

ARC6523C Rulemaking related to veterinarian/client/patient relationships

The Veterinary Medicine Board hereby amends Chapter 1, “Description of Organization and Definitions,” and Chapter 12, “Standards of Practice,” Iowa Administrative Code.

Effective 10/26/22

Some of the requirements for a veterinarian/client/patient relationship (VCPR), including a veterinarian’s responsibilities in an emergency setting, were previously set forth in the American Veterinary Medical Association’s document, referenced in the rules, titled Principles of Veterinary Medical Ethics. The Board removed references to the document and adopted its own ethics rules in a separate rule-making, ARC 6212C, IAB 2/23/22, which became effective on March 30, 2022. The rule requires a VCPR before a veterinarian may provide medical care or prescribe medications to a patient.

The Board adopted additional amendments to the VCPR requirements on December 30, 2021, in ARC 6171C, IAB 2/9/22, which require a physical examination of the patient or visits to the premises within the past 12 months to establish a VCPR. The Administrative Rules Review Committee (ARRC), at its March 7, 2022, meeting, delayed the effective date of that rule-making by 70 days from April 1, 2022, to June 10, 2022.

This rule-making addresses public comments made during the previous two rule-makings and at Board meetings. Currently, a VCPR is established when three criteria are met. This rule-making clarifies and revises two of the criteria to allow a VCPR for groups of animals and allows a licensed veterinarian with a VCPR to designate another licensed veterinarian to consult or provide backup care. This rule-making clarifies and addresses the responsibilities of veterinarians who provide services in an emergency setting, which were previously explained in the rule-referenced document. This rule-making establishes an applicability date to avoid retroactive application of the 12-month requirement as required in ARC 6171C.

This rule-making was adopted by the Board on August 25, 2022.

b. The licensed veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. Sufficient knowledge means that the licensed veterinarian has recently seen or is personally acquainted with the keeping and care of the patient by virtue of a physical examination of the patient within the past 12 months or a visit to the premises where the patient is kept within the past 12 months; and any of the following:

(1) A physical examination of the patient within the past 12 months;
(2) A professional visit within the past 12 months to the premises where the patient or representative patients are housed, kept, located, or grazed; or

(3) The licensed veterinarian has been temporarily designated by a licensed veterinarian, who has a prior veterinarian/client/patient relationship, to provide reasonable and appropriate medical care. The veterinarian making the designation shall have met the requirements of either subparagraph 12.1(1)“b”(1) or 12.1(1)“b”(2), and the designated veterinarian must have access to the patient’s medical records.

The 12-month time period in paragraph 12.1(1)“b” shall not apply until June 14, 2023.

c. The licensed veterinarian is readily available or provides for follow-up care in case of adverse reactions or failure of the regimen of therapy, or, if unavailable, has designated another available licensed veterinarian who has access to the patient’s records to provide reasonable and appropriate medical care.

12.1(2) A valid veterinarian/client/patient relationship cannot be established by contact solely based on a telephonic or electronic communication.

12.1(3) In the absence of a veterinarian/client/patient relationship:

a. Any advice which is provided through electronic means must be general and not specific to a particular animal or its diagnosis or treatment.

b. Advice and recommendations may be provided via veterinary telephonic or electronic communication in an emergency, but only until the animal can be examined in person by a licensed veterinarian.

12.1(7) In emergencies, a veterinarian has an ethical responsibility to provide essential services for an animal when necessary to save the animal’s life or relieve extreme suffering, subsequent to a client agreement (or until such agreement can be obtained when a client is not present or cannot be reached). Such emergency care may be limited to relieve extreme pain or suffering, or to stabilization of the patient for transport to another source of animal care or euthanasia when deemed necessary by the veterinarian. When a veterinarian cannot be available to provide services, the veterinarian should provide readily accessible information to assist a client in obtaining emergency services, consistent with the needs of the locality. In an emergency, if a veterinarian does not have the expertise or the necessary equipment and facilities to adequately diagnose or treat a patient, the veterinarian should advise the client that more qualified or specialized services are available elsewhere and offer to expedite referral to those services.

12.1(8) A licensed veterinarian who in good faith engages in the practice of veterinary medicine by rendering or attempting to render emergency or urgent care to a patient when a client cannot be identified, and a veterinarian/client/patient relationship is not established, shall not be subject to discipline based solely on the veterinarian’s inability to establish a veterinarian/client/patient relationship.