



November 6, 2018
Board Room 4
9:00 a.m.

Agenda
Virginia Board of Veterinary Medicine
Full Board Meeting

Call to Order – Autumn Halsey, LVT, Board President

- Welcome
- Emergency Egress Procedures

Ordering of Agenda – Ms. Halsey

Introduction of New Staff Members – Leslie Knachel

Public Comment – Ms. Halsey

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of Minutes

Pages 3-17

- March 14, 2018, Opioid Advisory Panel
- March 15, 2018, Full Board Meeting
- April 16, 2018, Consideration of Possible Resolution (Case No 155670)
- April 17, 2018, Formal Hearing (Case No. 179011)
- June 29, 2018, Regulatory Advisory Panel - Telehealth
- October 2, 2018, Conference Call (Case No. 189441)

Agency Director’s Report - David Brown, D.C.

Legislative/Regulatory Report – Elaine Yeatts/Ms. Knachel

Pages 18-33

- Petition for Rulemaking – Amendment to continuing education requirements (action item)
- Regulatory Advisory Panel on Telehealth Report

Discussion Items

Pages 34-65

- Prescription Monitoring Program Presentation and Update – **Ralph Orr**
- Use of Agency Subordinate – **Ms. Knachel**
- Inspection Process – **Ms. Knachel**
- Attendance at American Association of Veterinary State Boards 2018 Annual Meeting – **Ms. Halsey**
- Guidance Documents – **Ms. Knachel**
 - 150-5: Use of Compounded Drugs in Veterinary Medicine – Revised 7/1/18
 - 150-13: Controlled Substances (Schedule II – VI) in Veterinary Practice – Revision

Board Member Training

Pages 66-78

- Health Practitioner’s Monitoring Program – **Peggy Wood**
- Confidentiality – **Kelli Moss/Leslie Knachel**
- FOIA – **Ms. Knachel**
- Virtru Encryption – **Anthony Morales**
- Per Diem Policy – **Ms. Knachel**
- Access Badges for Board Members – **Ms. Knachel**

President’s Report – Ms. Halsey

Board of Health Professions' Report – Mark A. Johnson, DVM

Staff Reports

Pages 79-81

- **Executive Director's Report – Ms. Knachel**
 - Paperless Workgroup
 - Board Member Handbooks
 - Travel and Hotel Reservations
 - Panel Participation at Virginia Veterinary Medical Association Annual Meeting
 - **Update on faculty/intern/resident licensure – Ms. Knachel**
 - **Board Calendar – Ms. Knachel**
 - **Discipline Report – Kelli Moss**
-

New Business – Ms. Halsey
Officer Elections

Next Meeting – March 7, 2019

Meeting Adjournment – Ms. Halsey

This information is in **DRAFT** form and is subject to change.

**BOARD OF VETERINARY MEDICINE
REGULATORY ADVISORY PANEL – OPIOID PRESCRIBING
MEETING MINUTES
MARCH 14, 2018**

- TIME AND PLACE:** The Regulatory Advisory Panel (RAP) meeting was called to order at 10:03 a.m. on Wednesday, March 14, 2018, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Room 2, Henrico, Virginia.
- PRESIDING OFFICER:** Ellen Hillyer, DVM, Board Member
- MEMBERS PRESENT:** Bayard Rucker, III, DVM, Board Member
Lisa Carter, DVM, Virginia Veterinary Medical Association of Virginia (VVMA)
Kelly Gottschalk, DVM, VVMA
Noah Pavlisko, DVM, DACVAA, Assistant Professor, Anesthesiology VA-MD College of Veterinary Medicine
- MEMBERS NOT PRESENT:** All members were present.
- QUORUM:** With all members of the Panel present, a quorum was established.
- STAFF PRESENT:** Barbara Allison-Bryan, M.D., Chief Deputy Director
Leslie L. Knachel, Executive Director
Elaine Yeatts - Senior Policy Analyst
Carol Stamey, Operations Manager
- OTHERS PRESENT:** No others were present.
- INTRODUCTIONS:** Dr. Hillyer requested that the RAP members and staff introduce themselves. Ms. Knachel introduced Dr. Allison-Bryan as the new Chief Deputy Director.
- DISCUSSION:** **Regulations for Prescribing Opioids**
Consideration of comments
The RAP reviewed, discussed and determined that the Emergency Regulations on Prescribing Opioids required changes based upon consideration of public comment. The RAP requested that staff amend the Emergency Regulations (see Attachment A).
- Dr. Rucker moved to recommend the proposed changes to the full board for approval as an exempt action. The motion was seconded and carried.
- ADJOURNMENT:** The meeting adjourned at 11:50 a.m.

Ellen G. Hillyer, D.V.M.
Chair

Leslie L. Knachel, M.P.H
Executive Director

Date

Date

Draft

Attachment A

Recommended Amendments for Board Consideration

18VAC150-20-174. Prescribing of controlled substances for pain or chronic conditions.

A. Evaluation of the patient and need for prescribing a controlled substance for pain.

1. For the purposes of this section, a controlled substance shall be a Schedules II through V drug, as set forth in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), which contains an opioid [to include tramadol and buprenorphine] .

2. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. Prior to initiating treatment with a controlled substance, as defined, the prescriber shall perform a history and physical examination appropriate to the complaint and conduct an assessment of the patient's history as part of the initial evaluation.

3. If a controlled substance is necessary for treatment of [acute] pain, the veterinarian shall prescribe it in the lowest effective dose appropriate to the size and species of the animal for the least amount of time. The dose shall not exceed a 14-day supply.

B. If the prescribing is within the accepted standard of care, a veterinarian may prescribe a controlled substance containing an opioid for management of [chronic] pain, terminal illnesses, or certain chronic conditions, such as chronic heart failure, chronic bronchitis, osteoarthritis, collapsing trachea, or related conditions.

1. For prescribing a controlled substance for management of pain after the initial 14-day prescription [referenced in subsection A of this section] , the patient shall be seen and evaluated for the continued need for an opioid. [For the prescribing of a controlled substance for terminal illnesses or certain chronic conditions, it is not required to see and reevaluate the patient for prescribing beyond 14 days.]

2. For any prescribing of a controlled substance beyond 14 days, the veterinarian shall develop a treatment plan for the patient, which shall include measures to be used to determine progress in treatment, further diagnostic evaluations or modalities that might be necessary, and the extent to which the pain or condition is associated with [physical] impairment.

3. For continued prescribing of a controlled substance, the patient shall be seen and reevaluated at least every six months, and the justification for such prescribing documented in the patient record.

C. Prior to prescribing or dispensing a controlled substance, the veterinarian shall document a discussion with the owner about the [known risks and benefits of opioid therapy, the] responsibility for the security of the drug [] and proper disposal of any unused drug.

D. Continuation of treatment with controlled substances shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the veterinarian shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

E. [Prescribing of buprenorphine for outpatient administration shall only occur in accordance with the following:

1. The dosage, quantity, and formulation shall be appropriate for the patient; and

2. The prescription shall not exceed a seven day supply. Any prescribing beyond seven days shall be consistent with an appropriate standard of care and only after a reexamination of the patient as documented in the patient record.

F.] The medical record for prescribing controlled substances shall include signs or presentation of the pain or condition, a presumptive diagnosis for the origin of the pain or condition, an examination appropriate to the complaint, a treatment plan, and the medication prescribed to include the date, type, dosage, and quantity prescribed.

**VIRGINIA BOARD OF VETERINARY MEDICINE
MINUTES OF FULL BOARD
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 3
HENRICO, VA
MARCH 15, 2018**

- TIME AND PLACE:** The Board of Veterinary Medicine (Board) was called to order at 9:00 a.m., at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Room 2, Henrico, Virginia.
- PRESIDING OFFICER:** Autumn N. Halsey, L.V.T., President
- MEMBERS PRESENT:** Tregel M. Cockburn, D.V.M.
Ellen G. Hillyer, D.V.M.
Mark A. Johnson, D.V.M.
Steven B. Karras, D.V.M.
Bayard A. Rucker, III, D.V.M.
- MEMBERS NOT PRESENT:** Mary Yancey Spencer, J.D., Citizen Member
- QUORUM:** With six members of the Board present, a quorum was established.
- STAFF PRESENT:** David E. Brown, D.C., Director
Barbara Allison-Bryan, M.D., Chief Deputy Director
Leslie L. Knachel, Executive Director
Charis Mitchell, Assistant Attorney General, Board Counsel
Elaine Yeatts, Senior Policy Analyst
Amanda E. M. Blount, Deputy Executive Director
Michelle Schmitz, Director, Enforcement
Pam Twombly, Deputy Director, Enforcement
Marta Ann Spruill, Case Intake Analyst, Enforcement
Melody Morton, Inspections Manager, Enforcement
Ralph Orr, Director, Prescription Monitoring Program (PMP)
Carol Stamey, Licensing Operations Manager
- OTHERS PRESENT:** Robin Schmitz, Virginia Medical Association of Virginia (VVMA)
Jim Penrod, Executive Director, American Association of Veterinary State Boards (AAVSB)
- ORDERING OF AGENDA:** No changes were made to the agenda.
- PUBLIC COMMENT:** No public comment was presented.
- APPROVAL OF MINUTES:** Dr. Karras moved to approve the meeting minutes for the following meetings as presented:
- October 24, 2017, Full Board;
 - January 17, 2018, Conference Call;
 - February 8, 2018, Public Hearing;
 - March 1, 2018, Formal Hearing (Case Nos. 174333 & 181624);
 - March 1, 2018, Consideration of Possible Resolution; and
 - March 1, 2018, Formal Hearing (Case Nos. 181974 & 183874).
- The motion was seconded and carried.
- DIRECTOR'S REPORT:** Dr. Brown reported on the following items:

- Recent gubernatorial appointments;
- Introduction of Dr. Allison-Bryan, Chief Deputy Director;
- Acquisition of additional space and move of the agency's business operations; to the first floor;
- Announcement of Lisa Hahn as the new agency Chief Operating Officer;
- Online complaint form; and
- New agency logo.

Dr. Brown also thanked the Board and Ms. Knachel for its work to address the opioid crisis.

PRESENTATION ON AAVSB STATE BOARDS – JAMES PENROD, AAVSB EXECUTIVE DIRECTOR:

Mr. Penrod presented an overview of the services offered by the AAVSB and its recent activities.

LEGISLATIVE/REGULATORY UPDATE:

2018 Legislative Update

Ms. Yeatts provided a brief summary of the 2018 legislative session effecting the Board of Veterinary Medicine.

Ms. Yeatts introduced Ralph Orr, Director of the PMP Program. Mr. Orr provided an overview of the PMP registration and reporting processes as it relates to veterinarians based on recent legislation. Ms. Knachel and Mr. Orr commented that educational materials will be forthcoming.

2019 Legislation: § 54.1-3807(7) amendment to include license surrender in lieu of disciplinary action

Ms. Yeatts presented a proposed revision to § 54.1-3807(7) of the *Code of Virginia* to add the language "or has surrendered his license or registration in lieu of disciplinary action."

Dr. Hillyer moved to adopt the proposal for submission as part of the Department of Health Professions' 2019 legislative package. The motion was seconded and carried.

Faculty and Intern/Resident Licenses – Update

Ms. Yeatts informed the board that the regulations requiring licensure of Faculty and Intern/Residents was at the Secretary's office. She noted that the *Code of Virginia* required licensure effective July 1, 2018.

Petition for Rulemaking – Administration of Drugs by Unlicensed Assistants

Ms. Yeatts presented the petition for rulemaking. She indicated that the Board could initiate rulemaking to make changes to the regulations or it could deny the petition. The Board discussed the petition.

Dr. Hillyer moved to deny the petition because the Board believes the delegation of administration of Schedule II through V drugs to unlicensed assistants was not consistent with protection of public health. The motion was seconded and carried.

Prescribing of Opioids

Ms. Yeatts noted that the Regulatory Advisory Panel had met to consider public comment and recommended changes to the Opioid regulations for the board's consideration and adoption.

- **Consideration of comments and recommendations from the Regulatory**

Advisory Panel

Following a review of the recommended changes to the proposed opioid regulations, the Board recommended that 18VAC150-20-174(A)(3) be revised by adding "initial" before the word "dose."

- **Adoption of final regulations**

Dr. Rucker moved to adopt the final opioid regulations as amended. The motion was seconded and carried.

Changes to 18VAC150-20-185: Consideration of amendment to change reinstatement contingent on re-inspection

Ms. Knachel requested that the Board consider making a regulatory change to the 10VAC150-20-185(C) by eliminating the requirement for the reinstatement of a veterinary establishment registration be contingent on a reinspection. She indicated that the number of reinstatements every year might prevent a timely reinspection.

The Board discussed recommended changes and requested that the reinspection remain as part of the process, but not have reinstatement contingent on the reinspection. Ms. Yeatts suggested an amendment to add a statement that "reinstatement shall require an inspection." She indicated that the regulatory change could be completed by a fast track action.

Dr. Rucker moved to adopt the proposed language as amended in 18VAC150-20-. The motion was seconded and carried.

DISCUSSION ITEMS:

Revision to Guidance Document 150-8 Practicing on an Expired License/Registration

In conjunction with the proposed amendment to 18VAC150-20-185(B) & (C), Ms. Knachel recommended that Guidance Document *150-8 Disposition of Cases Involving Practicing on an Expired License or Registration* be revised. The Board discussed the suggested recommendations for "possible actions" for the veterinary establishment. After review and discussion, the Board determined that the "possible actions" for licensees should be parallel with the veterinary establishments and requested staff make the amendments.

Dr. Hillyer moved to adopt the changes to Guidance Document 150-8 as amended. The motion was seconded and carried.

Review of other DHP Boards' Telemedicine Guidance Documents

During the previous board meeting, Ms. Yeatts suggested that the Board might want to review the other health regulatory boards' telemedicine guidance documents. She indicated that a regulatory advisory panel could be convened if the Board wished to draft a telemedicine guidance document with input from stakeholder. Ms. Halsey asked for volunteers. Ms. Halsey, Dr. Johnson and Dr. Rucker expressed interest in serving on the panel. Ms. Knachel was asked to contact the VVMA to determine if they would like to have a representative on the panel.

2018 Annual Meeting of the AAVSB

Ms. Knachel requested names of the board members interested in attending the annual meeting of the AAVSB. Drs. Cockburn, Johnson, and Karras and Ms. Halsey expressed interest in attending the meeting.

PRESIDENT'S REPORT:

Ms. Halsey reported that she had attended the Virginia Veterinary Conference business meeting and presented the Board's activity report.

**BOARD OF HEALTH
PROFESSIONS' REPORT:**

Dr. Johnson presented a brief summary of the Board of Health Professions' activities.

STAFF REPORTS:

Executive Director's Report

Ms. Knachel reviewed licensing statistics, budget information and recent outreach communication to licensees regarding prescribing opioids, prohibition of red foxes as pets and re-categorization of veterinary establishments.

Discipline Update – Amanda Blount

Ms. Blount provided an overview of the caseload statistics and noted that there had been a significant increase in the number of disciplinary cases. Ms. Blount also presented brief training on "probable cause" and completion of the Sanction Reference Point sheet.

NEW BUSINESS:

No new business was presented.

NEXT MEETING:

The next meeting of the board is scheduled for July 23, 2018.

ADJOURNMENT:

The meeting adjourned at 11:55 a.m.

Autumn N. Halsey, L.V.T.
Chair

Leslie L. Knachel, M.P.H.
Executive Director

Date

Date

UNAPPROVED DRAFT
VIRGINIA BOARD OF VETERINARY MEDICINE
SPECIAL SESSION – TELEPHONE CONFERENCE CALL
APRIL 16, 2018
MINUTES

- CALL TO ORDER:** Pursuant to § 54.1-2400(13) of the Code of Virginia, a telephone conference call of the Virginia Board of Veterinary Medicine (“Board”) was called to order on April 16, 2018, at 9:02 a.m., to consider a Consent Order for possible resolution of Case No. 155670.
- PRESIDING:** Autumn N. Halsey, L.V.T. - Chair
- MEMBERS PRESENT:** Tregel Cockburn, D.V.M.
Mark A. Johnson, D.V.M.
Bayard A. Rucker, III, D.V.M.
- MEMBERS ABSENT:** Ellen G. Hillyer, D.V.M.
Steven B. Karras, D.V.M.
Mary Yancey Spencer, J.D.
- QUORUM:** With four members of the Board participating, a quorum was established.
- STAFF PRESENT:** Leslie L. Knachel, Executive Director
Amanda E. M. Blount, Deputy Executive Director
Terri H. Behr, Discipline/Compliance Specialist
- BOARD COUNSEL:** Charis A. Mitchell, Assistant Attorney General
- KATRINA TADEMA WIELANDT,
D.V.M.
CASE NO. 155670** The Board received information from Ms. Blount regarding a Consent Order signed by Dr. Tadema Wielandt for the resolution of Case No. 155670 in lieu of proceeding with a formal administrative hearing.
- CLOSED SESSION:** Dr. Cockburn moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia (“Code”) for the purpose of deliberation to reach a decision in the matter of Case No. 155670. Additionally, she moved that Ms. Mitchell and Ms. Knachel attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.
- RECONVENE:** Dr. Cockburn moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements

under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

DECISION:

Dr. Johnson moved that the Board accept the Consent Order as presented in lieu of proceeding with a formal administrative hearing. Following a second, a roll call vote was taken. The motion passed unanimously.

ADJOURNMENT:

The meeting was adjourned at 9:12 a.m.

Autumn Halsey, L.V.T., Vice-President

Leslie L. Knachel, M.P.H., Executive Director

Date

Date

UNAPPROVED DRAFT
VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
TRAINING ROOM 2
HENRICO, VA
APRIL 17, 2018

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 10:04 a.m., on April 17, 2018, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Room 2, Henrico, Virginia.

PRESIDING OFFICER: Steven B. Karras, D.V.M., Vice-President

MEMBERS PRESENT: Ellen G. Hillyer, M.P.H., D.V.M.
Mark A. Johnson, D.V.M.
Mary Yancey Spencer, Esquire

MEMBERS ABSENT: Tregel Cockburn, D.V.M.
Autumn Halsey, L.V.T., President
Bayard A. Rucker, III, D.V.M.

