall employ, contract, or grant privileges to a person who is not fully vaccinated.

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## **Florida**

### **▲ Introduced (2)**

#### **Veterinary Telemedicine**

[FL H0723](#)/[FL S0448](#) creates a telemedicine definition and allows a virtual VCPR. We expect a counter bill to be introduced shortly that would require a physical VCPR.

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## **Georgia**

### **▲ VMA Updates**

For nearly 80 years, The Georgia Veterinarian has been providing up-to-date information to Georgia's veterinarians and it continues to grow with the profession. The publication is highly-valued by GVMA members and is continually cited as one of the top benefits of membership.

The Georgia Veterinarian is published quarterly by the association in January, April, July, and October. It reaches more than 3,000\* veterinarians, technicians, students, and industry leaders throughout Georgia, the Southeast, and the nation. The publication is free to all GVMA members.

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## Hawaii

### ▲ VMA Updates

#### Legislative Update

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. Have another proposal? [Let us know.](#)

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## Idaho

### ▲ Board Watch

#### Telemedicine Policy Revision

##### Definitions:

1. Client means an entity, Person, group, or corporation that has entered into an agreement with a Veterinarian for the purposes of obtaining veterinary medical services.

2. Consultation means when a Veterinarian receives advice or assistance in Person, telephonically, electronically, or by any other method of communication, from a veterinarian or other Person whose expertise, in the opinion of the Veterinarian, would benefit an Animal. Under any circumstance, the responsibility for the welfare of the Animal remains with the Veterinarian receiving Consultation.
3. Informed Consent means the Veterinarian has informed the Client or the Clients authorized representative, in a manner understood by the Client or representative, of the diagnostic and treatment options, risk assessment, prognosis, and the Client has consented to the recommended treatment.
4. Telehealth is the overarching term that encompasses all uses of technology geared to remotely deliver health information or education.
5. Veterinarian-Client-Patient Relationship (VCPR) exists when both the Veterinarian and Client agree for the Veterinarian to assume responsibility for making medical judgments regarding the health of the patient(s). This necessitates an in person or virtual examination or timely visits to the premises where the animal or group of animals is kept. Exceptions to this definition include, but are not limited to, the Federal Drug Administration's definition for Veterinary Feed Directive (VFD) found at 21 CFR §558.6.

### Guidelines:

A veterinarian or veterinary technician must be licensed or under the jurisdiction, of the Board of Veterinary Medicine in the state or province where the patient is located. The practice of veterinary medicine occurs where the patient(s) or client is located at the time Telehealth is used. Veterinarians who treat through online service sites are practicing veterinary medicine and must possess appropriate licensure in all jurisdictions where patients receive care. Should a veterinary technician be utilized in the delivery of animal care, the veterinarian and veterinary technician must possess appropriate licensure in the jurisdiction where the patient(s) is receiving care.

The veterinarian must employ sound professional judgment to determine whether using Telehealth is appropriate in particular circumstances each and every time animal care is provided and only provide medical advice or treatment via Telehealth to the extent that it is possible without a physical examination.

A veterinarian using Telehealth must take appropriate steps to obtain informed

consent, establish the VCPR and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of Telehealth as a component of, or in lieu of, hands-on medical care, while others are not.

The veterinarian must ensure that he or she safeguards a client's privacy when practicing via Telehealth by taking appropriate precautions and confirming that the technology and physical setting being used by the veterinarian and client have adequate security protocols in place to ensure compliance with the veterinarian's legal and professional obligations to protect clients' privacy and confidentiality.

Evidence documenting appropriate consent for the use of Telehealth must be obtained and maintained. The veterinarian must ensure that the client is aware of the veterinarian's identity, location, licensure state or province, number and status, and the privacy and security issues involved in accessing veterinary care via Telehealth.

Appropriate medical records must be maintained in a secure and confidential manner. The medical record should include, but not be limited to, if applicable, copies of all patient-related electronic communications, including prescriptions, laboratory and test results, imaging, evaluations and consultations, and instructions obtained or produced in connection with the utilization of Telehealth. Informed consents obtained in connection with an encounter involving Telehealth should also be filed in the medical record.

Prescribing medications, in-person or via Telehealth, is at the professional discretion of the veterinarian. The indication, appropriateness, and safety considerations for each Telehealth visit prescription must be evaluated by the veterinarian in accordance with current laws and standards of care and consequently carry the same professional accountability as prescriptions delivered during an encounter in person.

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## ▲ VMA Update

### 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](mailto:cmoody@ucdavis.edu) with any concerns or questions you may have about participation or withdrawal from this survey.

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## Iowa

### ▲ VMA Update

#### **IVMA CVM Student Internship & Shadowing Directory**

The IVMA is beginning a new project to bring together Iowa State University College of Veterinary Medicine (ISU CVM) students and veterinary clinics who would be interested in providing veterinary students with learning opportunities through job shadowing, internships, or preceptorships at their veterinary clinics. IVMA Members and CVM Students [CLICK HERE](#) for details

#### **2021 IVMA Member Needs & Satisfaction Survey**

The IVMA recently conducted the **2021 IVMA Member Needs and Satisfaction Survey** to gauge IVMA members' overall satisfaction with IVMA and to learn how to

improve our member services. Also included in the survey were questions asking for suggestions for future programming. The information obtained in the survey will be used to improve IVMA benefits and services which will, in turn, retain existing members and increase membership. A summary of the survey can be found in the October Update or read the entire results of the survey [HERE](#).

