



Washington

## Washington Board of Veterinary Governors – [June 3, 2024 Minutes](#)

### Rulemaking –

**Veterinary Telemedicine (VCPR)** The purpose of this rulemaking is to consider updates to VCPR/Telemedicine rules. WAC 246-933-200 and 246-933-010.

Subcommittee Members: Drs. Debra Sellon, Andrea Sanchez-Chambers, Dordor Vang 5.1. Open for public comment.

Ken Gordon: WSVMA agrees with the way it is written and would like it to be passed quickly. ASPCA wanted the removal of VCPR in other states and passed in California, they are bringing it to legislation. WSVMA has 5 minor administrative suggestions in terms of hopefully improving the language. The process of going through the review and the comments was incredibly thorough and robust. We would encourage you to pass this proposed code now, although we understand that you might have to go back for public comment. The reason we're pushing you to pass it as soon as possible is that we are aware of this legislation that's floating around. The ASPCA nationally is promoting the removal of in-person VCPR. They promulgated the legislation, and it was passed in California last year, and Florida this year; they tried it also in Colorado, but it didn't pass. They have tabled that same legislation with some of their representatives and we've been having meetings with them this year. It's essentially the same legislation that passed in California. We are very concerned about that; we think the best way of dealing with this is to have the Veterinary Board of Governors put in place this carefully nuanced set of rules that allow for telemedicine with very strong guidelines.

Britany Bensi: On behalf of the ASPCA, can confirm that the ASPCA has been in discussions around legislative efforts, at the state level within Washington however we are committed to working with the board and really engaged in the discussion and rule-changing process. Access to care and keeping pets and people together amidst a growing shelter crisis in Washington state is where the ASPCA priorities lie, and we are looking at every avenue for increasing access to care and removing barriers for the one in three pets who are not receiving regular care. We have not stated that federal rules will not apply should there be a state VCPR role change, however, we have shared findings from the FDA in which the FDA has indicated deferral to state VCPR rule changes. Overall, we are very focused on the on-label prescription availability and

treatments that are under state management and rules. We appreciate the board's consideration that the assumption that achieving an in-person VCPR is a low bar for pet owners that this is based on a certain position of privilege. There are several families who love their pets dearly who care for them but for one of a myriad of reasons are unable to act as appropriate veterinary care. According to the AVMA, 75% of veterinary prescriptions may be considered extra labels. At the very least, that leaves a quarter of prescriptions that may be offered to provide necessary care for pets who are unable to access it otherwise. One example of care unavailable under the current rule based on a request that the VCPR subcommittee meeting has recently shared with us regarding veterinary care gaps in Indigenous communities. Who shared that expanding allowances for a VCPR would provide meaningful access to flea and tick medications and it's a key priority for these communities. This would not only ease the suffering and disease risk for reservation animals but would decrease the spread of tick-borne illnesses in the human population and allow these often-free roaming companion animals to be invited back into their home. Another example is taken back to one provided during the VCPR subcommittee meeting of a 74-year-old woman in Island counties whose 80-pound dog is terrified of going to the vet and has recently developed severe arthritis. This situation is not at all uncommon, yet the vet retaining an in-person and VCPR requirement, particularly one required on an annual basis, creates an overwhelming barrier to care for these types of families. Last, an example of a woman whose dog developed terrible motion sickness and anxiety anytime she had to get into the car following an accident. She had to wait 4 weeks for an in-person exam to show a video of her dog getting sick on her phone to obtain treatment. There are, of course, numerous examples, where telehealth would not be an appropriate tool for comprehensive care. However, there are many instances in which it can be appropriate and plenty of others would in which it may be the only appropriate tool available. Respectfully request the board consider these examples in conjunction with the fact that there has not been a single recorded harm tied to the use. Thank you.

5.2. Dr. Sanchez gave an update on the recent VCPR subcommittee and reviewed the history of this rulemaking. The board reviewed and discussed the 7 different areas that they have changed/updated. The Board discussed creating a FAQ page for further clarification of the rule.