QUORUM: With four members of the Board present, a quorum was established.

STAFF PRESENT: Leslie L. Knachel, M.P.H., Executive Director
Amanda E. M. Blount, J.D., Deputy Executive Director
Terri H. Behr, Discipline/Compliance Specialist

BOARD COUNSEL: Charis A. Mitchell, Assistant Attorney General

COURT REPORTER: Cheryl J. Maddox, Maddox Reporting Service, Inc.

PARTIES ON BEHALF OF THE COMMONWEALTH: Emily E. Tatum, J.D., Adjudication Specialist, Administrative Proceedings Division

MATTER SCHEDULED: **Kirsten E-J Oliver, L.V.T. Applicant**
Case No.: 179011

Ms. Oliver appeared before the Board in accordance with a Notice of Formal Hearing dated March 19, 2018. Ms. Oliver was not represented by legal counsel. The Board received evidence from the Commonwealth and Ms. Oliver regarding the allegations in the Notice.

CLOSED SESSION:

Dr. Hillyer moved that the Board convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of **Kirsten E-J Oliver, L.V.T. Applicant**. Additionally, she moved that Ms. Knachel and Ms. Mitchell attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENE:

Dr. Hillyer moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

The Board reconvened in open session pursuant to Virginia Code § 2.2-3712(D).

DECISION:

Dr. Hillyer moved to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth, amended by the Board, and read by Ms. Mitchell. The motion was seconded and carried unanimously. Dr. Hillyer also moved to issue an Order denying Ms. Oliver's application for licensure to practice as a veterinary technician in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

ADJOURNMENT:

The Formal Hearing adjourned at 10:55 a.m.

Steven B. Karras, D.V.M., Vice-President

Leslie L. Knachel, M.P.H., Executive Director

**BOARD OF VETERINARY MEDICINE
TELEHEALTH REGULATORY ADVISORY PANEL
MEETING MINUTES
JUNE 29, 2018**

TIME AND PLACE: The Regulatory Advisory Panel (RAP) meeting was called to order at 1:00 p.m. on Friday, June 29, 2018, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Room 2, Henrico, Virginia.

PRESIDING OFFICER: Autumn N. Halsey, LVT, Chair

MEMBERS PRESENT: Bayard Rucker, III, DVM, Board Member
Mark Johnson, DVM, Board Member
Jesper Lorentzen, DVM, Virginia Veterinary Medical Association (VVMA)

MEMBERS NOT PRESENT: All members were present.

QUORUM: With all members of the Panel present, a quorum was established.

STAFF PRESENT: Leslie L. Knachel, Executive Director
Elaine Yeatts, Senior Policy Analyst
Anthony C. Morales, Operations Manager
Carol Stamey, Operations Manager

OTHERS PRESENT: Taryn Singleton, Virginia Association of Licensed Veterinary Technicians (VALVT)
Susan Seward, VVMA
Robin Schmitz, VVMA

PUBLIC COMMENT: No public comment was presented.

INTRODUCTIONS: Ms. Halsey asked members and staff to introduce themselves.

DISCUSSION: Ms. Knachel reviewed the contents of the agenda package.

The RAP discussed telehealth in veterinary practice.

Ms. Yeatts and Ms. Knachel informed the RAP that today's meeting could result in recommendations to the Board to include the following options:

- Develop a guidance document;
- Promulgate regulations; or
- Take no Action.

Ms. Yeatts commented that the first step for promulgating regulations would be to prepare a Notice of Intended Regulatory Action. She indicated that staff could develop suggested changes to be sent to the committee members for their response.

The RAP requested that staff prepare regulatory suggestions for adding a telemedicine veterinary establishment registration and to incorporate the definition of a veterinary-client-patient-

Relationship as appropriate.

ADJOURNMENT:

The meeting adjourned at 2:30 p.m.

Autumn N. Halsey, L.V.T.
Chair

Leslie L. Knachel, M.P.H.
Executive Director

Date

Date

Draft

UNAPPROVED DRAFT
VIRGINIA BOARD OF VETERINARY MEDICINE
SPECIAL SESSION – TELEPHONE CONFERENCE CALL
MINUTES
OCTOBER 2, 2018

CALL TO ORDER: Pursuant to § 54.1-2408.1(A) of the Code of Virginia, a telephone conference call of the Virginia Board of Veterinary Medicine was held on October 2, 2018, at 8:32 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, VA 23233, to consider a possible summary suspension.

PRESIDING: Autumn Halsey, L.V.T., Chair

MEMBERS PRESENT: Tregel Cockburn, D.V.M.
Ellen G. Hillyer, M.P.H., D.V.M.
Mark A. Johnson, D.V.M.
Steven B. Karras, D.V.M.
Mary Yancey Spencer, Esquire

QUORUM: With six members present established through a roll call, a quorum was established.

STAFF PRESENT: Leslie L. Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Terri H. Behr, Discipline/Compliance Specialist
Claire Foley, Administrative Proceedings Division

OTHERS PRESENT: Charis A. Mitchell, Assistant Attorney General, Board Counsel
Wayne T. Halbleib, Senior Assistant Attorney General

POLL OF MEMBERS: The Board members were polled as to whether they were able to attend a regular meeting at the offices of the Board in a timely manner for the purpose of hearing evidence for a possible summary suspension. The majority of board members stated that they would not have been able to attend.

Following the poll of members, Dr. Cockburn's telephone connection failed. Therefore, she did not participate in the closed session and decision of the Board.

MATTER CONSIDERED:

Sandra K. Green Cluverius, D.V.M.
License No.: 0301-201446
Case No.: 189441

Mr. Halbleib presented a summary of the evidence in the case. The Board members had no questions for Mr. Halbleib.

CLOSED SESSION:

Upon a motion made by Dr. Karras and properly seconded, the Board voted unanimously to convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter regarding Case No.: 189441. Additionally, he moved that Ms. Mitchell, Ms. Knachel, and Ms. Moss attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Dr. Karras moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and unanimously passed.

DECISION:

Dr. Karras moved that the Board summarily suspend Dr. Green Cluverius' license to practice veterinary medicine in the Commonwealth of Virginia and schedule her for a formal hearing. The motion included offering Dr. Green Cluverius a consent order in lieu of proceeding to a formal hearing, to indefinitely suspend her license with a stay of suspension, contingent upon entering into and complying with a recovery monitoring contract with the Health Practitioner's Monitoring Program. Following a second for the motion, a roll call vote was taken. The motion passed unanimously.

ADJOURNMENT:

With all business concluded, the Board adjourned at 9:06 a.m.

Autumn Halsey, L.V.T., Chair

Leslie L. Knachel, M.P.H.
Executive Director

Agenda Item: Petition for Rulemaking – Gottschalk

Included in your agenda package are the following:

Petition from Kelly Gottschalk – requesting to amend 18VAC150-20-170 to allow practice management courses to be approved for continuing education credit.

Copy of the 59 comments received: 56 were in support; 2 were in opposition; 1 undetermined

Board Action:

Action to accept petitioner's request to amend regulations or to deny the request with reasons for denial stated.

Request for Comment on Petition for Rulemaking

Board of Veterinary Medicine

Regulatory Coordinator: Elaine J. Yeatts
(804)367-4688
elaine.yeatts@dhp.virginia.gov

Agency Contact: Leslie L. Knachel
Executive Director
(804)367-4468
leslie.knachel@dhp.virginia.gov

Contact Address: Department of Health Professions
9960 Mayland Drive
Suite 300
Richmond, VA 23233

Chapter Affected:
18 vac 150 - 20: Regulations Governing the Practice of Veterinary Medicine

Date Petition Received 06/01/2018

Petitioner Kelly Gottschalk, DVM

Petitioner's Request

To amend 18VAC150-20-170 to allow practice management courses to be approved for continuing education credit.

Agency Plan

The petition will be published on June 25, 2018 in the Register of Regulations and also posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov to receive public comment ending July 20, 2018. Following receipt of all comments on the petition to amend regulations, the Board will decide whether to make any changes to the regulatory language. This matter will be on the Board's agenda for its first meeting after the comment period, which is scheduled for July 23, 2018.

Publication Date 06/25/2018 *(comment period will also begin on this date)*

Comment End Date 07/20/2018



COMMONWEALTH OF VIRGINIA Board of Veterinary Medicine

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4468 (Tel)
(804) 527-4471 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix.)

Kelly Gottschalk, DVM, President Elect, Virginia Veterinary Medical Association

Street Address

3801 Westerre Parkway, Suite D

Area Code and Telephone Number

804-346-2611

City

Henrico

State

VA

Zip Code

23233

Email Address (optional)

info@vma.org

Fax (optional)

804-346-2655

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18VAC150-20-70. Licensure renewal requirements

B. Veterinarians shall be required to have completed a minimum of 15 hours, and veterinary technicians shall be required to have completed a minimum of eight hours, of approved continuing education for each annual renewal of licensure. Continuing education credits or hours may not be transferred or credited to another year.

1. Approved continuing education credit shall be given for courses or programs related to the treatment and care of patients and shall be clinical courses in veterinary medicine or veterinary technology or courses that enhance patient safety, such as medical recordkeeping or compliance with requirements of the Occupational Health and Safety Administration (OSHA).

Guidance Document 150-11

NOTE: Veterinarians are required to complete a minimum of 15 CE hours and veterinary technicians are required to complete a minimum of eight CE hours. Approved CE credit is given for courses or programs related to the treatment and care of patients and shall be clinical courses in veterinary medicine or veterinary technology or courses that enhance patient safety, such as medical recordkeeping or Occupational Health and Safety Administration (OSHA) requirements. The Board accepts CE that is related to disaster or emergency preparedness, the U. S. Department of Agriculture's National Veterinary Accreditation Program and communication development to strengthen the veterinarian-client-patient relationships, including but not limited to grief counseling and personal wellness. Courses in practice management related to improving business efficiency or profitability would not be considered clinical courses or courses that enhance patient safety.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule. Since the legal authority 54.1-3805.2 to require continuing education (CE) does not restrict or direct the Board of Veterinary Medicine in the type of CE, we believe a change in guidance is all that is required. In recent years there have been multiple journal articles, forums, studies, and surveys regarding personal wellness among veterinary professionals (licensees). Some of the topics identified as major stressors to veterinary professionals include practice management topics.

For example:

State and federal regulation
Veterinary Law and ethics
Communication skills
Managing employees
Business Management
Student Debt

The VVMA believes that topics in Practice Management would qualify as personal wellness topics. Encouraging access to these topics would improve the profession and help fulfill the mission of the Board of Veterinary Medicine. We request that the board allow some hours of practice management be approved for CE.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

Code of Virginia

§ 54.1-3805.2. Continuing education.

The Board shall adopt regulations which provide for continuing education requirements for relicensure and licensure by endorsement of veterinarians and veterinary technicians. After January 1, 1997, a veterinarian shall be required to complete a minimum of fifteen hours, and a veterinary technician shall be required to complete a minimum of six hours of approved continuing education annually as a condition for renewal of a license. Continuing education courses shall be approved by the Board or by a Board-approved organization. Regulations of the Board adopted pursuant to this section may provide for the waiver of such continuing education requirements upon conditions as the Board deems appropriate



Signature:

Date: 5/30/2018

Virginia.gov Agencies | Governor



Agency Department of Health Professions

Board Board of Veterinary Medicine

Chapter Regulations Governing the Practice of Veterinary Medicine [18 VAC 150 - 20]

All comments for this forum

[Back to List of Comments](#)

Commenter: Keith Richardson

6/25/18 6:53 pm

Reply to petition

I am not really sure a practice management course is fundamental to a veterinary student
?How would running a business and mitigating risk? help a vet tech for example

Commenter: Taryn Singleton, LVT

6/27/18 8:45 pm

In Support

I am In support of allowing a portion of the yearly required Continuing Education Credits to be non clinical in nature.

Currently 21 states already allow this. Alabama, Georgia, California, Oregon, Washington, Arizona, Idaho, Colorado, N. Mexico, Texas, Nebraska, N. Dakota, Minnesota, Missouri, Arkansas, Tennessee, Ohio, Kentucky, Florida, South Carolina, Maine.

Commenter: Jason Bollenbeck, DVM

6/27/18 11:21 pm

In Support of Petition

I am in support of the petition to allow a small number of practice management CE hours to be used toward our required CE credit. The purpose of the our CE requirement is to keep veterinarians up to date in medicine and help them do a better job treating animals. Many practice management CE course focus on improving the practice to do a better job treating animals and providing better services. Just like the importance of veterinary wellness and the link between mental health of veterinarians and patient care, without good management patient care suffers. I hope the board will consider this petition.

Commenter: Stacy M Riddle, DVM

6/28/18 6:06 am

Support

I am in support of allowing practice management courses to count towards continuing education requirements for veterinarians. These courses teach customer service and time management skills that ultimately impact how well patients are cared for. They are an important in making sure that

pets and clients get the care they need.

Commenter: Fred G Garrison, DVM

6/28/18 9:24 am

In Support of Petition

Continuing education of veterinarians and their staff is vital to maintain and increase the quality of care for the animals owned by the Commonwealth's citizens. Veterinary medicine and surgery is more complicated than ever before due to the increased volume of information available to our members. In order to provide improved the knowledge to prevent zoonotic diseases that could affect all citizens and their animals, members must be in business to provide the necessary services.

The world has changed in order to stay in a viable business position. Business knowledge has to be up to date with management information. We are business owners with little business education. We receive little or no business education while in our formal professional training years. We must learn how to manage all aspects of small business management while actually providing services to Virginia residents. The need for management education is paramount to a successful veterinarian providing preventive medicine and surgery for all of our citizens.

Commenter: william j Price, DVM

6/28/18 3:12 pm

Continuing education eligibility

I am totally in favor of allowing practice management seminars to be eligible for inclusion in the hours of CE required for licensure.

Commenter: Molly Riley , LVT - Sycamore Vet Hospital

6/28/18 6:32 pm

In support of this petition

Awesome idea!!!!

I support this petition because it's super important to have some more education on the management side of things. And it doesn't always mean how to be a boss, you learn a lot about communicating, and dealing with tough situations, and the business/money aspect of things.

With the time and money it takes for us to get this kind of CE, it should count!

Thanks for reading!

Commenter: Kim Meloy-Comer

6/28/18 7:21 pm

In support of this petition

In support of this petition

Commenter: Claire Herrera, LVT

6/29/18 8:01 am

In Support of Petition

I am in support of the change in Continuing Education to include practice management. As we know running a business is no easy task; with our constantly changing social climate and client expectations we must continue to evolve our practices to make it. I feel practice managers should be allowed to earn CE credits for the time they are putting forth to improve employees, clients, and our patients experiences with veterinary medicine.

Commenter: Natasha Ungerer, Clarendon Animal Care

6/29/18 2:08 pm

In support of petition

I am in favor of the petition allowing practice management seminars to count for continuing education credit. For more seasoned practitioners, or younger practitioners interested in management/ownership, practice management is just as important, if not even more so, than clinical education.

Veterinarians typically receive very little business training in school, so it is up to them to seek this out on their own. As more and more small animal practices are consolidated by corporations it becomes even more necessary for individual owners to become more adept at business management.

Commenter: Micki Armour

6/29/18 2:12 pm

in favor

I am in favor of the petition allowing practice management seminars to count for continuing education credit.

Commenter: Heather Prochnow

6/29/18 2:59 pm

In support of petition

I am in favor of the petition allowing practice management seminars to count for continuing education credit.

Commenter: Ashley Bensfield, DVM

6/29/18 4:29 pm

In favor of the petition

Practice management topics including client communication, critical conversations, fee scheduling, etc, are completely integral to veterinary practice, so those CE lectures should count toward annual CE requirements.

Some other states I have been licensed in put a maximum for not medical CE, like 10 hours vet med, 5 hours practice management, computer training, etc.

Please consider allowing practice management conference lectures to count toward veterinarian

license CE requirements.

Thank you.

Ashley Bensfield, DVM, DACVIM (Neurology)

Commenter: Paws for Holistic Pet Care with Dr. Rebecca L. G. Verna, DVM

6/29/18 6:53 pm

In favor of the Petition for CE for management courses

Taking practice management courses broadens a veterinarian's education and often allows them to become more aware of laws, restrictions, and compliance issues. In addition, a better-run practice makes all of our jobs easier for us in terms of referrals to local practices and knowing that our local peers are practicing with good quality medicine to boost the profession positively. I'm all for improving the education of any veterinarian in Virginia, and those putting in their hours spent on learning deserve credit for their efforts. Dr. Becky Verna

Commenter: Nancy Bromberg, VMD

6/29/18 7:11 pm

In favor of petition

i am in favor of including practice management courses as CE time. Proper management can decrease stress, etc and is included in well being issues

Commenter: Ahmad Shah

6/30/18 10:27 am

CE Credits VA Veterinarians

I strongly support DC Acadmy lectures to be enrolled in VA continuing education program. Thank you

Commenter: Sarah Lehman

6/30/18 1:09 pm

In support

I am very much in support of the petition to allow management CE credits to be applicable to state licensure renewal. I think it would be reasonable to create a cap on the number of management CE hours that can be used toward licensure renewal, understanding that some CE required for licensure should be clinical or truly biomedical in nature.

Commenter: Animal Care Center

6/30/18 8:03 pm

In support of legislation to allow C.E. credit for management meetings

Too little emphisi is placed on management during school and for a competent doctor to serve the public best, A good business background helps their survival and continued public access.

Commenter: Caroline Nothwanger DVM

7/1/18 2:09 am

In support of the petition

I would like to add my vote in support of this petition.

Commenter: Bonnie Lefbom, CVCA

7/1/18 4:05 am

Allow management and leadership credits for Veterinary CE credits

Leadership and management training is crucial to developing a success practice. In today's environment, veterinarians are competing with big business as the industry is transitioning to more corporate practices. In allowing veterinarians to count the hours they spend in leadership and management training, Virginia will be fueling the need and desire to preserve veterinarian-owned small businesses.