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## Kentucky

### ▲ Board Watch

#### **GOVERNMENT AFFAIRS COMMITTEE Practice Act Modernization discussion -**

- Members of the Board determined that more research was needed in this area before including any changes to the Practice Act that would allow the KBVE to provide a credential to potentially qualified practitioners, including learning the number and types of schools in the U.S. offering these training courses.
- A proposal was introduced to limit the use of the term “chiropractor” or “chiropractic” by veterinarians.
- Members of the Board discussed changing the term “Veterinary Assistant” to “Veterinary Aid” (layperson) and redefining the term “Veterinary Assistant” to be a person certified by NAFTA.
- Members of the Board discussed Veterinary Facility Registrations and Inspections in detail. Members agreed to waive inspections for AHA Certified facilities was appropriate, but that these facilities would still need to register with the KBVE.
- At KVMA’s request, Members of the Board discussed adding telemedicine definitions.

A motion was passed to proceed with edits to the Practice Act Modernization Package with modifications as discussed, and provide this draft to KVMA for their consideration.

## Statements and Announcements

### Animal Therapy Services

Only a Kentucky-licensed veterinarian, or a person who is working under the direct supervision of a licensed veterinarian, can perform certain alternative services in the Commonwealth. The practice of veterinary medicine, as defined by the Kentucky General Assembly in KRS 321.181, covers a wide range of activities that may be performed to treat, correct, change, or prevent an animal's deformity, defect, injury, or other physical or mental condition. "Manipulation" of an animal, which includes the services listed below as specific activities that the law regards as the practice of veterinary medicine.

- Animal Massage Therapy
- Animal Acupuncture
- Animal Rehabilitation (a.k.a. non-human physical therapy)
- Laser Therapy

A person who is not a Kentucky-licensed veterinarian can provide these services in the Commonwealth only under limited circumstances. An animal's owner, or the owner's employee, may provide these services without a license. In addition, a trainer, sales agent, or herdsman can provide these services under instruction and direct supervision from a Kentucky-licensed veterinarian, provided there exists a veterinarian-client-patient relationship. Other limited circumstances are listed in KRS 321.200.

Please contact the Board at [Vet@ky.gov](mailto:Vet@ky.gov) for more on requirements on the particular service you would like to offer.

### Industrial Hemp Derived Products / CBD use in Animals

Regarding veterinarians or clinics, the Board cautions that selling, prescribing, or advising on the use of cannabidiol (CBD) in animals is at your own risk in the event a patient has an adverse reaction.

Background information on CBD:

- In 2018, the U.S. Congress passed the 2018 Farm Bill descheduling industrial hemp from the Controlled Substances Act. The farm bill assigns regulatory responsibility for industrial hemp to states with a USDA-approved plan and sets minimum requirements for a state regulatory framework.
- The regulation of CBD and other industrial hemp extracts remains with the U.S. Food and Drug Administration (FDA) under the [Federal Food, Drug, and Cosmetic Act \(FD & C Act\)](#). There still exists a big gray area on whether CBD extract is a supplement or a drug. Until the FDA issues a clear statement(s) in writing or federal law is clearly updated to define extract products as either a supplement or a drug, Kentucky will continue to view CBD as a supplement and treat it accordingly. ([40 KRS 218A.010\(27\)](#) – scroll down to definition # 27).
- The regulation of industrial hemp grain and all extracts, including CBD in animal feed remains with the [Association of American Feed Control Officials \(AAFCO\)](#) and the [Feed Program of University of Kentucky Division of Regulatory Services](#). The AAFCO released a [statement on industrial hemp](#) in May 2019 which discusses food ingredients, and clearly states that CBD is seen as a drug and not approved as an animal feed ingredient. The UK Feed Program does not currently allow the use of any hemp products including hemp seeds, hemp oil, or hemp seed meal in products intended for the feeding of animals, except for the feeding of hemp seed to wild birds. Please see the [UK Feed Program Policy on Use of Hemp Products in Animal Feed](#) for more information.
- The Kentucky Department of Agriculture (KDA) is a world leader in Industrial Hemp growing and processing. In 2019, KDA approved more than 42,000 acres and 2.9 million square feet of greenhouse space for hemp cultivation. The Commonwealth also boasts over 100 processors, most of whom are focused on CBD production.

- Cornell University has completed some research with CBD and dogs and found that it helped. The study titled [Pharmacokinetics, Safety, and Clinical Efficacy of Cannabidiol Treatment in Osteoarthritic Dogs](#)” by Gamble, Boesch, Frye, et al., was published in *Frontiers in Veterinary Science* in July 2018.
- In Kentucky, pursuant to [40 KRS 218A.010\(27\)](#), CBD products are legal when derived from industrial hemp (*Cannabis sativa* L. with a tetrahydrocannabinol (THC) concentration of not more than 0.3% on a dry weight basis).
- There is no prohibition in Kentucky for carrying this product in a store or clinic as a product with an off-label use.
- Per federal rule, practitioners are prohibited from making efficacy claims about CBD products.

In Kentucky, veterinarians and the general public can learn more about industrial hemp from the [Kentucky Department of Agriculture Hemp Program](#).