5.3. VCPR subcommittee will meet June 17, 2024, to review feedback and discuss possible revisions and/or telemedicine standards in WAC 246-933-200 Veterinary client-patient relationship.

**Animal Healthcare Tasks** The purpose of this rulemaking is to consider updates to Animal Healthcare Tasks WAC 246-935-040,010, and WAC 246-937-010

Subcommittee Members: Drs Katherine Bibi, Andrea Sanchez-Chambers, Ms. Kim Morgan, LVT

6.1. Open for public comment. No comments at this time.

6.2. Dr. Katherine Bibi gave a progress update on the Animal Healthcare Tasks Subcommittee

6.3. The Board reviewed and discussed draft rule language.

6.4. Animal Healthcare Tasks Subcommittee scheduled the next meeting for June 12th at 7 am.

**Animal Manipulation/Chiropractic Task Force Update** VBOG/Chiropractic Board task force to propose animal manipulation rule/law updates.

Task Force Members: Drs. Debra Sellon, Aja Senestraro

7.1 Dr. Aja Senestraro gave an update from the recent Chiropractic Task Force Meetings.

7.2 The board discussed adding an additional representative to the task force, and Dr. Bibi agreed to join the task force.

Public Comment: J

Julie Page: Equine veterinarian and has been in animal chiropractic for the past 18 years. Being out there in the field dealing with human chiropractors, seeing a lot of manipulation, diagnosing, prognosis, all these kinds of things that vets do every day, and having them misdiagnosed. For example, a string halt for a shiver's horse and they told people that these things can be fixed and as we know, they can't. Whether it is on social media or out here in the real world, we're seeing it all the time that chiropractor's education for our animals is very minimal. The 6 weeks of education that they go through compared to what Veterinarians go through to learn to chiropractic does not equvalate. Can I go to chiropractic school for 6 weeks and work on humans? I'm here to really advocate for our animals that these people are out there, they might have the technique, they might have the feel, they might have those kinds of things, but it is something that we as veterinarians all learn and can put into daily practice. Veterinarians can go to school for these specialties and currently, Chi is the only university that offers these courses only to veterinarians, Chi University is in Florida. As a veterinarian going through their acupuncture program right now and seeing how they advocate for us as veterinarians only doing this because of the misdiagnosis and mistreatment. Misadvising clients is huge. I advocate for us

as veterinarians to keep this in our scope because of our licensure and to protect our animals and our clients.

Ken Gordon: Attended the joint committee meeting on April 22, 2024, and thought it was a great committee meeting. WSVMA is just watching this carefully, the metrics that we'll be using to formulate our final position on the legislation that comes forward are the care of animals and the safety of humans. Which is not inconsistent with the mission of the Veterinary Board of Governors. We are very concerned about the meeting of the chiropractic committee last week. Their approach to record-keeping to reportable diseases, to allergens, to radiography to coordination with, veterinarians which they consider to be burdensome, and their inclusion of all species within the proposed code made us very concerned. They seemed like they were looking at the different bits of legislation around the country and choosing the lowest common denominator for each of those factors. We're not opposing or supporting anything at the moment. But in terms of our matrix, the care of animals, and the safety of humans, we are very concerned with the approach that we saw at the meeting last week.

**Fluoroscopic X-ray Rules Advisory Committee** The Office of Radiation Protection is considering updates related to fluoroscopic X-ray (WAC 246-225-050) to address advancements in technology. WAC 246-255-020, 030; WSR 24-03-137.

8.1 Ms. Poppy Budrow gave an update from the April 24, 2024, RAC Meeting.

8.2 The board discussed sending representatives to the RAC meeting. Dr. Sanchez moved for Dr. Sellon and Dr. Bibi to attend these meetings along with a subject expert to represent VBOG. Motion seconded and passed unanimously.

8.3 The next RAC meeting will be June 11, 2024, from 2-4 pm, repeating every five weeks for six months.