Commenter: Gene A. Bingham

7/1/18 6:32 pm

Credit for continuing education that includes seminars on practice management

Seminars on the purely medical aspects of veterinary medicine are important. However, veterinarians need to know how to manage their veterinary practices in order to continue their veterinary medical practices, i.e., continue to serve the public.

Commenter: Dorothy Brannock, Old Mill Veterinary Hospital

7/1/18 9:51 pm

In Support

I am in support of the change for Continuing Education to include practice management. A veterinary practice is a whole of many parts- one being the management side. To be successful, a more diverse selection of CE is necessary. The opportunity to take management CE to count towards the total of credits needed is a wise decision in this day and age.

Commenter: Lucy Lee DVM, MPH

7/2/18 6:45 am

In Support of Petition

Commenter: Jennifer Gilbert, DVM

7/2/18 8:03 am

In support

Commenter: Laura Stoeker, DVM, PhD

7/2/18 8:18 am

In support of petition

Commenter: Abbie Speas

7/2/18 8:35 am

In support of petition

Commenter: Bill Tyrrell

7/2/18 9:00 am

In support of petition

To Whom It May Concern:

I am in support of the current petition to allow up to three (3) management or wellness CE hours to count toward the required 18 hours of annual continuing education currently required by the board of veterinary medicine.

Sincerely,

William D. Tyrrell, Jr., DVM, DACVIM-cardiology

Commenter: Lindsey Brown

7/2/18 10:31 am

in support of petition

Commenter: Lauren Maxey, DVM

7/2/18 11:12 am

In support of petition

Commenter: Chris Hussion, Old Mill Veterinary Hospital

7/4/18 4:48 pm

In Favor of Petition to allow Practice Management Education count towards CE requirements

Commenter: Allison Robbins DVM

7/11/18 8:34 am

In support of petition

I am so excited to see this petition. This is a change that will improve our ability as a profession to reach more animals and their people with our knowledge and skill. As we all know, the vet is just a small part of the team that strives to help animals, and having that team working well is vital to our success in achieving trust and compliance from our clients. It really is true that no one cares how much you know unless they know how much you care.

Commenter: Katie Cash, DVM

7/11/18 2:13 pm

In support

I fully support this amendment as practice management is critical in day to day practice of veterinary medicine. One must have a solid grasp on how to manage practice economics, personnel and time to provide the best care possible to patients and clients. It is also paramount in personal satisfaction with one's career choice. If a practice is poorly managed, the stress will affect patient care and doctor's home life. Please support and pass this amendment.

Commenter: Susan Barnes DVM, VCA AECC

7/11/18 2:15 pm

Petition to allow Practice Management Education count towards CE requirements**In support of Petition to allow Practice Management credits to count toward CE.****Commenter:** Meredith Jones, DVM

7/11/18 2:30 pm

In support of petition

Granting CE credit for practice management topics will encourage practice owners and associates to learn more about business, communication, and team building. I hope the VVMA will consider including wellness lectures under the practice management category as well.

Commenter: Katie Smith

7/11/18 5:47 pm

support

I am In support of allowing a portion of the yearly required Continuing Education Credits to be non clinical in nature.

Commenter: Frank Pearsall

7/11/18 5:50 pm

In favor of petition

Having been a private practitioner, a lobbyist for the profession, and a faculty member at a veterinary college, I have seen the effect on both practice and practitioner health stemming from the stresses of the business side of veterinary medicine. Better education on the business aspects of practice will have a beneficial effect on the quality of medicine provided by practitioners and on the quality of life of those practitioners. The latter has lately been recognized as a significant problem with high numbers of suicide among practitioners. Making practice management topics eligible for CE credit will help better prepare practitioners for the rigors of business and so reduce stress. With less stress, practitioners will feel more satisfaction in practice and thereby be available to provide top quality services over longer careers.

Commenter: Jennifer Skarbek

7/11/18 8:56 pm

Support

Veterinary schools are lacking in business and management training. It's important to allow vets to

get this education for small businesses to succeed!

Commenter: Sarah Lowe

7/12/18 2:19 pm

In favor of petition

I am in favor of this petition.

Commenter: Hamid Moghal DVM

7/12/18 6:04 pm

In favor of this petition and believe it will serve greatly for the veterinary practicing community

In favor of this petition and believe it will serve greatly for the veterinary practicing community.

Commenter: Jesper Lorentzen, DVM

7/16/18 11:11 am

In support of the petition

I am in support of the current petition to allow up to three (3) management or wellness CE hours to count toward the required 18 hours of annual continuing education currently required by the board of veterinary medicine.

Sincerely,

Jesper Lorentzen, DVM

Commenter: Margaret J Rucker, Southwest Virginia Veterinary Services

7/17/18 5:21 am

Continuing Education Credits

I think Practice management is a critical aspect of continuing education in veterinary medicine. Success in this profession is defined in many ways; but , without personal wellness, nothing else matters. Human resources and other practice management issues are some of the most stressful aspects of this profession...learning how to manage those issues, learning to balance personal health and financial health, are all aspects of both surviving and thriving in this profession.

Commenter: Tricia Haskins

7/17/18 8:30 am

Agree with restrictions

Practice Management is very beneficial to the practice of veterinary medicine because it doesn't matter how great of a doctor you are if you can't keep your doors open due to lack of management training. However, I do think there needs to be some limitations to prevent ALL CE from being practice management.

Commenter: Andrew Silverstone DVM, MS

7/17/18 9:55 am

Oppose the addition of practice management CE

As President of the Tidewater Veterinary Academy I oppose the inclusion of "practice management" as an accepted topic for the required 15 hours of CE in Virginia. I believe it is in the best interest of the profession and the public for the veterinarian to remain focused on the science of treating patients. The topic of "practice management," falls far outside the scope of the Veterinarian's Oath. There is plenty of opportunities for a veterinarian to obtain practice management CE beyond the required 15 hours should they choose to do so.

Commenter: Rhonda Faulks, DVM

7/17/18 10:17 am

Support petition

Commenter: Maureen Noftsinger

7/17/18 2:13 pm

in support of amendment

Managing a veterinary practice is very difficult as a veterinarian because we have no formal business or HR training. By attending CE, we are able to get new ideas and be exposed to other people's successes and failures. Going to CE is expensive and for a small business owner, the cost has to be calculated in cost vs. benefit. By changing the CE requirements to include management, we can save on the costs for CE as well as be more competitive in business. As the face of veterinary medicine changes from small businesses to large corporations, individual business owners need to have as many tools in their pocket to be competitive for employees.

Commenter: Kathryn Simmons, DVM

7/17/18 2:41 pm

Support for the petition

I support the petition to allow practice management credits to count toward veterinary CE requirements in the state of Virginia.

Commenter: Melinda Hawkins, DVM

7/17/18 2:57 pm

Support

I personally believe that personal wellness is a topic that has been overlooked for practitioners for far too long. There have been preventable suicides that may not have happened if we had taken this subject seriously in the past. I believe that practice management courses being allowed for counting toward CE requirements would be beneficial to old and new graduates alike. I do, however, believe that only perhaps 3 CE units should be the limit.

Commenter: Scott Noe dvm

7/17/18 4:40 pm

Support

I support allowing CE to include management hours. I would limit this to 25% of the total annual required CE. To facilitate large management conferences this could be an average of 25% say over 2-3 years.

Commenter: Amy Mohl

7/18/18 12:22 am

Support for allowing non-clinical CE hours

I am in support of the petition to allow practice management CE hours to count toward the required annual continuing education requirement. Clinical CE should remain the majority of the CE required each year for relicensure, but practice management, professional development, wellbeing, and business topics are all important components of maintaining status as a current, competent veterinary professional. Allowing these topics to qualify for a portion of the required CE will allow veterinarians to pursue education related to all facets of veterinary practice, which benefits the entire profession.

Commenter: Cate Adsit, DVM

7/18/18 5:19 pm

Amendment to CE Rules

Support the amendment to allow non-clinical CE to fulfill some of the CE requirements. This will improve the quality of veterinary medicine in our state.

Commenter: Elizabeth E Sochurek

7/18/18 9:38 pm

Allow management topics to count towards CE hours

Commenter: Suzanne Cavadel, DVM

7/18/18 10:11 pm

Support

I support allowing Practice Management hours to count for our required CE. Individually owned practices are a major supplier of veterinary care and education for appropriate management is critical for the survival of these practices as well as the well-being of staff. Better management allows for better patient care.

Commenter: William Kusterbeck, DVM

7/19/18 11:20 am

Support for allowing Management CE Credit Hours

I am in favor of allowing CE Credit Hours in Practice Management to count toward the annual CE requirement. This type of education is lightly taught at the veterinary school level, and is important in helping veterinarians run successful businesses. It also fosters better patient care for our patients.

Commenter: Brenda Godlewski

7/19/18 11:32 am

In support

Commenter: Melanie Smith, Owner Hometown Veterinary Clinic

7/19/18 1:09 pm

HIGHLY support allowing CE credits for management courses. This is 50% of my time at the clinic

I would love for management type classes to count towards my CE points every year. As the owner and veterinarian and manager . This is 50% of what I do.

Commenter: Stacey P Teixeira, Montrose Animal Health Center

7/19/18 8:25 pm

Make CE for Practice Management Count!

One of the greatest shortfalls of veterinary schools is the lack of business and management training in the curriculum. Veterinarians in general are lousy business owners. In order to develop the necessary skills to have a forward moving practice, we have to attend business seminars and management classes. These conferences take up our valuable time and may limit the number of continuing education funds we can spend attending veterinary conferences. But they greatly improve our knowledge in running an efficient and productive practice, and because of this, they make our patients' lives better. These classes should definitely count towards the necessary credit hours needed each year to keep our licenses in good standing. Please consider attaching CE credits to the business management classes currently offered to veterinarians.

Commenter: Jerrold Goldfarb / Fairfax Animal Hospital

7/20/18 11:21 am

Veterinarian management courses for CE credit

Veterinary management courses/lectures assist Veterinarians in the day to day operation of our Hospitals and Clinics, ultimately benefiting the care of pets and improving interactions with animal owning public. These type of courses should be included in the type of accepted C.E. for state requirements.

Commenter: Scott Stahl DVM

7/20/18 1:25 pm

Support of Practice management courses for CE credit

I am in support of using practice management courses for CE credit for state board requirements. SEAVS, Fairfax, VA.

Commenter: Erica R Barron, DVM CVA

7/20/18 5:13 pm

Strongly agree

Communication and leadership skills are used in almost every part of veterinary medicine, whether or not you are planning on practice ownership.

Agency Subordinate

18VAC150-20-15. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

B. Criteria for delegation. Cases that may be delegated to an agency subordinate are those that do not involve standard of care or those that may be recommended by a committee of the board.

C. Criteria for an agency subordinate. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding shall include current or former board members deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

§ 54.1-2400. General powers and duties of health regulatory boards.

The general powers and duties of health regulatory boards shall be:

10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated. This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019, upon receipt of information that a practitioner may be subject to a disciplinary action. The

recommendation of such subordinate may be considered by a panel consisting of at least five board members, or, if a quorum of the board is less than five members, consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

VETERINARY ESTABLISHMENT INSPECTION REPORT

Name of Facility		Date	Time	Inspection Hours
Street Address		Permit No	<input type="checkbox"/> PENDING	Expiration Date
Hours of Operation		City	State	ZIP
Veterinarian-in-Charge		Phone No	VIRGINIA	
Other Staff		License No	Fax No	Expiration Date
Type of Practice <input type="checkbox"/> Stationary <input type="checkbox"/> Ambulatory		Type of Inspection <input type="checkbox"/> New <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Other (Describe)		

KEY: C = Compliant NC = Not Compliant NA = Not Applicable
 NR = Not reviewed R = Repeat violation from previous inspection
 New item information is highlighted in blue.

C	R	Major/MH or Points	Law/Regulation	Description
	1	Minor 1 point	18VAC150-20-30(A)	Licenses and Registrations All licenses and registrations issued by the board shall be posted in a place conspicuous to the public or available at the establishment where veterinary services are being provided. Licensees who do relief work in an establishment shall carry a license with them or post at the establishment. Ambulatory veterinary practices that do not have an office accessible to the public shall carry their licenses and registrations in their vehicles.
	2	Major 5 points	§ 54.1-3805	Guidance A license or registration is considered to be in a "place conspicuous to the public" when it is hung in an area that is easily accessed for review by the public. The original license or registration (not a photocopy) should be posted or available for inspection. Duplicate copies of a license can be obtained through the Board of Veterinary Medicine's office for a small fee. No person shall practice veterinary medicine or as a veterinary technician in this Commonwealth unless such person has been licensed by the Board.
	3	Major 5 points	18VAC150-20-70(A)	Guidance Failure to renew an individual license shall cause a license to lapse and become invalid, and practice with a lapsed license may subject the licensee to disciplinary action by the board. All individual licenses must be current. An expired license will be reported as a violation and documentation of practicing without a valid license will be obtained.

4	Major 5 points	18VAC150-20-185(B)	<p>All veterinary establishment registrations are current. Failure to renew a veterinary establishment permit shall cause the permit to lapse and become invalid.</p> <p><u>Guidance</u> An expired registration will be reported as a violation and documentation of practicing without a valid registration will be obtained. Reinspection required after registration has been expired for more than 30 days.</p>
5	Major 5 points	18VAC150-20-180(A)	<p>Veterinarian-in-Charge (VIC) Every veterinary establishment shall have a veterinarian-in-charge (VIC) who is registered with the Board in order to operate.</p> <p><u>Guidance</u> When there is a change in the VIC, an application for a new permit, naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new permit naming a new veterinarian-in-charge shall be filed as soon as possible but no more than 10 days after the change. Days are counted as calendar days.</p> <p>Veterinarian-in-Charge is responsible for regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation. Prior to opening of the business, on the date of the change of VIC, the new VIC shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.</p>
6	Major 5 points	18VAC150-20-181(A)(1)	<p>Requirements for drug storage, dispensing, destruction, and records for all veterinary establishments. All drugs shall be maintained, administered, dispensed, prescribed and destroyed in compliance with state and federal laws, which include § 54.1-3303 of the Code of Virginia, the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), applicable parts of the federal Food, Drug, and Cosmetic Control Act (21 USC § 301 et seq.), the Prescription Drug Marketing Act (21 USC § 301 et seq.), and the Controlled Substances Act (21 § 801 et seq.) as well as applicable portions of Title 21 of the Code of Federal Regulations.</p>
7	Major 5 points	18VAC150-20-181(A)(4)	<p><u>Guidance</u> This regulation incorporates by reference all applicable laws and regulations related to drug storage, dispensing, destruction and records. It is not cited as a violation if there is a specific violation identified in this section of the inspection report form. Repackaged tablets and capsules dispensed for companion animals are in approved safety closure containers, except safety caps are not required when medication cannot be reasonably dispensed in such containers. A client requesting non-safety packaging shall be documented in the patient record.</p>
8	Major 5 points	18VAC150-20-190(A)	<p><u>Guidance</u> When drugs are taken from a stock bottle and put into another container at the time of dispensing, the drugs are considered to be repackaged. As provided in § 54.1-3300, the definition of "dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for delivery.</p>
9	Minor 1 point	18VAC150-20-190(B) § 54.1-3461 § 54.1-3462	

10	Major 5 points 2 points See guidance	18VAC150-20-190(C) § 54.1-3410	<p>All drugs dispensed for companion animals shall be labeled with the following:</p> <ol style="list-style-type: none"> 1. Name and address of the facility; 2. First and last name of owner; 3. Animal identification and species; 4. Date dispensed; 5. Directions for use; 6. Name, strength (if more than one dosage form exists) and quantity of the drug; and 7. Name of the prescribing veterinarian. <p>Guidance For drugs that do not have a pharmaceutical insert, consider providing information to clients about drug reactions, interactions and side effects. An uninformed client may receive misinformation from friends or the internet regarding a drug. Points assigned: 5 points for no label; or 2 points for an incomplete label. Factor of first name of owner is new, not compliance will be noted, but no violation will be cited for failure to include first name of the owner until January 1, 2019</p> <p>All veterinary establishment shall maintain drugs in a secure manner with precaution taken to prevent theft or diversion. Only the veterinarian, veterinary technician, pharmacist, or pharmacy technician shall have access to Schedule II through V drugs with the exception provided in subdivision 6 of this subsection.</p>
11	Major 5 points	18VAC150-20-190(D)(6)	<ol style="list-style-type: none"> 6. Access to drugs by unlicensed persons shall be allowed only under the following conditions: <ol style="list-style-type: none"> a. Animal is being kept at the establishment outside of the normal hours of operation, and a licensed practitioner is not present in the facility; b. The drugs are limited to those dispensed to a specific patient; and c. The drugs are maintained separately from the establishment's general drug stock and kept in such a manner so they are not readily available to the public. <p>Guidance Only personnel designated in the subsection shall have access to Schedule II, III, IV and V drugs. Drug stocks in establishments where keys and lock combinations are accessible to staff or the public (i.e. keys left in the lock, on a counter, hung on a hook; or combinations widely distributed or posted) are not considered secure. If the key or the combination is not secure, the drugs are not secure.</p> <p>The veterinary establishment may want to ask self-assessment questions such as the following:</p> <ul style="list-style-type: none"> • Do procedures cover securing drugs from arrival at the establishment until administration to the patient or distribution to the client? • Are drugs that must be maintained in a secure manner ever stored in an unlocked refrigerator? • Are blank prescription pads lying around the office where anyone could tear one or more off? <p>An unlicensed person may receive and open packages with unknown contents that may potentially contain drugs. However, once it is determined that the contents include Schedule II, III, IV or V drugs, the handling of the package contents must be turned over to the veterinarian, veterinary technician, pharmacist or pharmacy technician.</p> <p>In a stationary establishment, the general stock of Schedule II through V drugs shall be stored in a securely locked cabinet or safe that is not easily movable.</p> <p>Guidance Requirement for a locked cabinet or safe that not easily movable is new, non-compliance will be noted, but no violation will be cited for failure to have a locked cabinet or safe that is not easily movable until January 1, 2019</p>
12	Major 5 points	18VAC150-20-190(D)(1)	<p>Guidance Requirement for a locked cabinet or safe that not easily movable is new, non-compliance will be noted, but no violation will be cited for failure to have a locked cabinet or safe that is not easily movable until January 1, 2019</p>