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## Kansas

### ▲ Introduced (1)

#### COVID Vaccine

[KS SB2](#) Notwithstanding any provision of law to the contrary, it shall be unlawful for: (1) A business entity to refuse to provide any service, product, admission to a venue or transportation to a person based on such person’s vaccination status or whether such person has an immunity passport;... (6) an employer to refuse employment to a person, to bar a person from employment or to discriminate against a person in compensation or a term, condition or privilege of employment based on such person’s vaccination status or whether such person has an immunity passport; Makes it illegal (10) For any employer to (A) Seek to obtain, to obtain or to use the vaccination status of an employee or prospective employee to distinguish between or discriminate against or restrict any right or benefit otherwise due or available to an employee or a prospective employee; or (B) require, directly or indirectly, any employee or

prospective employee to receive a vaccination or an immunity passport. Limits the governor's ability to quarantine people during emergencies.

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## Maryland

### ▲ VMA Updates

The Maryland General Assembly is gearing up for Legislative Session 2022. MDVMA's legislative committee has been laying the groundwork and bolstering relationships with legislators. Before the normal legislative session begins in January, the General Assembly will hold a "Special Session" for the specific purposes of overriding more than twenty of Governor Hogan's legislative vetoes from the 2021 session and confirming Maryland's Congressional District Map. Redistricting is a function of government that occurs every decade following the census. No other issues are slated to be discussed or determined during this one-week special session beginning Monday, December 6th lasting through Friday, December 10th.

### MDVMA Initiatives

One of the legislative policy initiatives that the MDVMA Legislative Committee foresees during the upcoming regular session includes the "Ban on Cat Declaw Procedures." This bill is returning in the same posture as it did in 2020. MDVMA has met with the bill's sponsor to express concerns about legislating around specific veterinary procedures. MDVMA recognizes the potential for a "slippery slope" if bans (or mandates) for specific veterinary procedures are legislatively inserted into a veterinarian-client-patient relationship. Further, the MDVMA Legislative Committee surveyed its membership and has determined what it initially suspected. An overwhelming majority of MDVMA members do not advertise for the declaw procedure, perform the procedure without consult and follow-up, or perform the procedure without suggesting alternatives. MDVMA stands ready to convey these facts in a respectful manner when the bill is introduced. The MDVMA Legislative Committee routinely meets to strategize for the upcoming session and will be reviewing all introduced legislation to weigh in on relevant policies as necessary during session. They work hard to ensure the Association is wholly represented in Annapolis.

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## Missouri

## ▲ Introduced (3)

### Animal Welfare

[MO HB1586](#) bans localities from restricting the Veterinary Practice Act. This is likely to stop bans on declawing. The general assembly hereby occupies and preempts the entire field of legislation concerning the practice of veterinary medicine regulated under this chapter. A political subdivision of this state is preempted from enacting, maintaining, or enforcing any order, ordinance, rule, regulation, policy, or another similar measure that prohibits, restricts, limits, regulates, controls, directs, or interferes with the practice of veterinary medicine. (prefile)

### PMP

[MO SB842](#) repeals the PMP system that was adopted last year. (prefile)

### Veterinary Telemedicine

[MO SB909](#) This bill places requirements on contractors that work for “platforms” that provide veterinary services. The platform is a website or phone app and only applies if the company does not offer in-person services. The following is the entirety of the text.

2. notwithstanding any other provision of law, a health care contractor shall be treated as an independent contractor and not as an employee of the platform for all purposes under state and local laws, regulations, ordinances, and resolutions if the following conditions are met: (1) the platform and health care contractor agree in writing that the health care contractor is an independent contractor with respect to the platform; (2) the platform does not unilaterally prescribe specific hours during which the health care contractor is required to be available to accept requests for health care services from third-party individuals or third-party entities; (3) the health care contractor is free to accept or reject requests for health care services without being penalized in any form by the platform. this subdivision shall not apply if the health care contractor accepts a request for health care services and subsequently fails to fulfill any of its contractual obligations with respect to the request; (4) the platform does not bar the health

care contractor from engaging in any other occupation or business; (5) the platform does not require health care contractors to use specific supplies or equipment; (6) the platform does not control the means and methods for the services performed by a health care contractor by requiring the health care contractor to follow specified instructions governing how to perform the services. however, the platform may require that the quality of the services provided by the health care contractor meets specific standards and requirements; (7) the agreement or contract between the health care contractor and the platform may be terminated by either the health care contractor or the platform with or without cause; (8) the health care contractor is responsible for the taxes on the health care contractor's own earnings derived from the services performed for third parties through the assignments or connections received through the platform; and (9) all or substantially all of the payment to the health care contractor is based on the performance of services for third parties who have engaged the services of the health care contractor through the platform. 3. nothing in this section shall be construed to permit a health care contractor to provide any health care service without holding any license required under the laws of this state to provide such service. (prefile)

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## New Jersey

### ▲ Passed Bills (1)

#### Vet Vaccinations

[NJ A1219](#) Requires the owner of the animal, if known, to be notified in writing, of: (1) the necessity of the rabies testing; (2) the protocol; (3) the handling of the body; (4) the disposal of the body or its return to the owner; and (5) the possibility of decapitation and, if decapitated, the possible loss of the animal's head after completion of the rabies testing. If the owner is upset about the decapitation of the animal, the option to have only the brain removed shall be provided, unless there is a medical necessity for the entire head to be taken. All notifications under the bill are required to be provided in writing and the bill requires the animal's owner to immediately provide in writing the release, authorization, and consent.

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### ▲ Veterinary Tech - Licensing (2)

[NJ A6154](#) This bill changes from 18 to 12 the required number of credit hours for the Animal Health Technician job title in the civil service and allows for an applicant with five years of experience in the field who does not meet all of the education requirements to substitute their experience for the totality of the education requirements. The bill does not modify any other aspect of the job specification, including the ability to substitute one year of experience in a veterinary office, animal hospital, or animal shelter performing relevant duties for a certain number of credit hours, or the total number of 60 credit hours required overall. This bill aims to address the difficulty in finding applicants for the job title.

[NJ S4168](#) Creates licensure for veterinary technicians. No grandfathering or temporary license. Duties/scope is not delineated. A veterinary technician may, under the responsible supervision of a veterinarian, perform any task for which the technician has been trained as delineated in the American Veterinary Medical Association's essential task list for veterinary technician teaching programs.

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## New York

### ▲ Introduced

#### Companion – Insurance

[NY S07587](#) Creates various regulations on pet insurance policies. Cannot exclude a pre-existing condition; a congenital anomaly or disorder; a hereditary disorder; or a chronic condition. Exclusions are allowed with the statement "Exclusions may apply. Please refer to the exclusions section of the policy for more information." "Other exclusions or limitations may apply. Please refer to the exclusions section of the policy for more information." Provides conditions on policies that have a limit on coverage or a waiting period. A review of denied claims shall be handled by a veterinarian. Premium increases shall be approved by the superintendent and such approval shall be made available to the public at least sixty days before the effective date of such increase.

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## Oklahoma

## ▲ Board Watch

### **FAXING CONTROLLED DANGEROUS SUBSTANCES**

The Board of Pharmacy has approved all veterinary prescriptions that are faxed for a Schedule III-V and are written on the required prescription form (received from the OK Bureau of Narcotics). Schedule II's must be written on the required prescription form and given to the pharmacy to fill.

### **TAKE BACK OF CONTROLLED DANGEROUS SUBSTANCES**

When Controlled Dangerous Substances have been dispensed or prescribed to a patient – the practitioner should not take back any Controlled Dangerous Substances as a convenience for the client. Direct your clients to the OBNDD website at [www.obndd.ok.gov](http://www.obndd.ok.gov) to find the nearest take-back box location listed by zip code; these boxes are for the patient prescribed CDS to be disposed of properly.

### **STATUTORY CHANGES FOR THE VETERINARY PRACTICE ACT**

Definition for Telemedicine/Telehealth; Authority to give scholarships to OK State Veterinary College; deleting tooth floaters and use the term non-veterinary equine dental care technician and cleanup language throughout the statutes, nothing significant just outdated language. The legislature and Governor approved the statutory changes and they took effect November 1, 2021. If you would like to have a copy of the changes, please email [cathyk@okvetboard.ok.gov](mailto:cathyk@okvetboard.ok.gov) and a copy will be emailed to you.

### **RULE PROPOSALS**

#### ***TITLE 775. BOARD OF VETERINARY MEDICAL EXAMINERS***

*CHAPTER 10. LICENSURE OF VETERINARIANS, VETERINARY TECHNICIANS AND ANIMAL EUTHANASIA TECHNICIAN*

*775:10-3-3. Examination Criteria*

*In the event an applicant twice fails any veterinary licensing examination, whether or not taken in the State of Oklahoma, before the applicant can retake any veterinary licensing exam in Oklahoma, the Board may require the applicant to demonstrate successful completion of additional training and clinical competency. Such evidence may include but not be limited to:*

*(1) One additional year of education training in a school approved by the Board.*

*(2) Obtaining licensure in another state or jurisdiction and/or passing the ECFVG/PAVE.*

### **775:10-3-5. Continuing education for renewal of license**

*(a) Before an active license is reissued, the licensee shall, on a form provided by the Board, certify that he or she has obtained twenty (20) hours of continuing education in veterinary medicine or surgery. Acceptable hours of credit will be determined as follows:*

*(1) One hour of credit for each hour of attendance at veterinary college and extension seminars.*

*(2) One hour of credit for each hour of attendance at national, regional, state, or local scientific meetings.*

*(3) One hour of credit for each hour spent developing or presenting original, peer-received presentations or publications. A maximum of four hours credit may be gained by this means.*

## **TITLE 775. BOARD OF VETERINARY MEDICAL EXAMINERS –**

### *CHAPTER 5. PURPOSE AND PROCEDURES [OAR Docket #21-768]*

**RULEMAKING ACTION:** Notice of proposed PERMANENT rulemaking

**SUMMARY:** The proposed revision to chapter 5 include a definition for Program for the Assessment of Veterinary Education Equivalence (PAVE); this is another pathway

for graduates of a non-American Veterinary Medical Association accredited school to become licensed in Oklahoma.