13	Major 5 points	18VAC150-20-190(D)(2)	<p>The establishment may also have a working stock of Schedules II through V drugs that shall be kept in (i) a securely locked container, cabinet, or safe when not in use or (ii) direct possession of a veterinarian or veterinary technician. A working stock shall consist of only those drugs that are necessary for use during a normal business day or 24 hours, whichever is less.</p> <p><u>Guidance</u> Working stock that is in use during a procedure or treatment must remain within eyesight and supervision of a veterinarian or veterinary technician at all times. Requirements related to working stock is new, non-compliance will be noted, but no violation will be cited for failure to maintain working stock per the regulatory requirements until January 1, 2019.</p> <p>Whenever the establishment is closed, all general and working stock of Schedules II through V drugs and any dispensed prescriptions that were not delivered during normal business hours shall be securely stored as required for the general stock.</p>
14	Major 5 points	18VAC150-20-190(D)(3)	<p><u>Guidance</u> Requirements related to working stock and dispensed prescriptions is new, non-compliance will be noted, but no violation will be cited for failure to maintain working stock per the regulatory requirements until January 1, 2019.</p> <p>Prescriptions that have been dispensed and prepared for delivery shall be maintained under lock or in an area that is not readily accessible to the public and may be delivered to an owner by an unlicensed person, as designated by the veterinarian.</p>
15	Major 5 points	18VAC150-20-190(D)(4)	<p><u>Guidance</u> Requirements related to dispensed prescriptions is new, non-compliance will be noted, but no violation will be cited for failure to maintain working stock per the regulatory requirements until January 1, 2019.</p> <p>Whenever a theft of or any unusual loss of Schedule II through V drugs is discovered the VIC, or in his absence, his designee, shall immediately report such theft or loss to the Board of Veterinary Medicine and the Board of Pharmacy and to the DEA. The report to the boards shall be in writing and sent electronically or by regular mail. The report the DEA shall be in accordance with 21 CFR 1301.76(b). If the VIC is unable to determine the exact kind and quantity of the drug loss, he shall immediately take a complete inventory of all Schedules II through V drugs.</p>
16	Major 3 points	18VAC150-20-190(D)(5) § 54.1-3404(E)	<p><u>Guidance</u> Whenever a theft or any other unusual loss of a controlled substance is discovered, the veterinarian-in-charge is required by state and federal laws and/or regulations to immediately report such theft or loss to all of the following:</p> <ol style="list-style-type: none"> 1. Virginia Board of Veterinary Medicine; 2. Virginia Board of Pharmacy; and 3. U.S. Drug Enforcement Administration. <p>The Boards of Veterinary Medicine and Pharmacy request written notification sent via email or letter. The Board of Veterinary Medicine recommends contacting local law enforcement. Reports to the DEA must be made in accordance with 21 C.F.R. § 1301.76(b).</p>

17	Major 2 points	18VAC150-20-190(E)	<p>Schedules II through V shall be destroyed by (i) transferring the drugs to another entity authorized to possess or provide for proper disposal of such drugs or (ii) destroying the drugs in compliance with applicable local, state and federal laws and regulations. If Schedules II through V drugs are to be destroyed, a DEA drug destruction form shall be fully completed and used as the record of all drugs to be destroyed. A copy of the destruction form shall be retained at the veterinary practice site with other inventory records.</p> <p>Guidance Inspectors will verify that Schedule II, III, IV and V drugs are properly destroyed in accordance with DEA requirements available at http://www.deadiversion.usdoj.gov/drug_disposal/index.html</p> <p>Disposal of Controlled Substances A practitioner may dispose of out-of-date, damaged, or otherwise unusable or unwanted controlled substances, including samples, by transferring them to a registrant who is authorized to receive such materials. These registrants are referred to as "Reverse Distributors." The practitioner should contact the local DEA field office for a list of authorized Reverse Distributors. Schedule I and II controlled substances should be transferred via the DEA Form 222, while Schedule III-V compounds may be transferred via invoice. The practitioner should maintain copies of the records documenting the transfer and disposal of controlled substances for a period of two years. It is recommended that Schedule VI drugs be destroyed in the same manner as Schedule III-V drugs. Expired drugs may be considered adulterated drugs, may not be transferred or donated, and must be destroyed as required by federal/state laws and regulations.</p> <p>The drug storage area has appropriate provision for temperature control for all drugs and biologics. If drugs requiring refrigeration are maintained at the facility, they shall be kept in a refrigerator with interior thermometer maintained between 36°F and 46°F. If a refrigerated drug is in Schedules II through V, the drug shall be kept in a locked container secured to the refrigerator, or the refrigerator shall be locked. Drugs stored at room temperature are maintained between 59°F and 86°F.</p>
18	Major 2 points	18VAC150-20-190(F)	<p>Guidance Requirements for refrigerated Schedule II through V to be kept in a locked container secured to the refrigerator or in a locked refrigerator is new; non-compliance will be noted, but no violation will be cited for failure to have secured storage for refrigerated Schedule II through V drugs until January 1, 2019.</p> <p>The stock of drugs shall be reviewed frequently, and expired drugs shall be removed from the working stock of drugs at the expiration date and shall not be administered or dispensed.</p> <p>Guidance The expiration date on all drugs, including prepackaged stock, should be regularly checked and drugs that are expired shall be separated from working stock. A drug expires on the month, day and year listed on the container. If only a month and year are provided, drug expires on the last day of the month listed on container.</p> <p>Pursuant to the Code of Virginia, § 54.1-3401 defines "drug" to mean (i) articles or substances recognized in the official United States Pharmacopoeia National Formulary or official Homeopathic Pharmacopoeia of the United States, or any supplement to any of them; (ii) articles or substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; (iii) articles or substances, other than food, intended to affect the structure or any function of the body of man or animals; (iv) articles or substances intended for use as a component of any article specified in clause (i), (ii), or (iii); or (v) a biological product. A vaccine is considered to be a drug and should be removed from working stock once expired.</p> <p>Points assigned: 5 points for 6 or more expired drugs; or 4 points for 1-5 drugs expired 60 days or more; or 3 points for 1-5 drugs expired less than 60 days. If expired drugs are found in both less than 60 days or more than 60 day categories, the higher point value of 4 is assigned.</p>
19	Major 5 points 4 points 3 points See guidance	18VAC150-20-190(G)	<p>Guidance The expiration date on all drugs, including prepackaged stock, should be regularly checked and drugs that are expired shall be separated from working stock. A drug expires on the month, day and year listed on the container. If only a month and year are provided, drug expires on the last day of the month listed on container.</p> <p>Pursuant to the Code of Virginia, § 54.1-3401 defines "drug" to mean (i) articles or substances recognized in the official United States Pharmacopoeia National Formulary or official Homeopathic Pharmacopoeia of the United States, or any supplement to any of them; (ii) articles or substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; (iii) articles or substances, other than food, intended to affect the structure or any function of the body of man or animals; (iv) articles or substances intended for use as a component of any article specified in clause (i), (ii), or (iii); or (v) a biological product. A vaccine is considered to be a drug and should be removed from working stock once expired.</p> <p>Points assigned: 5 points for 6 or more expired drugs; or 4 points for 1-5 drugs expired 60 days or more; or 3 points for 1-5 drugs expired less than 60 days. If expired drugs are found in both less than 60 days or more than 60 day categories, the higher point value of 4 is assigned.</p>

Commonwealth of Virginia - Department of Health Professions
 Veterinary Medicine Establishment Inspection Report

20	Major 5 points 3 points See guidance	18VAC150-20-190(H) § 54.1-3404	<p>A distribution record shall be maintained in addition to the patient's record, in chronological order, for the administering and dispensing of Schedules II through V drugs. The distribution record shall include the following:</p> <ol style="list-style-type: none"> 1. Date of transaction. 2. Drug name, strength, and the amount dispensed, administered and wasted. 3. Owner and animal identification; and 4. Identification of the veterinarian authorizing the administration or dispensing of the drug. <p><u>Guidance</u> The veterinarian's initials are acceptable to meet the requirement of "identification of the veterinarian." When a veterinarian with a veterinary establishment registration uses the surgery facilities of another veterinary establishment, the drug distribution log(s) must clearly show whose controlled substances were used for what purpose. If the facility's stock is used, the hospital log must show that the surgery was performed by a visiting veterinarian who has the patient record and a record of administration shall be maintained at the facility. If the visiting veterinarian uses his own stock of drugs, he must make entries in his own log and patient records and shall leave a copy of the record at the veterinary establishment where the surgery was performed. Points assigned: 5 points for no record; or 3 points for incomplete record or records not maintained in chronological order. Original invoices for all Schedules II through V drugs received shall be maintained in chronological order on the premises where the stock of drugs is held and the actual date of receipt shall be noted. All drug records shall be maintained for a period of three years from the date of transaction.</p>
21	Major 5 points 3 points See guidance	18VAC150-20-190(I) § 54.1-3404	<p><u>Guidance</u> The original invoices, not copies, need to be filed in chronological order. Do not file the invoices by supplier, by drug or any other filing method other than in chronological order. Points assigned: 5 points for no record; or 3 points for an incomplete record or a record not maintained for three years. Requirement to maintain records for three years is new non-compliance will be noted, but no violation will be cited for failure to maintain records for three years and January 1, 2019. A violation will be cited if records are not maintained for two years as previously required. A complete and accurate inventory of all Schedules II through V drugs shall be taken, dated, and signed on any date which is within two years of the previous biennial inventory. The biennial inventory:</p> <ol style="list-style-type: none"> 1. Must have the drug strength specified. 2. Shall indicate if it was taken at the opening or closing of business. 3. Shall be maintained on premises where the drugs are held for two years from the date of taking the inventory. <p><u>Guidance</u> The inventory must be taken on any date which is within two year of the previous inventory, but may be taken more often. The purpose of indicating whether the biennial inventory was taken at the opening or closing of business is to determine whether the drugs received or used on the day of the inventory should be counted, if a drug audit is conducted. Expired Schedule II through V drugs that are removed from working stock but still on premises during a biennial inventory must be counted. The performance of the biennial inventory may be delegated to another licensee, provided the VIC signs and dates the inventory and remains responsible for its content and accuracy.</p> <p>Points assigned: 5 points if inventory not done within two years of the previous inventory and/or is missing required information; or 3 points if the inventory is only missing required information.</p>
22	Major 5 points 3 points See guidance	18VAC150-20-190(J) § 54.1-3404	<p><u>Guidance</u> The inventory must be taken on any date which is within two year of the previous inventory, but may be taken more often. The purpose of indicating whether the biennial inventory was taken at the opening or closing of business is to determine whether the drugs received or used on the day of the inventory should be counted, if a drug audit is conducted. Expired Schedule II through V drugs that are removed from working stock but still on premises during a biennial inventory must be counted. The performance of the biennial inventory may be delegated to another licensee, provided the VIC signs and dates the inventory and remains responsible for its content and accuracy.</p> <p>Points assigned: 5 points if inventory not done within two years of the previous inventory and/or is missing required information; or 3 points if the inventory is only missing required information.</p>

23	Major 5 points 3 points See guidance	18VAC150-20-190(K)	<p>Inventories and records, including original invoices, of Schedule II drugs shall be maintained separately from all other records, and the establishment shall maintain a continuous inventory of all Schedule II drugs received, administered, or dispensed, with reconciliation at least monthly. Reconciliation requires an explanation noted on the inventory for any difference between the actual physical count and the theoretical count indicated by the distribution records. A continuous inventory shall accurately indicate the physical count of each Schedule II drug in the general and working stocks at the time of performing the inventory.</p> <p><u>Guidance</u> Points assigned: 5 points if inventory not done monthly and/or is missing required information; or 3 points if the inventory is only missing required information. Requirements related to monthly reconciliation of Schedule II drugs is new, non-compliance will be noted, but no violation will be cited for failure to meet monthly reconciliation requirements until January 1, 2019. A violation will be cited if original invoices are not maintained separately from other records as previously required.</p> <p>If a limited stationary or ambulatory practice uses the facilities of another veterinary establishment, the drug distribution log shall clearly reveal whose Schedules II through V drugs were used. If the establishment's drug stock is used, the distribution record shall show that the procedure was performed by a visiting veterinarian who has the patient record. If the visiting veterinarian uses his own stock of drugs, he shall make entries in his own distribution record and in the patient record and shall leave a copy of the patient record at the other establishment.</p> <p><u>Guidance</u> Points assigned: 5 points for no record; or 3 points for incomplete record(s).</p>
24	Major 5 points 3 points See guidance	18VAC150-20-190(M)	<p><u>Bulk Reconstitution of Injectable, Bulk Compounding or Prepackaging</u> Veterinary establishments in which bulk reconstitution of injectable, bulk compounding or the prepackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration, whichever is greater.</p> <p>Reconstitution, compounding and prepackaging records shall show the following:</p> <ol style="list-style-type: none"> 1. Name of the drugs used; 2. Strength, if any; 3. Date repackaged; 4. Quantity prepared; 5. Initials of the veterinarian verifying the process; 6. Assigned lot or control number; 7. Manufacturer's or distributor's name and lot or control number; and 8. Expiration date. <p><u>Guidance</u> When drugs are taken from a stock bottle and put into another container prior to prescribing in anticipation of future dispensing, the drugs are considered to be prepackaged. Dispensing, labeling and recordkeeping requirements must be followed when prepackaging drugs.</p> <p>Transferring drugs to another container can affect the stability of the product. Expiration dates play an important role in maintaining the stability of a drug. The expiration date for a drug prepackaged is the same as the original stock bottle or is one year from the date of transfer whichever is less. It is best practice to store drugs under conditions which meet the United States Pharmacopeia and the National Formulary (USP-NF) specifications or manufacturers' suggested storage for each drug.</p> <p><u>Patient/Medical Recordkeeping</u> All veterinary establishments must have storage for records.</p>
25	Major 2 points	18VAC150-20-190(L)	<p><u>Bulk Reconstitution of Injectable, Bulk Compounding or Prepackaging</u> Veterinary establishments in which bulk reconstitution of injectable, bulk compounding or the prepackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration, whichever is greater.</p> <p>Reconstitution, compounding and prepackaging records shall show the following:</p> <ol style="list-style-type: none"> 1. Name of the drugs used; 2. Strength, if any; 3. Date repackaged; 4. Quantity prepared; 5. Initials of the veterinarian verifying the process; 6. Assigned lot or control number; 7. Manufacturer's or distributor's name and lot or control number; and 8. Expiration date. <p><u>Guidance</u> When drugs are taken from a stock bottle and put into another container prior to prescribing in anticipation of future dispensing, the drugs are considered to be prepackaged. Dispensing, labeling and recordkeeping requirements must be followed when prepackaging drugs.</p> <p>Transferring drugs to another container can affect the stability of the product. Expiration dates play an important role in maintaining the stability of a drug. The expiration date for a drug prepackaged is the same as the original stock bottle or is one year from the date of transfer whichever is less. It is best practice to store drugs under conditions which meet the United States Pharmacopeia and the National Formulary (USP-NF) specifications or manufacturers' suggested storage for each drug.</p> <p><u>Patient/Medical Recordkeeping</u> All veterinary establishments must have storage for records.</p>
26	Major 2 points	18VAC150-20-200(A)(6)(f)	<p><u>Patient/Medical Recordkeeping</u> All veterinary establishments must have storage for records.</p>

27	Major 5 points 3 points See guidance	18VAC150-20-195(A) A legible, daily record of each patient treated shall be maintained at the veterinary establishment and shall include at a minimum: 1. Name of the patient and the owner; 2. Identification of the treating veterinarian and of the person making the entry (Initials may be used if a master list that identifies the initials is maintained.); 3. Presenting complaint or reason for contact; 4. Date of contact; 5. Physical examination findings; 6. Tests and diagnostics performed and results; 7. Procedures performed, treatment given, and results; 8. Drugs administered, dispensed or prescribed, including quantity, strength and dosage, and route of administration. For vaccines identification of the lot and manufacturer shall be maintained; 9. Radiographs or digital images clearly labeled with identification of the establishment of the patient name, date taken, and anatomic specificity. If an original radiograph or digital image is transferred to another establishment or released to the owner, a records of this transfer or release shall be maintained on or with the patient's records; and 10. Any specific instructions for discharge or referrals to other practitioners. <u>Guidance</u> A medical record should allow any veterinarian, by reading the record, to proceed with the proper treatment and care of the animal and allow the Board or other agency to determine the advice and treatment recommended and performed by the practitioner. The use of preprinted forms, stamps, or stickers is encouraged. Standardized medical abbreviations may be used to make recordkeeping. Handwritten records must be legible to be useful. If the veterinarian discovers that the record is incomplete or in error, the veterinarian may amend the record, being sure to date and initial when the amendment was made. Each record entry should be dated and identify the person making the entry. Points assigned: 5 points for no records; or 3 points for only missing required information. Requirement for documenting discharge and return information is new, non-compliance will be noted, but no violation will be cited for failure to document discharge and return information until January 1, 2019. A violation will be used for other record-keeping requirements as previously required. An individual record shall be maintained on each patient, except that records for economic animals or litters of companion animals under the age of four months may have records maintained on a per owner basis. Patient records, including radiographs or digital images, shall be kept for a period of three years following the last office visit or discharge of such animal from a veterinary establishment.
28	Major/ Minor 3 points 1 point See guidance	18VAC150-20-195(B)
29	Major 2 points	18VAC150-20-195(C) <u>Guidance</u> Points assigned: 3 points if individual records not maintained on each patient; and/or 1 point if records not maintained for required time period. An initial rabies certificate for an animal receiving a primary rabies vaccination shall clearly display the following information: "An animal is not considered immunized for at least 28 days after the initial or primary vaccination is administered."