### **775:5-1-2. Definitions**

*The following words and terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise:*

**“Act”** means the Oklahoma Veterinary Practice Act, 59 O.S. Sec. 698.1, et seq.

**“APA”** means Article I and/or Article II of the Oklahoma Administrative Procedures Act, 75 O.S. Sec. 250, et seq.

**“Applicant”** means any person who submits an application for licensure to the Board.

**“Board”** means the Board of Veterinary Examiners.

**“Executive Director”** means the Executive Director of the Board.

**“PAVE”** means the Program for the Assessment of Veterinary Education Equivalence.

**“President”** means the President of the Board.

**“Secretary-Treasurer”** means the Secretary-Treasurer of the Board.

**“Vice-President”** means the Vice-President of the Board.

TITLE 775. BOARD OF VETERINARY MEDICAL EXAMINERS – CHAPTER 5. PURPOSE AND PROCEDURES – SUBCHAPTER 3. LICENSURE OF VETERINARIANS

### **775:10-3-3. Examination Criteria**

*In the event an applicant twice fails any veterinary licensing examination, whether or not taken in the State of Oklahoma, before the applicant can retake any veterinary licensing exam in Oklahoma, the Board may require the applicant to demonstrate successful*

completion of additional training and clinical competency. Such evidence may include but not be limited to:

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(1) One hour of credit for each hour of attendance at veterinary college and extension seminars.

(2) One hour of credit for each hour of attendance at national, regional, state or local scientific meetings.

(3) One hour of credit for each hour spent developing or presenting original, peer-received presentations or publication. A maximum of four hours credit may be gained by this means.

(4) One hour of credit for each hour of study with autotutorial tapes or web based of scientific material related to veterinary practice. A maximum of four hours credit may be gained by this means.

(7) One hour of credit for each approved hour of completed interactive online courses approved by the Board. For all online courses, a copy of the certificate indicating the number of course hours must be ~~submitted to qualify~~ obtained and kept for five years.

(8) For DEA registrants – one hour of credit in pain management or one hour in opioid use or addiction.

*(e) Only those courses, meetings or seminars previously approved and/or offered by the American Veterinary Medical Association (AVMA), the American Association of Veterinary State Boards (AAVSB), Oklahoma State College of Veterinary Medicine or any other state veterinary board or recognized state veterinary association, shall not require previous approval by the Board to qualify as continuing education hours to be counted towards the fulfillment of the twenty (20) required hours, so long as the material offered complies with the requirements of this section.*

*(f) Regional veterinary associations, corporations, individuals or any other organizations must submit course material to the Board for evaluation to qualify for continuing education hours being offered at regional or local meetings, and shall adhere to the following procedure:*

*(1) Submit a published notice of the meeting,*

*(2) Submit a planned program as evidenced by a published agenda,*

*(3) Submit a formal presentation ~~on printed material (i.e. papers, brochures, videos with printed material describing the video contents, etc),...~~*

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## Ohio

### ▲ Board Watch

**The Oregon Veterinary Medical Examining Board will hold a hearing on 01/12/21** for a 5-year consideration of rules from [Chapter 4741-Veterinarians](#).

[4741-1-01 Veterinary technician duties, registration and continuing education requirements](#) The rule is being amended to authorize the acceptance of the American Association of Veterinary State Board's test for veterinary technician education equivalency program.

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## Ontario

### ▲ Board Watch

# Registration Committee Report to Council

## *Supervision Conditions*

The Committee received an update from staff about the changes the Committee made in September 2021 related to supervision for Restricted license holders in the process of completing an entry to practice pathway. The Committee had indicated support of moving in the direction of allowing supervisors to determine the level of supervision for a Restricted license holder after the Restricted license holder completes a period of 480 hours under direct supervision. The Committee also considered and adopted changes to its Licensure with a Supervision Condition (imposed by the Registration Committee) Policy.”

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## Oregon

### ▲ Board Watch

**The Oregon Veterinary Medical Examining Board will hold a hearing on 12/17/21** for proposed changes to §875-030-0040. The purpose of the amendment is to provide consistency regarding the supervision of licensed Certified Veterinary Technicians and non-licensed Technicians when administering an animal identification device. Amending to include all methods by which an animal identification device may be administered to the body of an animal.

RULE SUMMARY: Removing the requirement for “Direct” supervision of Certified Veterinary Technician (CVT) when injecting/implanting/tattooing or tagging an animal with a permanent identification device to be consistent with OAR 875-030-0050 amended 07/21/18 allowing persons who are not licensed as CVT’s to inject or implant a permanent identification device under the “supervision” of a licensed veterinarian. Amending “inject or implant” a permanent identification device to “administer” a permanent identification device clarifying that animal identification devices can be applied to the body of an animal by several methods, including but not limited to tattooing, injecting, implanting, and tagging.

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## Pennsylvania

## ▲ Emergency Rulemaking

[Temporary Order of Designating Dangerous Transmissible Diseases Pg. 7496-7497](#)

The Department of Agriculture (Department) issues this temporary order designating Chronic Wasting Disease (CWD), Viral Hemorrhagic Septicemia (VHS), the neurologic form of Equine Rhinopneumonitis or Equine Herpes Virus (EHV-1), *Brucella canis*, Tilapia lake virus (TiLV), *Streptococcus equi ssp. zooepidemicus* (*S. zooepidemicus*) in swine, Rabbit Hemorrhagic Disease (RHD), and *Leishmaniasis* as “dangerous transmissible diseases.” These designations are made under the authority of the Domestic Animal Law (3 Pa.C.S. §§ 2301— 2389).

*See Pg. 7496-7497 for a detailed list.*

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## Texas

### ▲ Dead Bills (2)

#### State Appropriations

[TX HB159](#) Relating to the issuance of revenue bonds to fund capital projects at public institutions of higher education and the designation of certain appropriated funds allocated to those institutions. Would have granted Texas A&M University \$75 million for the construction of a clinical veterinary teaching and research complex.

[TX HB173](#) Relating to the issuance of revenue bonds to fund capital projects at public institutions of higher education and the designation of certain appropriated funds allocated to those institutions. Would have granted Texas A&M University \$175 million for the construction of a clinical veterinary teaching and research complex.

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## Utah

### ▲ Board Watch

[Veterinary Board meeting and rule hearing re: R156-28 \(Veterinary Practice Act Rule\)](#)

Entity: Department of Commerce

Subject: Occupational Licensing

Meeting Date & Time: 01/20/2022 09:00 AM

Since this rule was last reviewed in November 2016, the rule has been amended three times (September 2018, March 2019, and October 2020). With respect to the proposed rule amendments filed by the Division in September 2018 (DAR File No. 43189), the Division received the following two written/emailed comments. Both of the comments submitted were in opposition to proposed amendments with respect to unlicensed assistive personnel working with and being supervised by a licensed veterinarian. Both of these comments were reviewed by the Division and the Veterinarian Board. As a result of an October 2018 public rule hearing and the written comments received, additional proposed amendments (CPR filing) were filed by the Division in February 2019 which addressed the concerns raised in the October 2018 comments.

This rule should be continued as it provides a mechanism to inform potential licensees of the requirements for licensure as allowed under statutory authority provided in Title 58, Chapter 28. This rule should also be continued as it provides information to ensure applicants for licensure are adequately trained and meet minimum licensure requirements, and provides licensees with information concerning unprofessional conduct, definitions, and ethical standards relating to the profession.

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## Vermont

### ▲ Board Watch

At the 12/09/21 meeting, the Vermont Board of Veterinary Medicine held a public comment session for their final review of the proposed Administrative Rules for Veterinarians.

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## Washington

### ▲ VMA Updates

## Updates from the Washington State Veterinarian's Office

Below is a roundup of updates from the Washington State Veterinarian's Office.

### WSDA authorizes new RHDV2 Vaccine for Rabbits

The Washington State Veterinarian's Office has authorized the use of a new, domestically produced vaccine for [Rabbit Hemorrhagic Disease Virus Type 2 \(RHDV2\)](#), a highly contagious, fatal disease of rabbits.

In 2019, the virus killed hundreds of feral domestic and domestic rabbits in Island and Clallam counties. Since April 2020, a phylogenetically distinct RHDV2 virus has spread across [15 states in the U.S.](#) that is also deadly to wild rabbits.

The vaccination was developed by Medgene Labs of South Dakota. Their product is an inactivated (killed) recombinant subunit vaccine that builds immunity to RHDV2 specific antigenic proteins in the rabbit. Unlike the Eravac and Filavac vaccines imported from Europe, the Medgene product does not depend on live rabbits for its production and Medgene vaccinated rabbits can be differentiated from infected rabbits on a laboratory PCR test.

While the vaccine is under emergency and conditional approval with the U.S. Department of Agriculture, Center of Veterinary Biologics, it must be administered by a Washington-licensed veterinarian. The vaccine is administered as a subcutaneous injection and is a 2-dose regimen, with the booster dose being delivered 21 days following. Established vaccine withdrawal periods (21 days) must be followed for meat-type rabbits used for human or animal consumption.

Veterinarians who would like to order the vaccine should contact [Medgene labs](#) directly at [medgenelabs.com](http://medgenelabs.com) or 605-697-2600. Veterinarians should maintain vaccination records for any routine vaccination and conform to state licensure expectations. Meat-type rabbits vaccination records may be kept at the herd level, similar to other livestock, rather than at the individual animal level.

Once the RHDV2 vaccine gains full licensure, as early as this spring, the vaccine will likely become more accessible. Due to the contagious and extremely virulent nature of this virus, vaccination is critical for disease control to protect our domestic and wild rabbit populations alike.

For more information on RHDV2, biosecurity, and prevention, please visit [agr.wa.gov](http://agr.wa.gov) and search for the [Rabbit Hemorrhagic Disease](#) webpage.

**African Swine Fever (ASF):** This animal disease continues to pose an ongoing threat. The Dominican Republic has slaughtered tens of thousands of pigs after detecting outbreaks of ASF in 14 of the country's 32 provinces in early August with estimated economic losses of around \$180 million.

On September 20, the U.S. Department of Agriculture (USDA) reported a positive case of ASF in Haiti. USDA continues to assist with surveillance, control, and eradication efforts in both domestic and feral swine. In addition, USDA issued a Federal Order to establish additional requirements for dogs imported into the United States for resale from countries where ASF exists because ASF can be transmitted via dogs' fur and bedding, representing a possible pathway for the introduction of disease.

**Epizootic Hemorrhagic Disease Virus (EHDV) and Bluetongue virus (BTV):** The Washington State Department of Fish and Wildlife is mapping positive cases of EHDV and BTV throughout the state ([Hemorrhagic Surveillance 2021 – Google My Maps](#)). White-tailed, mule deer, and bighorn sheep continue to die of the disease. WSDA has had several reports of EHDV and BTV in domestic sheep, cows, yaks, and an alpaca since July.

**Animal Disease Traceability Program:** In the last few years, WSDA has worked hard to build infrastructure and promote Animal Disease Traceability and support private veterinarians by providing free RFID tags, handheld readers, and access to free animal health records in the field and at public livestock markets. Here are some facts to show our progress in the last year:

- 59,690 (75 percent) of all tags distributed to 62 veterinarians were official 840 RFID. Only 20 veterinarians are still requesting metal tags.