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STANDARDS FOR VETERINARY ESTABLISHMENTS

Stationary Establishment

- Open 24 hours a day: Inspect Parts A, B, C, H, I, J, K, L, M
- Open less than 24 a day
 - With Surgery: Inspect Parts A, B, D, H, I, J, K, L, M
 - Without Surgery: Inspect Parts A, B, D, H, I, K, L, M

Ambulatory

- Agricultural or Equine: Inspect Parts A, E, F, J, L, M
- House Call or Proceduralist: Inspect Parts A, E, G, I, L, M
- Mobile Service with Surgical Suite: Inspect Parts A, E, H, I, J, K, L, M
- Mobile Service without Surgical Suite: Inspect Parts A, E, H, I, K, L, M

Part A: All Veterinary Establishments

When there is a veterinary preceptee or extern practicing in the establishment, the supervising veterinarian shall disclose such practice to owners. The disclosure shall be by signage clearly visible to the public or by inclusion on an informed consent form.

Part B: All Stationary Veterinary Establishments

A separate establishment registration is required for separate practices that share the same location.

When the scope of practice is less than full service, a specifically limited [stationary] establishment registration shall be required. Such establishments shall have posted in a conspicuous manner the specific limitations on the scope of practice on a form provided by the board.

Guidance

The registration will include any limitations and will be considered the "form provided by the board." A registration is considered to be in a "place conspicuous to the public" when it is hung in an area that is easily accessed and read by the public. The original license or registration (not a photocopy) should be posted or available for inspection. Duplicate copies of a registration can be obtained through the Board of Veterinary Medicine's office for a small fee. Any license or registration that is expired will be reported and documentation of practicing without a valid license or permit will be obtained.

Part C: Stationary Veterinary Establishments - Open 24 hours/day

A stationary establishment that is open to the public 24 hours a day shall have licensed personnel on premises at all times and shall be equipped to handle emergency critical care and hospitalization. The establishment shall have radiology/imaging and laboratory services available on site.

Part D: Stationary Veterinary Establishments - Open Less than 24 hours/day

A stationary establishment that is not open to the public 24 hours a day shall have licensed personnel available during its advertised hours of operation and shall disclose to the public that the establishment does not have continuous staff, in compliance with § 54.1-3806.1 of the Code of Virginia.

Guidance

The Disclosure form cannot be printed on the front or back of another document. It can be smaller than a standard piece of paper. Points assigned: 3 points for missing form; and/or 1 point if form not compliant.

Part E: All Ambulatory Veterinary Establishments

A separate establishment registration is required for separate practices that share the same location.

Part F: Ambulatory Veterinary Establishments - Agricultural and Equine Establishments

An agricultural or equine ambulatory establishment is a mobile practice in which health care is performed at the location of the animal. Surgery may be performed as part of an agricultural or equine ambulatory practice provided the establishment has surgical supplies.

30	Minor 1 point	18VAC150-20-130(C)	Part A: All Veterinary Establishments When there is a veterinary preceptee or extern practicing in the establishment, the supervising veterinarian shall disclose such practice to owners. The disclosure shall be by signage clearly visible to the public or by inclusion on an informed consent form.
31	Major 5 points	18VAC150-20-200(D)	Part B: All Stationary Veterinary Establishments A separate establishment registration is required for separate practices that share the same location.
32	Minor 1 point	18VAC150-20-200(C)	When the scope of practice is less than full service, a specifically limited [stationary] establishment registration shall be required. Such establishments shall have posted in a conspicuous manner the specific limitations on the scope of practice on a form provided by the board.
33	Major 5 points	18VAC150-20-200(B)(1)	Part C: Stationary Veterinary Establishments - Open 24 hours/day A stationary establishment that is open to the public 24 hours a day shall have licensed personnel on premises at all times and shall be equipped to handle emergency critical care and hospitalization. The establishment shall have radiology/imaging and laboratory services available on site.
34	Minor 3 points 1 point See guidance	18VAC150-20-200(B)(2) § 54.1-3806.1	Part D: Stationary Veterinary Establishments - Open Less than 24 hours/day A stationary establishment that is not open to the public 24 hours a day shall have licensed personnel available during its advertised hours of operation and shall disclose to the public that the establishment does not have continuous staff, in compliance with § 54.1-3806.1 of the Code of Virginia.
35	Major 5 points	18VAC150-20-201(D)	Part E: All Ambulatory Veterinary Establishments A separate establishment registration is required for separate practices that share the same location.
36	Major 5 points	18VAC150-20-201(A)	Part F: Ambulatory Veterinary Establishments - Agricultural and Equine Establishments An agricultural or equine ambulatory establishment is a mobile practice in which health care is performed at the location of the animal. Surgery may be performed as part of an agricultural or equine ambulatory practice provided the establishment has surgical supplies.

				instruments, and equipment commensurate with the kind of surgical procedures performed.
				Part G: Ambulatory Veterinary Establishments – House Call or Proceduralist Establishment
37	Major 5 points	18VAC150-20-200(B)		A house call or proceduralist establishment is an ambulatory practice in which health care of small animals is performed at the residence of the owner of the small animal or another establishment registered by the board. A veterinarian who has established a veterinarian-owner-patient relationship with an animal at the owner's residence or at another registered veterinary establishment may also provide care for that animal at the location of the animal.
38	Major 5 points	18VAC150-20-200(B)(1)		A house call or proceduralist practice may only perform surgery in a surgical suite at a registered establishment that has passed inspection. However, surgery requiring only local anesthetics may be performed at a location other than in a surgical suite. <u>Guidance</u> The locations where surgeries are performed should be maintained for the inspector's review. The house call or proceduralist practice is compliant if the surgery suite used was inspected and part of another registered veterinary establishment.
				Part H: Buildings and Grounds
39	Major 2 points	18VAC150-20-200(A)(1)		Buildings and ground must be maintained to provide sanitary facilities for the care and medical well-being of patients.
40	Minor 1 point	18VAC150-20-200(A)(1)(a)		Temperature, ventilation, and lighting must be consistent with the medical well-being of patients. <u>Guidance</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.
41	Minor 1 point	18VAC150-20-200(A)(1)(b)(1)		There shall be on premises hot and cold running water of drinking quality, as defined by the Virginia Department of Health. <u>Guidance</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.
42	Minor 1 point	18VAC150-20-200(A)(1)(b)(2)		There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations. <u>Guidance</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.
43	Minor 1 point	18VAC150-20-200(A)(1)(b)(3)		There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more. <u>Guidance</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.
44	Minor 1 point	18VAC150-20-200(A)(1)(c)		Sanitary toilet and lavatory shall be available for personnel and owners. <u>Guidance</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.
45	Minor 1 point	18VAC150-20-200(A)(2)(a)		The areas within the facility shall include a reception area separate from other designated rooms. <u>Guidance</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.
46	Minor 1 point	18VAC150-20-200(A)(2)(b)		The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces. <u>Guidance</u> A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.

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47	Minor 1 point	<p>Part I: Establishments Performing Surgery The areas within the facility shall include a room that is reserved only for surgery and used for no other purpose.</p>
48	Minor 1 point	<p>The surgery room shall have walls constructed of nonporous material and extending from the floor to ceiling.</p>
49	Minor 1 point	<p>The surgery room shall be of a size adequate to accommodate a surgical table, anesthesia support equipment, surgical supplies, and all personnel necessary for safe performance of the surgery.</p>
50	Minor 1 point	<p>The surgery room shall be kept so that storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures.</p>
51	Minor 1 point	<p>Guidance Items that are not normally related to surgery may not be stored in the surgery room. Dentistry can include surgical procedures (for example: extractions, fistula repair, subgingival cleaning, etc.). Therefore, dental units may be stored and used in a surgery room. The surgery room shall have a surgical table made of non-porous material.</p>
52	Minor 1 point	<p>The surgery room shall have surgical supplies, instruments, and equipment commensurate with the kind of services provided.</p>
53	Minor 1 point	<p>The surgery room shall surgical and automatic emergency lighting to facilitate performance of procedures.</p>
54	Minor 1 point	<p>Guidance Section 150-20-10 of the <i>Regulations Governing the Practice of Veterinary Medicine</i> defines "automatic emergency lighting" to mean lighting which is powered by battery, generator, or alternate power source other than electrical power, is activated automatically by electrical power failure, and provides sufficient light to complete surgery or to stabilize the animal until surgery can be continued or the animal moved to another establishment. The surgery room for establishments that perform surgery on small animals, have a door to close off the surgery room from other areas of the practice.</p>
55	Minor 1 point	<p>Any addition or renovation of a stationary establishment or ambulatory establishment that involves changes to the structure or composition of a surgery room shall require reinspection by the board and payment of the required fee prior to use.</p>
56	Major 5 points	<p>Part J: Laboratory The veterinary establishment shall have, at a minimum, proof of use of either in-house laboratory service or outside laboratory services for performing lab tests, consistent with appropriate professional care for the species being treated.</p>
57	Minor 1 point	<p>Guidance Stationary facilities open 24 hours a day are required to have onsite laboratory services. For all other veterinary establishments which may opt to use an outside laboratory service, a letter, email, or invoice may serve as documentation for compliance purposes.</p>
58	Minor 1 point	<p>Part K: Housing For housing animals, the establishment shall provide an animal identification system at all times when housing an animal.</p>
59	Minor 1 point	<p>For housing animals, the establishment shall provide accommodations of appropriate size and construction to prevent residual contamination or injury. A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.</p>
60	Minor 1 point	<p>For housing animals, the establishment shall provide accommodations allowing for the effective separation of contagious and noncontagious patients. For housing animals, the establishment shall provide exercise areas that provide and allow effective separation of animals or walking the animals at medically appropriate intervals.</p>

	61	Minor 1 point	18VAC150-20-200(A)(5)	<p>Part L: Radiology A veterinary establishment shall either have radiology service in-house or documentation of outside service for obtaining diagnostic-quality radiographs.</p> <p><u>Guidance</u> Stationary facilities open 24 hours a day are required to have onsite radiology/imaging services. For all other veterinary establishments which may opt to use an outside radiology/imaging service, a letter, email, or invoice may serve as documentation for compliance purposes. If radiology is in-house, the establishment shall document that radiographic equipment complies with Part VI (12VAC5-481-1581 et seq.), Use of Diagnostic X-Rays in the Healing Arts, of the Virginia Radiation Protection Regulations of the Virginia Department of Health.</p>
	62	Major 5 points	18VAC150-20-200(A)(5)(a)	<p><u>Guidance</u> Dental units are considered to be radiographic equipment. If radiology is in-house, maintain and utilize lead aprons and gloves and individual radiation exposure badges for each employee exposed to radiographs. A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.</p>
	63	Major 5 points	18VAC150-20-200(A)(5)(b)	<p>Part M: Minimum Equipment Minimum equipment in the establishment shall include an appropriate method of sterilizing instruments.</p> <p><u>Guidance</u> Veterinary establishments must have an appropriate method of sterilizing instruments. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided. Minimum equipment in the establishment shall include internal and external sterilization monitors.</p>
	64	Minor 1 point	18VAC150-20-200(A)(6)(a)	<p><u>Guidance</u> Veterinary establishments must have an appropriate method for internal and external sterilization monitoring. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided. Minimum equipment in the establishment shall include a stethoscope.</p>
	65	Minor 1 point	18VAC150-20-200(A)(6)(b)	<p><u>Guidance</u> Veterinary establishments must have an appropriate method of sterilizing instruments. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided. Minimum equipment in the establishment shall include a stethoscope.</p>
	66	Minor 1 point	18VAC150-20-200(A)(6)(c)	<p><u>Guidance</u> Veterinary establishments must have an appropriate method for internal and external sterilization monitoring. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided. Minimum equipment in the establishment shall include a stethoscope.</p>
	67	Minor 1 point	18VAC150-20-200(A)(6)(d)	<p><u>Guidance</u> Ambulatory agricultural/equine and house call/proceduralist veterinary establishments are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided. Minimum equipment in the establishment shall include adequate means of determining patient's weight.</p>
	68	Minor 1 point	18VAC150-20-200(A)(6)(e)	<p><u>Guidance</u> Veterinary establishments must have an appropriate method of sterilizing instruments. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.</p>

POINT TOTAL

(Violations cited during last and current inspections are repeat violations and receive double the assigned point value)

Current Inspection Point Total	
Repeat Violation Point Total	
Total Points	

COMMENTS:

This animal facility has been inspected by an inspector of the Department of Health Professions. I acknowledge that the conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of the inspection report.

Immediate correction is expected for any conditions reported on this inspection report that may constitute a violation of the statutes and regulations governing veterinary medicine.

A copy of this inspection report will be reviewed by the Board of Veterinary Medicine office. If it is discovered that any of the deficiencies warrant further Board action, then I will be notified, and a reinspection may be conducted.

Signature of Inspector

(Revised 02/13)

Date

Signature of Person Receiving Inspection Report

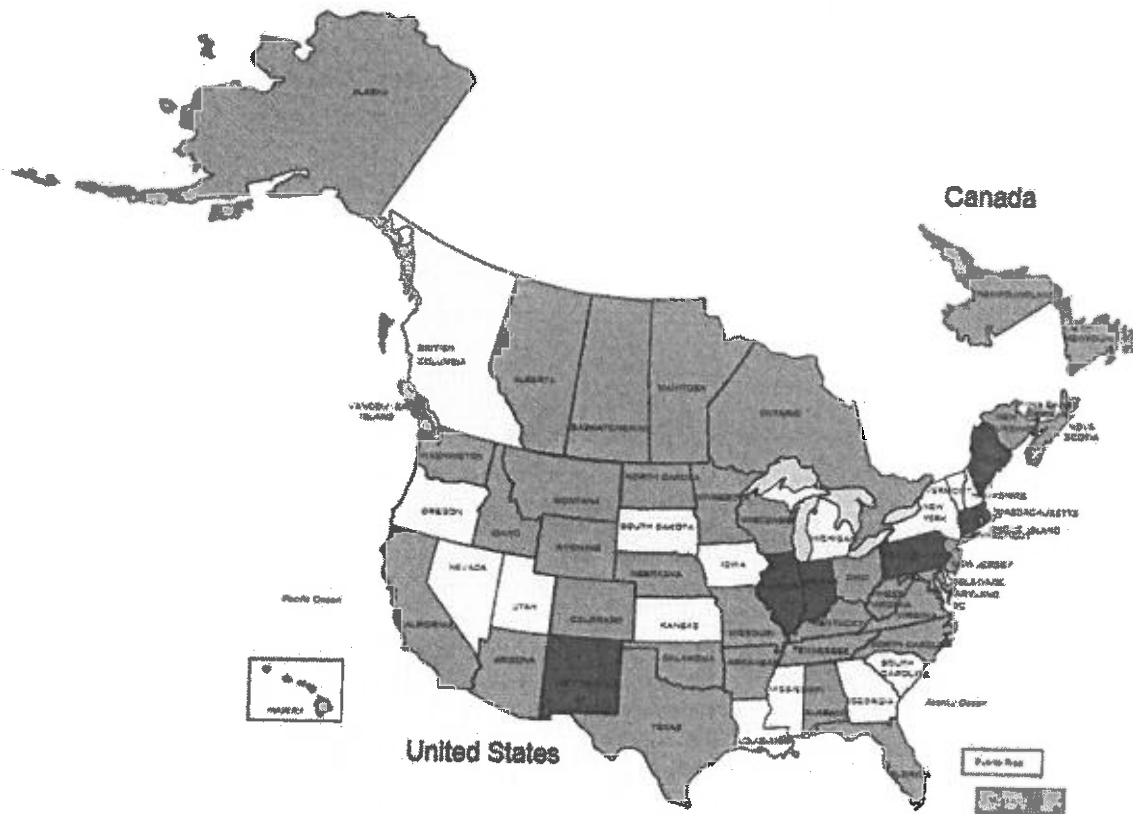
Date

2018 AAVSB Annual Meeting & Conference Summary

Below are the highlights from the 2018 Annual Meeting & Conference held in Washington DC from September 13-15, 2018.

Business Sessions

This year's business sessions included voting on the nominees for the open positions, proposed Bylaws amendments, a resolution, updates to the Practice Act Model (PAM), including a new definition of a Veterinarian-Client-Patient Relationship (VCPR), and proclamations. There were a record 55 Delegates in attendance as well as 38 Alternate Delegates.



Key: Green = 2 delegates; Yellow = 1 delegate; Red = 0 delegates

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The **two proposed Bylaws amendments** were approved by the Delegates.

The Delegates elected the following:

AAVSB Board of Directors

**President-Elect
Directors**

Roger Redman, DVM (OH)
Vito DelVento, DVM (DC)
Larry McTague, DVM (OK)
Frank Richardson, DVM (NS)

Michael Gotchey, DVM (CO), moved into the **President** position. Chris Runde, DVM (MD), Kim Gemeinhardt, DVM (NC), Leslie Knachel (VA), and Timothy Kolb, DVM, (OH), continue as **Directors**. Mark Olson, DVM, (KS) moved into the role of **Immediate Past President**.

ICVA Representatives

Jon Betts, DVM (OR)
Kathy Bowler (CA)

Resolution 2018-1 was passed by the Delegates.

The **updates to the Practice Act Model** were passed by the Delegates. A separate vote was taken for the new definition of a VCPR, which also passed.

Program and Services Report AAVSB Executive Director James T. Penrod, CAE, FASLA, ICVA CEO Heather Case, DVM, and the AAVSB representatives to the ICVA entertained questions regarding their organization's respective programs and services.

Proclamations 2018-1, 2018-2, 2018-3, 2018-4, and 2018-5 were passed by the Delegates.

Educational Presentations

Federal Trade Commission Update

Ms. Tara Koslov from the Federal Trade Commission reported on how competition benefits consumers of licensed professional services, the FTC policy and enforcement activities involving veterinary services and products, license portability and telehealth. She reviewed what the FTC and Regulatory Boards have in common and specifically addressed other FTC works of interest to the veterinary community including pet medications, antitrust enforcement, consumer protection enforcement, advocacy comments and consumer education. She also took questions from attendees.

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Legislative Update

Ashley Morgan, DVM, CAE, and Kent McClure, DVM, JD, presented a review of current legislation surrounding veterinary regulation. They provided information regarding licensure, scope of practice, and pharmacy-related issues. They also reported how different states address animal drug compounding, whether states include or exempt veterinarians in the prescription drug monitoring program, and opioid resources for veterinarians.