- 5,031 (80.3 percent) of CVIs received from 803 accredited vets in 45 states were eCVIs and only 1,232 (19.7 percent) were paper.
- 500+ Washington veterinarians and 74 authorized users (technicians) have accounts in the Oregon Department of Agriculture, [Oregon Veterinary Information System](#).
- 89 RFID Stick Readers have been distributed to Washington veterinarians.
- 5 RFID readers have been distributed to support fairs.
- 6 public livestock markets in the state have the Saletime system vet module and receive free RFID tags and readers.
- 6 slaughter facilities in the state have the capability to retire all RFID tags information electronically when animals are harvested. WSDA captures 99 percent of animals harvested in the state.
- • Approximately 30,000 dairy bull calves that move interstate annually have RFID tags placed prior to movement.

### **Extended Equine Certificate of Veterinary Inspection**

Some of you may remember a few years ago when horse owners had an “equine passport” health certificate available to them that allowed movement for one animal for six months. Most of these were done for rodeo or show animals that moved many times in the season. At the end of the season, the owner was required to send an itinerary of their movements during those six months.

These were problematic in that the itinerary was after the fact and most were never sent back to the state offices. If those animals were exposed to a disease, it was difficult or impossible to know where they had been transported to. Eventually, the states that were using this paper-based format quit accepting them and went back to the 30-day certificate of veterinary inspections (CVI). These could get quite expensive for the owner as the animal moved many times in one month to different shows, rodeos, events.

A team of veterinarians started working on the development of a replacement that addressed the shortcomings of the old passports. After bringing proposals forward and getting input from state veterinarian offices across the country, Global Vet Link (GVL) launched an online extended equine certificate of veterinarian inspection (EECVI).

To get an EECVI, private veterinarians must have an account with GVL. The veterinarian enters current Equine Infectious Anemia (EIA) testing information and completes some basic data. The veterinarian must do some client education so when the movement occurs, the owner logs on to their own portal and attests that the animal is healthy. They then provide the itinerary and receive a permit for that specific movement.

GVL has made it easy with help center online tutorials or live training sessions with technicians. Recently a few upgrades have been made to improve a few areas of compliance. In all, at this time, 30 states are participating and those are on the GVL website.

State animal health officials can access the data on horses permitted to enter, and in the case of a disease outbreak, notify the owners. The link for more information is <https://www.globalvetlink.com/eecvi/>

There are some other companies with plans to release something similar, but as of this writing, GVL is the only company that offers the EECVI.

The extended equine health certificate is a nice tool to offer clients or to ask your private veterinarian about if you travel frequently to rodeos or shows in the summer.

*By Dr. Amber Itle, Interim Washington State Veterinarian, and Dr. Ben Smith, Field Veterinarian Supervisor*

## **President's Message – Defining the VCPR in a Telehealth Post-Pandemic World**

Can it be that 2021 is already closing in on the holidays and almost two years since the first COVID-19 case made national news from here in Washington state? The Pandemic has simultaneously become something we are weary of hearing about from a variety of daily news media outlets and something we cannot ignore as we brace ourselves to adapt and respond to the impacts it has had on every aspect of our lives. The veterinary profession has seen rapid paradigm shifts because of the

Pandemic including the embracement of telehealth technology, enhanced safety measures with curbside check-in and video chat exams, and the loosening of

state continuing education and licensing requirements. While these changes were initially implemented as a rapid means to enhance staff and client safety, we've now had enough time with these new normals to determine what will be incorporated long-term into how we practice.

In my own practice environment at a municipal animal shelter, we added artificial intelligence-based telehealth triaging program to assist us with caring for animals in our foster care program, whom we manage as an extension of the shelter medicine service. Telehealth has allowed us to provide a 24-hour based response to foster parents with new medical and behavioral concerns and gives them initial information about the signs they are observing. Based on the information entered, the system then uses an AI algorithm to determine the urgency level and sends an immediate notification to the veterinary staff on call. We also use this program to provide post-operative care to clients of our public spay/neuter clinic, many of whom do not have a regular veterinarian and who have transportation challenges. The integration of telehealth services into our practice has elevated the level of care we can provide and makes documentation and communication rapid, simple, and versatile. Pandemic or not, telehealth is here to stay now that we have come to rely on this technology for the daily delivery of care.

Telehealth ventures have enjoyed a wave of temporary modifications to the Valid Client Patient Relationship (VCPR) over the past 18 months which have allowed veterinarians to deliver services such as medication refills when access to care was often limited. Many state Veterinary Boards of Governors, including Washington's own, put forth statements that the standard VCPR requirements would either be relaxed or not enforced for a specified period of time due to the Pandemic. The federal VCPR, which requires a physical exam in order to prescribe many drugs for animal patients, also temporarily relaxed the requirement. The AVMA states in Section III of the [AVMA's Principles of Veterinary Medical Ethics](#) that in order to establish a VCPR:

*(1) the veterinarian has assumed the responsibility for making clinical judgments regarding the health of the patient and the client has agreed to follow the*

*veterinarians' instructions;*

*(2) the veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a **timely examination** of the patient by the veterinarian, or medically appropriate and **timely visits** by the veterinarian to the operation where the patient is managed;*

*(3) the veterinarian is readily available for follow-up evaluation or has arranged for veterinary emergency coverage, and continuing care and treatment;*

*(4) the veterinarian provides oversight of treatment, compliance, and outcome; and*

*(5) patient records are maintained.*

Many state practice acts have adopted this seminal definition and **require a physical exam to establish the VCPR** along with timely visits.