License Mobility Workshop

James T. Penrod, CAE, FASLA, facilitated a discussion to identify the Member Boards' barriers to license mobility and investigate solutions. Mr. Penrod addressed the issues with licensure both from the licensee and the Member Board perspective. Each table identified the impediments to license mobility, discussed solution options, came to consensus on a recommendation, and reported their findings.

Unmerged to Merged and Back: A Case Study in Legislative Relationships

Dirk Hanson, DVM, outlined how and why the Kansas Board of Veterinary Examiners went from an unmerged agency to a merged agency and back to an unmerged regulatory body while building relationships with state legislators.

Licensure from a Student Perspective

Kim Gemeinhardt, DVM, and Leslie Knachel presented information regarding how to demystify the licensure process for veterinary and veterinary technology students.

Regulating Veterinary Technicians

Debbie Whitten, LVT, Irene Moore, DVM, and Anne Duffy, RVT, discussed the Veterinary Nurse Initiative, the AAVSB VAULT program, and the proposed Foreign Veterinary Technician Education Equivalence Program.

Top Legal Cases

Dale Atkinson, JD, presented his annual Top Legal Cases, including relevant stories from today's headlines.

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Virginia Board of Veterinary Medicine
Use of Compounded Drugs in Veterinary Practice

Guidance

Q: May a veterinarian prescribe a compounded drug product?

A: A Virginia licensed veterinarian may prescribe a compounded drug product by preparing a valid prescription pursuant to federal and state laws and regulations for an individual patient with which there exists a valid veterinarian-client-patient relationship. The client may obtain the compounded drug product from a pharmacy of their choice that is properly licensed by the Virginia Board of Pharmacy. The payment arrangements for a prescribed compounded drug product are not under the purview of the Board of Veterinary Medicine. However, a pharmacist must be compliant with the Virginia Board of Pharmacy regulation, 18VAC110-20-390(A), which states “*A pharmacist shall not solicit or foster prescription practice with a prescriber of drugs or any other person providing for rebates, ‘kickbacks,’ fee-splitting, or special charges in exchange for prescription orders unless fully disclosed in writing to the patient and any third party payor.*”

Q: May a veterinarian obtain compounded drug products from a pharmacy for administration in his/her office?

A: Yes, a Virginia licensed veterinarian may obtain compounded drug products from a pharmacy that is properly licensed by the Virginia Board of Pharmacy for *administration* in the course of their professional practice.

Q: May a veterinarian *dispense* a compounded drug product?

A: A veterinarian may dispense a compounded drug product as follows:

Drug Compounded by Veterinarian in Veterinary Facility

A veterinarian may dispense a compounded drug produce *if it is compounded by the veterinarian* pursuant to Virginia Code § 54.1-3410.2(J).

Drug Compounded by Pharmacy and Purchased by Veterinarian

A veterinarian may only dispense a compounded drug obtained from a pharmacy under the conditions set forth in § 54.1-3301(2) which states “... a veterinarian shall only be authorized to dispense a compounded drug, distributed from a pharmacy, when (i) the animal is his own patient, (ii) the animal is a companion animal as defined in regulations promulgated by the Board of Veterinary Medicine, (iii) the quantity dispensed is no more than a seven-day supply, (iv) the compounded drug is for the treatment of an emergency condition, and (v) timely access to a compounding pharmacy is not available, as determined by the prescribing veterinarian;...”

Q: What is the penalty for a licensee of the Virginia Board of Veterinary Medicine who is found to be dispensing compounded drug product not in accordance with federal law or the Virginia Drug Control Act?

A: The licensee may be subject to disciplinary action.

Applicable Laws

§ 54.1-3301. Exceptions.

This chapter shall not be construed to:

- 1. Interfere with any legally qualified practitioner of dentistry, or veterinary medicine or any physician acting on behalf of the Virginia Department of Health or local health departments, in the compounding of his prescriptions or the purchase and possession of drugs as he may require;*
- 2. Prevent any legally qualified practitioner of dentistry, or veterinary medicine or any prescriber, as defined in § 54.1-3401, acting on behalf of the Virginia Department of Health or local health departments, from administering or supplying to his patients the medicines that he deems proper under the conditions of § 54.1-3303 or from causing drugs to be administered or dispensed pursuant to §§ 32.1-42.1 and 54.1-3408, except that a veterinarian shall only be authorized to dispense a compounded drug, distributed from a pharmacy, when (i) the animal is his own patient, (ii) the animal is a companion animal as defined in regulations promulgated by the Board of Veterinary Medicine, (iii) the quantity dispensed is no more than a seven-day supply, (iv) the compounded drug is for the treatment of an emergency condition, and (v) timely access to a compounding pharmacy is not available, as determined by the prescribing veterinarian;*

§ 54.1-3401. Definitions.

"Compounding" means the combining of two or more ingredients to fabricate such ingredients into a single preparation and includes the mixing, assembling, packaging, or labeling of a drug or device (i) by a pharmacist, or within a permitted pharmacy, pursuant to a valid prescription issued for a medicinal or therapeutic purpose in the context of a bona fide practitioner-patient-pharmacist relationship, or in expectation of receiving a valid prescription based on observed historical patterns of prescribing and dispensing; (ii) by a practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine as an incident to his administering or dispensing, if authorized to dispense, a controlled substance in the course of his professional practice; or (iii) for the purpose of, or as incident to, research, teaching, or chemical analysis and not for sale or for dispensing. The mixing, diluting, or reconstituting of a manufacturer's product drugs for the purpose of administration to a patient, when performed by a practitioner of medicine or osteopathy licensed under Chapter 29 (§ 54.1-2900 et seq.), a person supervised by such practitioner pursuant to subdivision A 6 or A 19 of § 54.1-2901, or a person supervised by such practitioner or a licensed nurse practitioner or physician assistant pursuant to subdivision A 4 of § 54.1-2901 shall not be considered compounding.

§ 54.1-3410.2. Compounding; pharmacists' authority to compound under certain conditions; labeling and record maintenance requirements.

A. A pharmacist may engage in compounding of drug products when the dispensing of such compounded products is (i) pursuant to valid prescriptions for specific patients and (ii) consistent with the provisions of § 54.1-3303 relating to the issuance of prescriptions and the dispensing of drugs.

Pharmacists shall label all compounded drug products that are dispensed pursuant to a prescription in accordance with this chapter and the Board's [Pharmacy] regulations, and shall include on the labeling an appropriate beyond-use date as determined by the pharmacist in compliance with USP-NF standards for pharmacy compounding.

B. A pharmacist may also engage in compounding of drug products in anticipation of receipt of prescriptions based on a routine, regularly observed prescribing pattern.

Pharmacists shall label all products compounded prior to dispensing with (i) the name and strength of the compounded medication or a list of the active ingredients and strengths; (ii) the pharmacy's assigned control number that corresponds with the compounding record; (iii) an appropriate beyond-use date as determined by the pharmacist in compliance with USP-NF standards for pharmacy compounding; and (iv) the quantity.

C. In accordance with the conditions set forth in subsections A and B, pharmacists shall not distribute compounded drug products for subsequent distribution or sale to other persons or to commercial entities, including distribution to pharmacies or other entities under common ownership or control with the facility in which such compounding takes place; however, a pharmacist may distribute to a veterinarian in accordance with federal law.

Compounded products for companion animals, as defined in regulations promulgated by the Board of Veterinary Medicine, and distributed by a pharmacy to a veterinarian for further distribution or sale to his own patients shall be limited to drugs necessary to treat an emergent condition when timely access to a compounding pharmacy is not available as determined by the prescribing veterinarian.

A pharmacist may, however, deliver compounded products dispensed pursuant to valid prescriptions to alternate delivery locations pursuant to § 54.1-3420.2.

A pharmacist may provide a reasonable amount of compounded products to practitioners of medicine, osteopathy, podiatry, or dentistry to administer to their patients, either personally or under their direct and immediate supervision, if there is a critical need to treat an emergency condition, or as allowed by federal law or regulations. A pharmacist may also provide compounded products to practitioners of veterinary medicine for office-based administration to their patients.

Pharmacists who provide compounded products for office-based administration for treatment of an emergency condition or as allowed by federal law or regulations shall label all compounded products distributed to practitioners other than veterinarians for administration to their patients with (i) the statement "For Administering in Prescriber Practice Location Only"; (ii) the name and strength of the compounded medication or list of the active ingredients and strengths; (iii) the facility's control number; (iv) an appropriate beyond-use date as determined by the pharmacist in compliance with USP-NF standards for pharmacy compounding; (v) the name and address of the pharmacy; and (vi) the quantity. Pharmacists shall label all compounded products for companion animals, as defined in regulations promulgated by the Board of Veterinary Medicine, and distributed to a veterinarian for either further distribution or sale to his own patient or administration to his own patient with (a) the name and strength of the compounded medication or list of the active ingredients and strengths; (b) the facility's control number; (c) an appropriate beyond-use date as determined by the pharmacist in compliance with USP-NF standards for pharmacy compounding; (d) the name and address of the pharmacy; and (e) the quantity.

E. Pharmacists shall ensure compliance with USP-NF standards for both sterile and non-sterile compounding.

J. Practitioners who may lawfully compound drugs for administering or dispensing to their own patients pursuant to §§ 54.1-3301, 54.1-3304, and 54.1-3304.1 shall comply with all provisions of this section and the relevant Board regulations.

Changes made to Guidance Document 150-13 Controlled Substances in Veterinary Practice

Letters shown below identify where changes were made to the guidance document:

- A. Where appropriate, changed reference to practitioner-patient relationship to veterinarian-client-patient relationship throughout document.
- B. Question #1 updated to reflect 2018 changes to the Code regarding the VCPR.
- C. Added question and response for prescribing of CBD oil.
- D. Added question and response for prescribing opioids.
- E. Added question and response for PMP reporting requirement.

Virginia Board of Veterinary Medicine

Controlled Substances (Schedule II-VI) in Veterinary Practice

A Veterinarians are allowed to prescribe, administer, and dispense controlled substances in keeping with the requirements of the Virginia Drug Control Act, specifically § 54.1-3409 of the *Code of Virginia*, and the statutes and regulations governing the practice of veterinary medicine. A bona fide veterinarian-client-patient relationship (VCPR) as set forth in § 54.1-3303 of the Code of Virginia, must first exist before drugs may be prescribed by a veterinarian.

Veterinary prescriptions

The Board of Veterinary Medicine often receives questions regarding what is required of a veterinarian in prescribing or dispensing a prescription for controlled substances. **In Virginia, the term "controlled substances" is defined as any prescription drug including Schedule VI drugs.** The most frequently asked questions are the following:

- B** 1. What authority does a veterinarian have to prescribe?
- 2. Does a veterinarian have a right to refuse to provide a prescription?
- 3. May a veterinarian charge a fee for writing the prescription?
- 4. What information is required on a prescription and in what format?
- 5. Are there any prescription requirements specific to a Schedule II drug?
- 6. Does a veterinarian have to honor a prescription request by a pharmacy sent via telephone or fax?
- 7. What is required of a pharmacist in filling a prescription?
- 8. May one veterinary establishment "fill a prescription" for a patient seen by a veterinarian at another establishment?
- 9. May a veterinarian purchase controlled substances for the purpose of reselling?
- 10. May a veterinarian or veterinary establishment donate an expired or unexpired controlled substance (Schedule II – VI)?
- 11. May an owner return or donate an unused Schedule II – V drug to a veterinarian that was dispensed to an animal or a human?
- 12. May an owner return or donate an unused Schedule VI drug to a veterinarian that was dispensed to an animal or a human?
- 13. May a veterinarian provide a general stock of controlled drugs (Schedule II – VI) for administering or dispensing by a pet store establishment or boarding kennel?
- C** 14. May a veterinarian prescribe cannabidiol (CBD) oil?
- D** 15. May a veterinarian prescribe opioids?
- E** 16. Does a veterinarian have a requirement to report to the Prescription Monitoring Program (PMP) when controlled substances are dispensed from a veterinary establishment?

1. What authority does a veterinarian have to prescribe?

Veterinarians are authorized to prescribe Schedule II through VI drugs by federal and state law. While not a comprehensive listing of all relevant federal and state law, the Virginia Drug Control Act provides:

§ 54.1-3409. Professional use by veterinarians.

A veterinarian may not prescribe controlled substances for human use and shall only prescribe, dispense or administer a controlled substance in good faith for use by animals within the course of his professional practice. He may prescribe, on a written prescription or on oral prescription as authorized by § 54.1-3410. . . Such a prescription shall be dated and signed by the person prescribing on the day when issued, and shall bear the full name and address of the owner of the animal, and the species of the animal for which the drug is prescribed and the full name, address and registry number, under the federal laws of the person prescribing, if he is required by those laws to be so registered.

However, the following portions of §§54.1-3408 and 54.1-3303 also apply, and they detail what is required to render a valid prescription.

§ 54.1-3408. Professional use by practitioners.

- A. A practitioner of ... veterinary medicine... shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.*
- B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter...*

§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

- A. A prescription for a controlled substance may be issued only by a practitioner of . . . veterinary medicine who is authorized to prescribe controlled substances...*
- B. A prescription shall be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship.*

For purposes of this section, a bona fide veterinarian-client-patient relationship is one in which a veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom he is consulting has assumed the responsibility for making medical judgments regarding the health of and providing medical treatment to an animal as defined in § 3.2-6500, other than an equine as defined in § 3.2-6200, a group of agricultural animals as defined in § 3.2-6500, or bees as defined in § 3.2-4400, and a client who is the owner or other caretaker of the animal, group of agricultural animals, or bees has consented to such treatment and agreed to follow the instructions of the veterinarian. Evidence that a veterinarian has assumed responsibility for making medical judgments regarding the health of and providing medical treatment to an animal, group of agricultural animals, or bees shall include evidence that the veterinarian (A) has sufficient knowledge of the animal, group of agricultural animals, or bees to provide a general or preliminary diagnosis of the medical condition of the animal, group of agricultural animals, or bees; (B) has made an examination of the animal, group of agricultural animals, or bees, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically or has become familiar with the care and keeping of that species of animal or bee on the premises of the client, including other premises within the same operation or production system of the client, through medically appropriate and timely visits to the premises at which the animal, group of agricultural animals, or bees are kept; and (C) is available to provide follow-up care. It should be noted that the pharmacist who fills the prescription must determine if the prescription is valid, and part of this determination involves establishing that a bona fide practitioner-patient-client-pharmacist relationship exists as provided in § 54.1-3303.

2. Does the veterinarian have the right to refuse to provide a prescription?

The *Regulations Governing the Practice of Veterinary Medicine*, 18VAC150-20-140(6) and (12), provide that it is unprofessional conduct to violate any state law, federal law, or board regulation pertaining to the practice of veterinary medicine and to refuse to release a copy of a valid prescription upon request from a client. **The Board has held consistently that it is unprofessional conduct for a veterinarian to refuse to provide a prescription to a client if he would have dispensed the medication for the patient from his own animal facility.** This does not mean that the veterinarian is compelled to release a prescription when requested if there are medical reasons for not releasing it and he would not dispense the medication from his own practice.

Prior to issuance of a refill authorization of a prescription, the decision to require an examination of the animal is at the discretion of the professional judgment of the treating veterinarian.

3. May a veterinarian charge a fee for writing the prescription?

There is nothing in statute or regulation to prohibit a practitioner from charging a reasonable fee for writing the prescription if he so chooses.

4. What information is required on a prescription and in what format?

§ 54.1-3408.01. Requirements for prescriptions.

A. The written prescription referred to in § 54.1-3408 shall be written with ink or individually typed or printed. The prescription shall contain the name, address, and telephone number of the prescriber. A prescription for a controlled substance other than one controlled in Schedule VI shall also contain the federal controlled substances registration number assigned to the prescriber. The prescriber's information shall be either preprinted upon the prescription blank, electronically printed, typewritten, rubber stamped, or printed by hand.

The written prescription shall contain the first and last name of the patient for whom the drug is prescribed. The address of the patient shall either be placed upon the written prescription by the prescriber or his agent, or by the dispenser of the prescription. If not otherwise prohibited by law, the dispenser may record the address of the patient in an electronic prescription dispensing record for that patient in lieu of recording it on the prescription. Each written prescription shall be dated as of, and signed by the prescriber on, the day when issued. The prescription may be prepared by an agent for the prescriber's signature.

This section shall not prohibit a prescriber from using preprinted prescriptions for drugs classified in Schedule VI if all requirements concerning dates, signatures, and other information specified above are otherwise fulfilled.

No written prescription order form shall include more than one prescription. . .

C. The oral prescription referred to in §54.1-3408 shall be transmitted to the pharmacy of the patient's choice by the prescriber or his authorized agent. For the purposes of this section, an authorized agent of the prescriber shall be an employee of the prescriber who is under his immediate and personal supervision, or if not an employee, an individual who holds a valid license allowing the administration or dispensing of drugs and who is specifically directed by the prescriber.

§ 54.1-3409. Professional use by veterinarians.

He may prescribe, on a written prescription or on oral prescription as authorized by § 54.1-3410...Such a prescription shall be dated and signed by the person prescribing on the day when issued, and shall bear the full name and address of the owner of the animal, and the species of the animal for which the drug is prescribed and the full name, address and registry number, under the federal laws of the person prescribing, if he is required by those laws to be so registered.

5. Are there any prescription requirements specific to a Schedule II drug?

In addition to the prescription requirements found in the response to Question 4 above, the following information is provided for writing prescriptions for Schedule II drugs:

§ 54.1-3411. When prescriptions may be refilled.

Prescriptions may be refilled as follows:

1. *A prescription for a drug in Schedule II may not be refilled.*

In addition, answers to the following questions related to multiple prescriptions may be found on the DEA's website located at http://www.deadiversion.usdoj.gov/faq/mult_rx_faq.htm

DEA Questions & Answers - Issuance of Multiple Prescriptions for Schedule II Controlled Substances

What does this rule allow a practitioner to do?

What are the requirements for the issuance of multiple prescriptions for schedule II controlled substances?

Does this rule require or mandate a practitioner to issue multiple prescriptions for schedule II controlled substances?

What is the effective date of the rule change?

Is there a limit on the number of schedule II dosage units a practitioner can prescribe to a patient?

Is there a limit on the number of separate prescriptions per schedule II substance that may be issued during the 90-day time period?

How is the issuance of multiple schedule II prescriptions different than issuing a refill of a schedule II prescription?

Is post-dating of multiple prescriptions allowed?

What is expected of the pharmacist?

6. Does a veterinarian have to honor a prescription request by a pharmacy sent via telephone or fax?

A veterinarian may honor such a request if a valid veterinarian-client-patient relationship exists as described previously and the veterinarian is sure that the client has requested it. However, the veterinarian is not compelled to do so. Section §54.1-3408.02 allows the transmission of faxed prescriptions.

§ 54.1-3408.02. Transmission of prescriptions.

Consistent with federal law and in accordance with regulations promulgated by the Board [of Pharmacy], prescriptions may be transmitted to a pharmacy by electronic transmission or by facsimile machine and shall be treated as valid original prescriptions.

7. What is required of a pharmacist in filling a prescriptions?

§ 54.1-3410. When pharmacist may sell and dispense drugs.

A. A pharmacist, acting in good faith, may sell and dispense drugs and devices to any person pursuant to a prescription of a prescriber as follows:

1. A drug listed in Schedule II shall be dispensed only upon receipt of a written prescription that is properly executed, dated and signed by the person prescribing on the day when issued and bearing the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name, address, and registry number under the federal laws of the person prescribing, if he is required by those laws to be so registered. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed.

2. In emergency situations, Schedule II drugs may be dispensed pursuant to an oral prescription in accordance with the Board's [of Pharmacy] regulations;

3. Whenever a pharmacist dispenses any drug listed within Schedule II on a prescription issued by a prescriber, he shall affix to the container in which such drug is dispensed, a label showing the prescription serial number or name of the drug; the date of initial filling; his name and address, or the name and address of the pharmacy; the name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal; the name of the prescriber by whom the prescription was written; ...and such directions as may be stated on the prescription.

B. A drug controlled by Schedules III through VI or a device controlled by Schedule VI shall be dispensed upon receipt of a written or oral prescription as follows:

1. If the prescription is written, it shall be properly executed, dated and signed by the person prescribing on the day when issued and bear the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name and address of the person prescribing. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed.

2. If the prescription is oral, the prescriber shall furnish the pharmacist with the same information as is required by law in the case of a written prescription for drugs and devices, except for the signature of the prescriber.

A pharmacist who dispenses a Schedule III through VI drug or device shall label the drug or device as required in subdivision A 3 of this section.

C. A drug controlled by Schedule VI may be refilled without authorization from the prescriber if, after reasonable effort has been made to contact him, the pharmacist ascertains that he is not available and the patient's health would be in imminent danger without the benefits of the drug. The refill shall be made in compliance with the provisions of § 54.1-3411.

If the written or oral prescription is for a Schedule VI drug or device and does not contain the address or registry number of the prescriber, or the address of the patient, the pharmacist need not reduce such information to writing if such information is readily retrievable within the pharmacy.

D. Pursuant to authorization of the prescriber, an agent of the prescriber on his behalf may orally transmit a prescription for a drug classified in Schedules III through VI if, in such cases, the written record of the prescription required by this subsection specifies the full name of the agent of the prescriber transmitting the prescription.

8. May one veterinary establishment "fill a prescription" for a patient seen by a veterinarian at another establishment?

No. There is no provision in Virginia law that allows for veterinary establishments or any other establishment not duly licensed by the Board of Pharmacy to dispense controlled substances to fill a prescription.

9. May a veterinarian purchase controlled substances (including Schedule VI drugs and devices) for the purpose of reselling?

No. A veterinarian does not have statutory authority to purchase controlled drugs for the purpose of wholesaling to a pharmacy, another practitioner, a veterinary establishment or commercial entity.

10. May a veterinarian or veterinary establishment donate an expired or unexpired controlled substance (Schedule II – VI)?

The meaning of "donation" in this context refers to the transferring of controlled substances without a prescription. A veterinarian may opt to not charge for a properly dispensed controlled substance.

Expired Schedule II – VI Controlled Substances. There is no authority to donate expired substances because they may be considered adulterated and must be destroyed in accordance with federal and state laws and regulations.

Unexpired Schedule II-VI Controlled Substances

The Drug Enforcement Agency (DEA) only permits the transfer of a Schedule II-V drug from one DEA registrant to another DEA registrant regardless of payment method.

11. May an owner return or donate an unused Schedule II – V drug to a veterinarian that was dispensed to a pet or human?

The Drug Enforcement Agency (DEA) only permits the transfer of Schedule II-V drug from one DEA registrant to another DEA registrant. Because the patient/client is not a DEA registrant, he may not transfer a Schedule II-V drug to anyone except during a drug take-back event wherein law enforcement receives the drug from the patient/client for destruction purposes only. Violations of this requirement can result in DEA imposing on the veterinarian a \$10,000 fine per incident.

§ 54.1-3411.1. Prohibition on returns, exchanges, or re-dispensing of drugs; exceptions.

A. Drugs dispensed to persons pursuant to a prescription shall not be accepted for return or exchange for the purpose of re-dispensing by any pharmacist or pharmacy after such drugs have been removed from the pharmacy premises from which they were dispensed except:

1. In a hospital with an on-site hospital pharmacy wherein drugs may be returned to the pharmacy in accordance with practice standards;

2. *In such cases where official compendium storage requirements are assured and the drugs are in manufacturers' original sealed containers or in sealed individual dose or unit dose packaging that meets official compendium class A or B container requirements, or better, and such return or exchange is consistent with federal law; or*

3. *When a dispensed drug has not been out of the possession of a delivery agent of the pharmacy.*

B. The Board of Pharmacy shall promulgate regulations to establish a Prescription Drug Donation Program for accepting unused previously dispensed prescription drugs that meet the criteria set forth in subdivision A 2, for the purpose of re-dispensing such drugs to indigent patients, either through hospitals, or through clinics organized in whole or in part for the delivery of health care services to the indigent. Such program shall not authorize the donation of Schedule II-V controlled substances if so prohibited by federal law. No drugs shall be re-dispensed unless the integrity of the drug can be assured.

C. Unused prescription drugs dispensed for use by persons eligible for coverage under Title XIX or Title XXI of the Social Security Act, as amended, may be donated pursuant to this section unless such donation is prohibited.

D. A pharmaceutical manufacturer shall not be liable for any claim or injury arising from the storage, donation, acceptance, transfer, or dispensing of any drug provided to a patient, or any other activity undertaken in accordance with a drug distribution program established pursuant to this section.

E. Nothing in this section shall be construed to create any new or additional liability, or to abrogate any liability that may exist, applicable to a pharmaceutical manufacturer for its products separately from the storage, donation, acceptance, transfer, or dispensing of any drug provided to a patient in accordance with a drug distribution program established pursuant to this section.

12. May an owner return or donate an unused Schedule VI drug to a veterinarian that was dispensed to a pet or a human?

While state law does not prohibit a veterinarian from receiving back an already dispensed Scheduled VI drug for destruction purposes, there is no provision in law for a veterinarian to re-dispense this returned drug.

13. May a veterinarian provide a general stock of controlled drugs (Schedule II - VI) for administering or dispensing by a pet store establishment or boarding kennel?

There is no allowance in law for a veterinarian to provide a pet store establishment or boarding kennel with a general stock of controlled substances to be given to animals, either by donation or for a fee. **In Virginia, the term "controlled substances" is defined as any prescription drug including Schedule VI drugs.** The meaning of "donation" in this context refers to the transferring of controlled substances without a prescription. However, a veterinarian may opt to not charge for a properly dispensed controlled substance. A veterinarian is allowed to prescribe, administer, and dispense controlled substances in keeping with the requirements of the Virginia Drug Control Act, specifically § 54.1-3409 of the *Code of Virginia*, and the statutes and regulations governing the practice of veterinary medicine. A veterinarian may prescribe, label and dispense a drug for the treatment of a specific animal after establishing a bona fide veterinarian-client-patient relationship.

14. May a veterinarian prescribe cannabidiol (CBD) oil?

During the 2018 General Assembly, SB726 passed and included amendments affecting § 18.2-250.1 and § 54.1-3408.3 of the *Code of Virginia* (Code) regarding the use of CBD oil.

§ 18.2-250.1. Possession of marijuana unlawful.

A. It is unlawful for any person knowingly or intentionally to possess marijuana unless the substance was obtained directly from, or pursuant to, a valid prescription or order of a practitioner while acting in the course of his professional practice, or except as otherwise authorized by the Drug Control Act (§ 54.1-3400 et seq.).

Upon the prosecution of a person for violation of this section, ownership or occupancy of the premises or vehicle upon or in which marijuana was found shall not create a presumption that such person either knowingly or intentionally possessed such marijuana.

Any person who violates this section is guilty of a misdemeanor and shall be confined in jail not more than 30 days and fined not more than \$500, either or both; any person, upon a second or subsequent conviction of a violation of this section, is guilty of a Class 1 misdemeanor.

B. The provisions of this section shall not apply to members of state, federal, county, city, or town law-enforcement agencies, jail officers, or correctional officers, as defined in § 53.1-1, certified as handlers of dogs trained in the detection of controlled substances when possession of marijuana is necessary for the performance of their duties.

C. In any prosecution under this section involving marijuana in the form of cannabidiol oil or THC-A oil as those terms are defined in § 54.1-3408.3, it shall be an affirmative defense that the individual possessed such oil pursuant to a valid written certification issued by a practitioner in the course of his professional practice pursuant to § 54.1-3408.3 for treatment or to alleviate the symptoms of (i) the individual's diagnosed condition or disease or (ii) if such individual is the parent or legal guardian of a minor or of an incapacitated adult as defined in § 18.2-369, such minor's or incapacitated adult's diagnosed condition or disease. If the individual files the valid written certification with the court at least 10 days prior to trial and causes a copy of such written certification to be delivered to the attorney for the Commonwealth, such written certification shall be prima facie evidence that such oil was possessed pursuant to a valid written certification.

§ 54.1-3408.3. Certification for use of cannabidiol oil or THC-A oil for treatment.

A. As used in this section:

"Cannabidiol oil" means a processed Cannabis plant extract that contains at least 15 percent cannabidiol but no more than five percent tetrahydrocannabinol, or a dilution of the resin of the Cannabis plant that contains at least five milligrams of cannabidiol per milliliter but not more than five percent tetrahydrocannabinol.

"Practitioner" means a practitioner of medicine or osteopathy licensed by the Board of Medicine.

"THC-A oil" means a processed Cannabis plant extract that contains at least 15 percent tetrahydrocannabinol acid but not more than five percent tetrahydrocannabinol, or a dilution of the resin of the Cannabis plant that contains at least five milligrams of tetrahydrocannabinol acid per milliliter but not more than five percent tetrahydrocannabinol.

B. A practitioner in the course of his professional practice may issue a written certification for the use of cannabidiol oil or THC-A oil for treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use.

D. No practitioner shall be prosecuted under § 18.2-248 or 18.2-248.1 for dispensing or distributing cannabidiol oil or THC-A oil for the treatment or to alleviate the symptoms of a patient's diagnosed condition or disease pursuant to a written certification issued pursuant to subsection B. Nothing in this section shall preclude the Board of Medicine from sanctioning a practitioner for failing to properly evaluate or treat a patient's medical condition or otherwise violating the applicable standard of care for evaluating or treating medical conditions.

Pursuant to the Code, a veterinarian is not included in the definition of "practitioner."

15. May a veterinarian prescribe opioids?

Pursuant to 18VAC150-20-180 of the *Regulations Governing the Practice of Veterinary Medicine*, a veterinarian may prescribe Schedule II-V drugs that contains an opioid, to include tramadol and buprenorphine.

18VAC150-20-174. Prescribing of controlled substances for pain or chronic conditions.

A. Evaluation of the patient and need for prescribing a controlled substance for pain.

1. For the purposes of this section, a controlled substance shall be a Schedules II through V drug, as set forth in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), which contains an opioid, to include tramadol and buprenorphine.

2. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. Prior to initiating treatment with a controlled substance, as defined, the prescriber shall perform a history and physical examination appropriate to the complaint and conduct an assessment of the patient's history as part of the initial evaluation.

3. If a controlled substance is necessary for treatment of acute pain, the veterinarian shall prescribe it in the lowest effective dose appropriate to the size and species of the animal for the least amount of time. The initial dose shall not exceed a 14-day supply.

B. If the prescribing is within the accepted standard of care, a veterinarian may prescribe a controlled substance containing an opioid for management of chronic pain, terminal illnesses, or certain chronic conditions, such as chronic heart failure, chronic bronchitis, osteoarthritis, collapsing trachea, or related conditions.

1. For prescribing a controlled substance for management of pain after the initial 14-day prescription referenced in subsection A of this section, the patient shall be seen and evaluated for the continued need for

an opioid. For the prescribing of a controlled substance for terminal illnesses or certain chronic conditions, it is not required to see and reevaluate the patient for prescribing beyond 14 days.

2. For any prescribing of a controlled substance beyond 14 days, the veterinarian shall develop a treatment plan for the patient, which shall include measures to be used to determine progress in treatment, further diagnostic evaluations or modalities that might be necessary, and the extent to which the pain or condition is associated with physical impairment.

3. For continued prescribing of a controlled substance, the patient shall be seen and reevaluated at least every six months, and the justification for such prescribing documented in the patient record.

C. Prior to prescribing or dispensing a controlled substance, the veterinarian shall document a discussion with the owner about the known risks and benefits of opioid therapy, the responsibility for the security of the drug and proper disposal of any unused drug.

D. Continuation of treatment with controlled substances shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the veterinarian shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

E. The medical record for prescribing controlled substances shall include signs or presentation of the pain or condition, a presumptive diagnosis for the origin of the pain or condition, an examination appropriate to the complaint, a treatment plan, and the medication prescribed to include the date, type, dosage, and quantity prescribed.

16. Does a veterinarian have a requirement to report to the Prescription Monitoring Program (PMP) when controlled substance are dispensed from a veterinary establishment?

The General Assembly passed SB226 in 2018 requiring all veterinarians to report the dispensing of covered substances for a course of treatment to last more than seven days. Please review the FAQs on Mandatory PMP Reporting Requirements for Veterinarians for more information on this requirement.

DRAFT



Department of Health Professions

Case Decision and Discipline(76-10)
 Publication of Notices and Orders(76-10.17)
 Adopted Date: 12/27/2017
 Approved By: David E. Moore

Policy Name	Publication of Notices and Orders			Policy Number	76-10.17
Section Title	Case Decision and Discipline	Section Number	76-10	Former Policy No.	76-1.17
Approval Authority	Agency Director			Effective Date	10/19/2017
Responsible Executive	Chief Deputy Director			Revised Date	10/19/2017
Responsible Office	Director's Office			Last Reviewed	10/19/2017
Responsible Reviewer	Yeatts, Elaine				

Purpose:

To post Notices and Orders in compliance with statutes and in accordance with the Department's mission to protect the public.

Policy:

The Department shall post on DHP websites available to the public all final orders, together with any associated notices, which impose disciplinary action against licensees of the health regulatory boards. The Department will not post final orders, together with any associated notices, which do not result in a finding of a violation and/or disciplinary action. The Department also will not post notices that have not been adjudicated. Notices and orders entered prior to the date of June 17, 2008, that did not result in a finding of a violation and/or disciplinary action may be removed upon written request by the licensee to the Custodian of Records of the appropriate health regulatory board.

The criteria and conditions for publication are as follows:

1. Notices[1]together with final orders[2]which impose or dismiss any disciplinary action[3]upon the final order becoming effective reflecting that case decision;
2. Notices together withfinal orders which grant or deny modification of a previous order imposing a term, condition,suspension or revocation upon the final order becoming effective reflecting that case decision;
3. Notices together with final orders which grant or deny eligibility for a license, certificate registration or other right or benefit upon the final order becoming effective reflecting that case decision;
4. Orders together with its accompanying statement of particulars which reflect a summary suspension made pursuant to § 54.1-2408.1 of the *Code* upon entry;[4]
5. Orders with incorporated documents which reflect mandatory suspension made pursuant § 54.1-2409 of the *Code* upon entry; and
6. Orders which reflect a suspension of a license pursuant to § 54.1-104 of the *Code* upon entry.

When a final Order is appealed to court, the notice of appeal shall be published pending resolution of the



Department of Health Professions

Case Decision and Discipline(76-10)

Publication of Notices and Orders(76-10.17)

Adopted Date: 12/27/2017

Approved By: _____

David E. Brown

appeal, along with any relevant court orders. Once the appeal is final, the website should be updated to reflect the appropriate documents.

Orders of suspension and/or revocation of a license that has not been reinstated will be accessible to the public on the DHP website under "License Lookup" for 50 years.

Nothing in this Policy shall prohibit the inspection and copying of records of disciplinary actions to the extent permitted under the Virginia Freedom of Information Act (§ 2.2-3700 et seq.) and § 54.1-2400.2 of the Code.

Nothing contained in the Policy shall modify the requirements for Boards to maintain original copies of all notices and disposition documents.

[1] Notices are not to be published until such time as the order becomes final which disposes of matters contained in that notice.

[2] An order is considered "final" when the next avenue of recourse for the aggrieved party rests with a court pursuant to § 2.2-4026 of the Code. A letter that communicates a dismissal which disposes of an allegation contained in a notice shall be considered a final order.

[3] For the purposes of this Policy, "disciplinary action" means any action of a board finding a violation of statute or regulation and/or imposing terms and conditions upon the licensee, whether by formal probation or otherwise.

[4] An order of summary suspension or restriction is to be posted, even if such order may not be the final decision in the matter.

Procedures:

Publication of Notices and Orders:

Each Board Executive Director or his designee shall identify any documents meeting the criteria set forth in this Policy. Any social security number, patient names, or other confidential information appearing on any document shall be redacted prior to delivery for scanning.

The Executive Director or his designee shall forward to the Director of Information Technology those documents to be scanned for publication on the agency web sites within one business day of entry or less.

The Director of Information Technology shall scan such documents within one business day of receipt and assure publication associated with "License Lookup," "Recent Case Decisions," and the "Physician Information Project" (Physician Profile).