It is this in-person requirement that is now coming under fire across multiple states, with a variety of private entrepreneurs and corporate veterinary medicine companies bringing requests to open state veterinary practice acts in an effort to modify the VCPR definition. There are obvious advantages to this proposal, including those that benefit us as practitioners such as expanded accessibility for clients, ability to dispense medications when appointment slots are not available, increasing clientele regardless of their physical location. But there are great concerns as well. Our patients cannot talk to us and tell us what they are feeling and

thinking. We are severely limited without a hands-on review of their condition as there is simply no substitute for what we can learn from all our senses: what we see – yes – but also what we smell, feel, hear (hopefully not taste!) all inform our differentials and diagnoses and may not be noticed or reported by owners. Corporate practices are seeing and seizing the opportunity to expand business across state lines and beyond the exam room through the relaxation of the physical exam requirement, and there are already companies cropping up that are

filling this telehealth space by employing veterinarians to answer questions and give advice online. Currently, companies are largely limited to just that – advice – but with legislative or regulatory changes, they could begin to diagnose, treat, and dispense medications as is now the norm in human medicine. Since 2016, nearly 100% of states have modified their human medical practice acts to allow telehealth for physicians including the establishment of a VCPR solely by virtual means and in some cases, across state lines.

Because of recent attempts to relax the VCPR in other states by telemedicine corporations and advocacy groups, the WSVMA Board of Directors took action and voted at their October 19, 2021 meeting to oppose efforts to eliminate the physical exam as a condition of establishing the VCPR.

The WSVMA works diligently to keep abreast of upcoming legal proceedings that may affect you as veterinary professionals and as business owners through its legislative advocacy program. As your WSVMA Board President, I want to hear from you about this topic and the benefits you see or the concerns you have around the opening of the Washington Veterinary Practice Act which would allow for changes in the definition of the VCPR. Does the possibility of no physical exam requirement change how you would practice medicine? Even those of us in non-private practice arenas can feel the ripple effects as these changes will broadly impact our profession.

*By Dr. Jennifer Bennett, WSVMA President.*

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## **Wisconsin**

### **▲ VMA Updates**

#### **Free RFID Tags Available for Cattle and Bison Replacements**

*By Dr. Gretchen May, Veterinary Program Manager, Wisconsin Department of Agriculture, Trade and Consumer Protection*

A limited supply of free radio frequency identification (RFID) tags is available from the United States Department of Agriculture (USDA) to Wisconsin producers, markets,

and dealers, as well as to veterinarians for use in their clients' animals. The free tags, available for a limited time, are intended for use in replacement cattle and bison only.

USDA and the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) continue to encourage the use of RFID tags as official identification. RFID tags result in better protection of the long-term health, marketability, and economic viability of livestock. They also allow for better disease control management through faster information sharing.

Important points to remember:

- The free RFID tags can be ordered through [DATCP's veterinary supply catalog](#).
- Tags can be ordered in multiples of 100.
- Your premises identification number (PIN) is required to order tags. If you do not have a PIN or are not sure, go to the [Wisconsin Livestock Identification Consortium website](#) or call (888) 808-1910.
- The tags are available to veterinarians for clients' animals only. Veterinarians who redistribute the tags by leaving them at the farm need to become an animal identification number (AIN) device manager. For more information, go to the [USDA website](#) and click on the image titled "How to Become an AIN Device Manager."
- As with the metal National Uniform Eartagging System (NUES) tags, veterinarians are required to keep a record of where tags are used, including the date, farm name, address, PIN, and tag number. For the free RFID tags, veterinarians are required to submit those records to DATCP by email to [sharonm.haberkorn@wisconsin.gov](mailto:sharonm.haberkorn@wisconsin.gov) or by mail to DATCP-DAH, P.O. Box 8911, Madison, WI 53708-8911.
- White button tags are available for producers, markets, and dealers. White button tags and orange button tags (which can be used for identification when vaccinating against brucellosis) are available for veterinarians. Submitted brucellosis vaccination reports can serve as a record of tag application if it is clearly indicated on the reports that they also serve as a tag application record. Orange tags are not required for

brucellosis vaccination as long as the animal is officially identified when vaccinating, however they can only be used for this purpose.

- Specific tags can be requested (Allflex, Datamars, Y-TEX). If no specific type of tag is requested or the requested type of tag is not available, orders will be filled with available tags.
- A limited supply of taggers is available at no charge for first-time orders of specific manufacturers' tags. Taggers may also be purchased directly from the manufacturer or their distributor. It is recommended to use a tagger from the same manufacturer as the tags.

Currently, there is no timeline to officially transition to RFID tags. Although the use of RFID is encouraged, the metal official ID tags are still acceptable.

CONTACT US

HEADQUARTERS, KANSAS CITY

**Need help?**

DATCP has low frequency readers available for veterinarians. To improve accuracy and efficiency in reading official identification, DATCP recommends that when using RFID tags, you also utilize the technology these tags offer. DATCP also encourages you to use RFID readers to read the tags, and to use electronic certificates of veterinary inspection (eCVIs) into which the data collected by the readers can be digitally incorporated. Systems are also available to incorporate the data collected by readers for brucellosis vaccination and TB testing into those regulatory documents.

For more information on low-frequency RFID readers for veterinarians, [click here](#).

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