Removal of Notices and Orders:

A licensee requesting removal of a notice and order that did not impose disciplinary action shall submit a written request to the Board.



Department of Health Professions

Case Decision and Discipline(76-10)

Publication of Notices and Orders(76-10.17)

Adopted Date: 12/27/2017

Approved By: _____

David E. Brown

If the Executive Director or designee determines that no disciplinary action was imposed by the Order, the written request for removal shall be forwarded to the Director of Information Technology.

The Director of Information Technology or designee shall remove the Notice and Order from DHP websites available to the public.



Department of Health Professions

Communications and Disclosure of Information(76-20)
 Disclosure of non-investigative information(76-20.4)
 Adopted Date: 5/1/2017
 Approved By: David E. Brown

Policy Name	Disclosure of non-investigative information			Policy Number	76-20.4
Section Title	Communications and Disclosure of Information	Section Number	76-20	Former Policy No.	76-1.6
Approval Authority	Agency Director			Effective Date	4/26/2017
Responsible Executive	Chief Deputy Director			Revised Date	4/26/2017
Responsible Office	Director's Office			Last Reviewed	4/26/2017
Responsible Reviewer	Yeatts, Elaine				

Purpose:

To ensure compliance with the Freedom of Information Act, the Virginia Privacy Protection Act and provisions of Title 54.1 of the Code of Virginia related to disclosure and confidentiality of non-investigative information in the possession of the Department.

Policy:

Each custodian of records shall be knowledgeable of the law and apply it in accordance with the following procedures in compliance with law.

Authority:

Virginia Freedom of Information Act (2.2-3700 et seq.) and Chapter 24 of Title 54.1

Procedures:

- 1) The following information regarding licensees [1] shall be made available upon request and may be published.
 - A. Name
 - B. Public address or address of record if no public (alternative) address has been provided
 - C. License Number
 - D. Date of initial licensure
 - E. Dates of licensure expiration, withdrawal, restriction, suspension, surrender or revocation
 - F. Date of license renewal, reinstatement, or reactivation
 - G. Any conditions, limitations or restrictions on the licensee's practice
 - H. Notice of any disciplinary proceeding
 - I. All orders (or similar documents including decisional or closure letters that dispose of an informal



Department of Health Professions

Communications and Disclosure of Information(76-20)

Disclosure of non-investigative information(76-20.4)

Adopted Date: 5/1/2017

Approved By: _____

David E. Brown

conference), which result from a disciplinary proceeding not vacated

J. Owner of a licensed facility and designated person-in-charge or responsible party

2) Information contained in applications for licensure may not be disclosed, except to the applicant, unless specified above or unless a specific decision has been made by the custodian of the record, documented in the record of the applicant or minutes of the Board that such disclosure is authorized.

3) In accordance with § 2.2-3705.1, electronic mail addresses, furnished to a board for the purpose of receiving electronic mail, is exempt from disclosure, provided that the electronic mail recipient has requested that the board not disclose such information.

4) All agenda material shall be clearly segregated by public and confidential information.

5) The following information may be shared with specified entities as follows without further documentation:

A. Social Security Number or Department of Motor Vehicles Numbers to the following:

1. The Department of Medical Assistance Services, its agents or contractors
2. The Neurological Birth Related Injury Fund
3. The Secretary of the Commonwealth
4. Department of Social Services
5. Department of Motor Vehicles
6. Medical College of Virginia Hospital Authority

7. Other state licensing authorities, or associations thereof, for the purpose of identification of disciplined practitioners, providing such numbers are not further released for other purpose.

B. Information for the Coordinated Licensure Information System pursuant to §54.1-3036 of the *Code of Virginia*.

C. Email addresses, telephone numbers and facsimile numbers to the Department of Health for the purpose of expediting the dissemination of public health information or information about health emergencies or serving during a public health emergency pursuant to § 54.1-2506.1 of the *Code of Virginia*.

D. Email addresses, telephone numbers and facsimile numbers of licensed veterinarians to the State Veterinarian for the purpose of disseminating information about an animal health emergency pursuant to § 54.1-2506 of the *Code of Virginia*.



Department of Health Professions

Communications and Disclosure of Information(76-20)

Disclosure of non-investigative information(76-20.4)

Adopted Date: 5/1/2017

Approved By: _____

David E. Brown

6) Nothing contained herein shall inhibit disclosure of information to duly authorized personnel within the Office of the Attorney General.

7) Nothing in this policy shall be construed to compel or otherwise prohibit release where specific state or federal law requires or permits otherwise.

[1] Where this policy uses "license" the term includes "certificate" or "registration."

2 Pursuant to §54.1-2400.02 of the *Code of Virginia*, the street address of any licensee shall not be posted on the Department's "License Look-up"



Department of Health Professions

Policy Implementation(76-90)
 Custodian of the record(76-90.2)
 Adopted Date: 5/1/2017
 Approved By: _____

David E. Brown

Policy Name	Custodian of the record		Policy Number	76-90.2
Section Title	Policy Implementation	Section Number	76-90	Former Policy No.
Approval Authority	Agency Director		Effective Date	4/27/2017
Responsible Executive	Agency Director		Revised Date	4/27/2017
Responsible Office	Director's Office		Last Reviewed	4/28/2017
Responsible Reviewer	Yeatts, Elaine			

Purpose:

To ensure agency compliance with § 2.2-3700 et seq. and § 42.1-76 of the Code of Virginia which set forth requirements for the Virginia Freedom of Information Act and the Virginia Public Records Act.

Policy:

To delegate authority and designate responsible staff for the purpose of compliance with law and appropriate records management.

Authority:

§ 2.2-3704. Public records to be open to inspection; procedure for requesting records and responding to request; charges; transfer of records for storage, etc.

Procedures:

Agency Records Manager - The Director for Business, Planning and Research is designated as the Records Officer of the Department of Health Professions in accordance with § 42.1-76 of the Code of Virginia. As such, he/she is responsible for implementing a records management program.

Custodians of Records - The following individuals are designated as custodians of records for the purpose of records management as established by the agency's records manager and responding to requests under § 2.2-3704 of the Virginia Freedom of Information Act.

<u>Custodian</u>	<u>Records</u>
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Department of Health Professions

Policy Implementation(76-90)
 Custodian of the record(76-90.2)
 Adopted Date: 5/1/2017
 Approved By: _____

David E. Brown, Jr.

Executive Director for the Board of Medicine (Position #00076)	All records associated with the Board of Medicine
Executive Director for the Board of Pharmacy (Position #00005)	All records associated with the Board of Pharmacy
Executive Director for the Board of Nursing (Position #00009)	All records associated with the Board of Board of Nursing
Executive Director for the Board of Health Professions and Director of the DHP Healthcare Workforce Data Center (Position #00003)	All records associated with the Board of Health Professions and the DHP Healthcare Workforce Data Center
Executive Director for the Behavioral Science Boards (Position #00068)	All records associated with the Boards of Psychology, Social Work, and Counseling
Executive Director for the Board of Dentistry (Position #00006)	All records associated with the Board of Dentistry
Executive Director for the Boards of Long Term Care Administrators, Physical Therapy, and Funeral Directors and Embalmers (Position #00265)	All records associated with the Boards of Long Term Care Administrators, Physical Therapy, and Funeral Directors and Embalmers
Executive Director for the Boards of Optometry, Veterinary Medicine, Audiology and Speech-Language Pathology	All records associated with the Boards of Optometry, Veterinary Medicine, Audiology, and Speech-Language Pathology



Department of Health Professions

Policy Implementation(76-90)
Custodian of the record(76-90.2)

Adopted Date: 5/1/2017

Approved By: _____

David E. Moore

(Position #00301)	
Deputy Director for Administration (#00061)	All fiscal records not part of an application or licensee record
Department of Human Resource Management/Shared Services (#00027)	All personnel records, time sheets, & leave records
Director of Enforcement (Position- #00106)	All administrative records associated with management of investigations and reports of investigations prior to being filed with the appropriate board. All reports of unlicensed activity shall remain with this custodian or sent to the custodian of the applicable board. All administrative records associated with management of the inspections division and reports of inspections, audits and investigations prior to being filed with a Board
Senior Policy Analyst (Position #00157)	All records of the Agency Regulatory Coordinator and all studies
Director of Information Technology (Position #00140)	All records not associated with a regulatory board, with information technology and not otherwise specified in this Policy
Director of Administrative Proceedings (Position #00031)	All records associated with the Proceedings Administrative Proceedings Division and not otherwise specified in this Policy



Department of Health Professions

Policy Implementation(76-90)
 Custodian of the record(76-90.2)
 Adopted Date: 5/1/2017
 Approved By: _____

David E. Brown

<p>Program Manager Health Practitioners' Monitoring Program (Position # 00228)</p>	<p>All records associated with the Health Practitioners' Monitoring Program</p>
<p>Program Manager Prescription Monitoring Program (Position #00164)</p>	<p>All records associated with the Prescription Monitoring Program</p>
<p>Director (Position #00001)</p>	<p>All records associated with the Director's Office and not otherwise specified in this Policy</p>



Department of Health Professions

Policy Implementation(76-90)
 Compensation for members of appointed bodies(76-90.04)
 Adopted Date: 7/26/2017
 Approved By: *David E. Moore*

Policy Name	Compensation for members of appointed bodies			Policy Number	76-90.04
Section Title	Policy Implementation	Section Number	76-90	Former Policy No.	76-5.4
Approval Authority	Agency Director			Effective Date	5/1/2017
Responsible Executive	Agency Director			Revised Date	4/27/2017
Responsible Office	Director's Office			Last Reviewed	7/26/2017
Responsible Reviewer	Yeatts, Elaine				

Purpose:

To compensate board members and provide for adequate controls for purposes of budgeting and payment of such members.

Policy:

The Department of Health Professions recognizes the valuable contribution provided by citizens of the Commonwealth who devote their time and talent to the appropriate regulation of health care providers. To this end the agency will budget for and compensate members consistent with the 2017 Budget Bill and § 2.2-2813 of the *Code of Virginia*.

Authority:

The Budget Bill for 2017-18:

Notwithstanding any other provision of law, any citizen member of any body described in this paragraph who is appointed at the state level, or designated an official member of such body, pursuant to an act of the General Assembly or a resolution of a house of the General Assembly that provides for the appointment or designation, shall receive compensation solely for each day, or portion thereof, of attendance at an official meeting of the same. In no event shall any citizen member be paid compensation for attending a meeting of an advisory committee or other advisory body. Subject to any contrary law that provides for a higher amount of compensation to be paid, compensation shall be paid at the rate of \$50 for each day, or portion thereof, of attendance at an official meeting.

§ 2.2-2813. Definitions; compensation and expense payments from state funds for service on collegial bodies.

A. As used in this chapter:

"Compensation" means any amount paid in addition to reimbursement for expenses.

"Expenses" means all reasonable and necessary expenses incurred in the performance of duties.

"Salary" means a fixed compensation for services, paid to part-time and full-time employees on a regular basis.

B. Subject to the provisions of subsections C and D, members of boards, commissions, committees, councils and other collegial bodies, who are appointed at the state level, shall be compensated at the rate of \$50 per day, unless a different rate of compensation is specified by statute for such members, plus expenses for each day or portion thereof in which the member is engaged in the business of that body. The funding for the compensation and reimbursement of expenses of members shall be provided by the collegial body or, if funds are not appropriated to the collegial body for



Department of Health Professions

Policy Implementation(76-90)

Compensation for members of appointed bodies(76-90.04)

Adopted Date: 7/26/2017

Approved By: _____

David E. Brown

such purpose, by the entity that supports the work of the collegial body. The collegial body or supporting agency shall reimburse the Clerk of the Senate and the Clerk of the House of Delegates for expenditures incurred in providing compensation and expenses of their respective members for service on the collegial body.

C. Full-time employees of the Commonwealth or any of its local political subdivisions, including full-time faculty members of public institutions of higher education, shall be limited to reimbursement for such employee's expenses.

D. No member shall receive total compensation for a single day of more than one payment of the highest per diem amount specified in subsection B for attending meetings and for services performed that day for all boards, commissions, or other similar bodies, of which such person is a member, including all committees, subcommittees, or other related entities of such boards, commissions, or other similar bodies. Whenever a member performs services or attends two or more meetings in a single day for two or more boards, commissions, etc., compensation and expenses shall be prorated among the bodies served.

E. A nonlegislative member of a state board, commission, committee, council, or other state collegial body, which body is required by law to meet at least three times per year, shall, for any compensation or expense reimbursement from funds drawn from the state treasury, be required to participate in the Electronic Data Interchange Program administered or authorized by the Department of Accounts as a condition of accepting such appointment.

Procedures:

1. Members of any standing body whose establishment and membership is specifically required pursuant to Subtitle III of Title 54.1 of the *Code of Virginia* shall be deemed eligible for \$50.00 per day plus reasonable and necessary expenses for each day or portion thereof in which the member is attending an official meeting;
2. Nothing in this policy shall be construed as authorizing more than \$50 in compensation per day per member including circumstances where a person is holding seats on more than one body. Compensation may be prorated among bodies for service among bodies.
3. Nothing contained in the policy shall be construed as authorizing per diem payment for full time employees of the Commonwealth or its political subdivisions which is prohibited by §2.2-2813.C of the *Code*.
4. Nothing contained in this policy shall be construed to authorize per diem compensation for members of ad hoc or advisory bodies that are not created in statute.



Department of Health Professions

Policy Implementation(76-90)

Compensation for members of appointed bodies(76-90.04)

Adopted Date: 7/26/2017

Approved By: _____

David E. Brown

5. The Accounting Director may require the registration of members to include membership, address, social security number and employment status to facilitate compliance with law, regulation, requirements of the State Comptroller, or this policy.

Criteria for this report:

License Status = Current Active, Current Inactive, Probation - Current Active, Adverse Findings - Current Active, Current Active-RN Privilege and Expiration Date >= Today or is null.

License Count Report for Veterinary Medicine

Board	Occupation	State	License Status	License Count
Veterinary Medicine				
Equine Dental Technician				
	Equine Dental Technician	Virginia	Current Active	17
	Equine Dental Technician	Out of state	Current Active	9
	Total for Equine Dental Technician			26
Veterinarian				
	Veterinarian	Virginia	Current Active	3,224
	Veterinarian	Virginia	Current Inactive	50
	Veterinarian	Out of state	Current Active	953
	Veterinarian	Out of state	Current Inactive	215
	Total for Veterinarian			4,442
Veterinary Establishment - Ambulatory				
	Veterinary Establishment - Ambulatory	Virginia	Current Active	313
	Veterinary Establishment - Ambulatory	Out of state	Current Active	13
	Total for Veterinary Establishment - Ambulatory			326
Veterinary Establishment - Stationary				
	Veterinary Establishment - Stationary	Virginia	Current Active	805
	Veterinary Establishment - Stationary	Out of state	Current Active	11
	Total for Veterinary Establishment - Stationary			816
Veterinary Faculty				
	Veterinary Faculty	Virginia	Current Active	49
	Veterinary Faculty	Out of state	Current Active	11
	Total for Veterinary Faculty			60
Veterinary Intern/Resident				
	Veterinary Intern/Resident	Virginia	Current Active	45
	Veterinary Intern/Resident	Out of state	Current Active	2
	Total for Veterinary Intern/Resident			47
Veterinary Technician				
	Veterinary Technician	Virginia	Current Active	1,976
	Veterinary Technician	Virginia	Current Inactive	39
	Veterinary Technician	Virginia	Probation - Current Active	1
	Veterinary Technician	Out of state	Current Active	259
	Veterinary Technician	Out of state	Current Inactive	28
	Total for Veterinary Technician			2,303
Total for Veterinary Medicine				8,020

License Type	FY2012	FY2013	FY2014	FY2015	FY2017	Oct-18
Veterinarian	3530	3960	4038	4,145	4,310	4,442
Veterinary Faculty	N/A	N/A	N/A	N/A	N/A	60
Veterinary Intern/Resident	N/A	N/A	N/A	N/A	N/A	47
Veterinary Technician	1579	1689	1788	1,917	2,135	2,303
Equine Dental Technician	24	23	23	24	25	26
Stationary Veterinary Establishment	735	744	750	768	773	816
Ambulatory Veterinary Establishment	270	287	298	315	341	326
Total	6138	6703	6897	7,169	7,584	8,020

Virginia Department of Health Professions
Cash Balance
As of September 30, 2018

	106- Veterinary Medicine
Board Cash Balance as June 30, 2018	\$ 956,976
YTD FY19 Revenue	30,995
Less: YTD FY19 Direct and Allocated Expenditures	263,297
Board Cash Balance as September 30, 2018	<u>724,673</u>

Virginia Department of Health Professions
Cash Balance
As of September 30, 2017

	106- Veterinary Medicine
Board Cash Balance as June 30, 2017	\$ 724,593
YTD FY18 Revenue	30,440
Less: YTD FY18 Direct and Allocated Expenditures	272,645
Board Cash Balance as September 30, 2017	<u>\$ 482,388</u>

**BOARD OF VETERINARY MEDICINE
2019 CALENDAR**

JANUARY 17, 2019 (Thursday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
FEBRUARY 21, 2019 (Thursday)	TR 2 9:00 AM	INFORMAL CONFERENCES
MARCH 7, 2019 (Thursday)	BR 3 9:00 AM	BOARD MEETING
MARCH 7, 2019 (Thursday)	TR 2/HR 6	INFORMAL CONFERENCES
APRIL 16, 2019 (Tuesday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
JUNE 4, 2019 (Tuesday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
JULY 9, 2019 (Tuesday)	BR 4 9:00 AM	BOARD MEETING
JULY 9, 2019 (Tuesday)	TR 2/HR 6	INFORMAL CONFERENCES
JULY 23, 2019 (Tuesday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
AUGUST 20, 2019 (Tuesday)	TR 2/HR 6	INFORMAL CONFERENCES
SEPTEMBER 10, 2019 (Tuesday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
OCTOBER 22, 2019 (Tuesday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
OCTOBER 31, 2019 (Thursday)	BR 3 9:00 AM	BOARD MEETING
OCTOBER 31, 2019 (Thursday)	TR 2/HR 6	INFORMAL CONFERENCES
NOVEMBER 5, 2019 (Tuesday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES