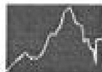
Virginia Department of Health Professions

Agenda
Virginia Board of Veterinary Medicine
Full Board Meeting

August 24, 2017
Board Room 3
9:00 a.m.

Call to Order – Ellen G. Hillyer, MPH, DVM, Board President
- Welcome
- Emergency Egress Procedures

Ordering of Agenda – Dr. Hillyer

Public Hearing – Dr. Hillyer

Receive comment on proposed regulations for Faculty and Intern/Resident License (public comment period open from 7/24/17 to 9/22/17)

Public Comment – Dr. Hillyer

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 1-7**
- April 20, 2017, Full Board Meeting
- May 9, 2017, Conference Call

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

Legislative/Regulatory Report – Elaine Yeatts — **Pages 8-39**
- Final Regulations for Periodic Review will be published on 9/4/17
- Prescribing of Opioids and Buprenorphine
  - Review Comments
  - Take action regarding adoption of final regulations
- Petition for Rulemaking: Insertion of Catheters by Unlicensed Assistants
  - Review Comments
  - Take action regarding request for rulemaking

Discussion Items – Leslie Knachel — **Pages 40-45**
- Continuing Education Consideration for Wellness Programs
- Drug of Concern (gabapentin) Update

President's Report – Dr. Hillyer

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

Staff Reports — **Pages 46-56**
- Executive Director's Report – **Leslie Knachel**
- Discipline Report – **Amanda Blount**
- Continuing Education Audit – **Carol Stamey**

New Business – Dr. Hillyer

Next Meeting – October 24, 2017

Meeting Adjournment – Dr. Hillyer

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

VIRGINIA BOARD OF VETERINARY MEDICINE
MINUTES OF FULL BOARD
DEPARTMENT OF HEALTH PROFESSIONS
TRAINING ROOM 2
HENRICO, VA
APRIL 20, 2017

DRAFT

TIME AND PLACE: The Board of Veterinary Medicine (Board) was called to order at 9:03 a.m., at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia.

PRESIDING OFFICER: Ellen G. Hillyer, D.V.M., President

MEMBERS PRESENT:
Tregel M. Cockburn, D.V.M.
Autumn N. Halsey, L.V.T.
Mark A. Johnson, D.V.M.
Steven B. Karras, D.V.M.
Bayard A. Rucker, III, D.V.M.
Mary Yancey Spencer, J.D., Citizen Member

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

STAFF PRESENT:
Leslie L. Knachel, Executive Director
Amanda E. M. Blount, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst
Charis Mitchell, Assistant Attorney General, Board Counsel
Carol Stamey, Licensing Operations Manager
Terri Behr – Discipline/Compliance Specialist
Brandy Latvala – Administrative Assistant

OTHERS PRESENT:
Robin Schmitz, Virginia Medical Association of Virginia (VVMA)
Susan Seward, VVMA

ORDERING OF AGENDA: No changes were made to the agenda.

PUBLIC COMMENT: No public comment was presented.

DIRECTOR'S REPORT: Dr. Brown was not available to provide a report.

APPROVAL OF MINUTES: Ms. Spencer moved to approve the following minutes, as a block as presented:

- January 18, 2017, Regulatory Advisory Panel on Faculty Licensure;
- January 18, 2017, Regulatory Advisory Panel on Opioid Prescribing;
- February 9, 2017, Public Hearing on Proposed Regulations;
- February 9, 2017, Full Board; and
- February 9, 2017, Resolution of Case No. 159438.

The motion was seconded and carried.

LEGISLATIVE/REGULATORY UPDATE:

Regulatory Update
Ms. Yeatts reviewed the following regulatory actions with the Board:

Emergency Regulations for Prescribing Opioids and Buprenorphine

- **Review Emergency Regulation Process**
  Ms. Yeatts reported that HB2163 was amended during the veto session to allow for the Board of Veterinary Medicine to develop regulations related

to prescribing buprenorphine without naloxone.

- **Review Draft Regulations**
  Ms. Yeatts provided a handout of a revised draft of emergency regulations (18VAC150-20-174. Prescribing of controlled substances for pain or chronic conditions) for the board's consideration.

  The Board discussed the regulations and suggested that 18VAC150-20-174(3) be amended by deleting "as determined by the manufacturer's directions for use" because directions for off-label use for an animal are not included.

- **Take Action Regarding Adoption of Emergency Regulations**
  Dr. Rucker moved to adopt the Emergency Regulations with the suggested amendment and to issue a Notice of Intended Regulatory Action for replacement regulation. The motion was seconded.

  Ms. Knachel informed the board that Ms. Powers, Director of Communications, is developing a flyer that includes links to information on drug destruction, proper storage, and risks to animals and humans. Additionally, Ms. Knachel reported that an email alert will go out to all licensees about the emergency regulations once approved by the administration.

Regulations for Periodic Review

- **Review Public Comment**
  Ms. Yeatts referred the board to a summary of public comment in the agenda package for the board's consideration and response.

- **Respond to Public Comment**
  Delegation of Duties
  Ms. Yeatts informed the board that a vast majority of the public comment was in response to proposed language for 18VAC150-20-172(B). Due to the volume of public comment related to this one regulation, she requested that the board review this section first. The Board discussed the comments and possible amendments.

  Dr. Rucker moved to amend 18VAC150-20-172(B) to state the following: "Injections involving chemotherapy drugs, subgingival scaling, intubation, or the placement of intravenous catheters shall not be delegated to an assistant. An assistant shall also not be delegated the induction of sedation or anesthesia by any means. The monitoring of a sedated or anesthetized patient may be delegated to an assistant, provided a veterinarian or licensed veterinary technician remains on premises until the patient is fully recovered." The motion was seconded and carried.

  Requirements for drug storage, dispensing, destruction, and records for all establishments
  Dr. Karras moved to amend the proposed language in 18VAC150-20-190(D) to state the following: "All veterinary establishments shall maintain drugs in a 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 6." The motion was seconded and carried.

The board discussed the need to add language in the regulations to allow unlicensed personnel to dispense Schedule II through V drugs for hospitalized or boarded patients.

Ms. Halsey moved to amend 18VAC150-20-190(D) by adding subsection 6 to state the following: "Access to drugs by unlicensed persons shall be allowed only under the following conditions:

a. An 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."

The motion was seconded and carried.

Requirements of veterinarian-in-charge
Dr. Rucker moved to amend 18VAC150-20-181(C) to state the following: "Prior to the sale or closure of a veterinary establishment, the veterinarian-in-charge shall:

1. Follow the requirements for transfer of patient records to another location in accordance with § 54.1-2405 of the Code of Virginia; and
2. If there is no transfer of records upon sale or closure of an establishment, the veterinarian-in-charge shall provide to the board information about the location of or access to patient records and the disposition of all scheduled drugs." The motion was seconded and carried.

Revision of practice act to include fish
The consensus of the Board was that "fish" should not be classified as a companion animal.

Emergency lighting
The Board discussed that the definition of emergency lighting does not include a head loop.

Preceptee
The Board discussed whether an Educational Commission of Foreign Veterinary Graduates (ECFVG) candidate should be included in the definition of "preceptee." No change was made.

Ambulatory veterinary establishments
Dr. Rucker moved to add draft language to 18VAC150-20-201(B)(1) to state the following: "Surgery may be performed only 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 a surgical suite." The motion was seconded and carried.

Clarification of preceptorship and informed consent for surgery
The board discussed and requested Ms. Yeatts to draft revised language to clarify 18VAC150-20-130(B) and 18VAC150-20-173(C) for the board's discussion following Dr. Carter's presentation.

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DISCUSSION ITEMS:

Healthcare Workforce Data Center Survey Questions:
Dr. Carter provided the board with a listing of survey questions to begin development of the Healthcare Workforce Data Survey. The board provided additional information for inclusion in the survey questions.

LEGISLATIVE/REGULATORY UPDATE CONTINUED:

- **Regulations for Periodic Review continued**

  Clarification of preceptorship and informed consent for surgery continued
  Ms. Yeatts provided proposed draft language for the board's discussion and consideration.

  Dr. Karras moved to amend 18VAC150-20-130(B) to state the following: "Whenever a veterinary preceptee or extern is performing surgery on a patient, either assisted or unassisted, the supervising veterinarian shall be in the operatory during the procedure. Prior to allowing a preceptee or extern in veterinary medicine to perform surgery on a patient unassisted by a licensed veterinarian, a licensed veterinarian shall receive written informed consent from the owner."; and 18VAC150-20-173(C) to state the following: "If a veterinary preceptee, or extern is to perform the surgery, either assisted or unassisted, the informed consent shall include that information. If the surgery is to be performed by a preceptee or extern unassisted by the veterinarian, the written informed consent shall specifically state that information."
  The motion was seconded and carried. The proposed amended draft language is as follows:

  Delegation of Duties
  Dr. Johnson moved to amend 18VAC150-20-172(C) to state the following: "Tasks that may be delegated by a licensed veterinarian to a properly trained assistant include but are not limited to the following." The motion seconded.

  The Board discussed changing to 18VAC150-20-172(C)(7) to state the following: "Prepping a patient or equipment for surgery.

  Dr. Johnson agreed to include the discussed amendment with his motion. The motion carried.

  Allowance of IV catheters by unlicensed assistants
  The Board discussed allowing unlicensed assistants to place IV catheters. No change was made.

  Closure of skin flap
  The Board discussed the comment about closure of skin flaps. No change was made.

- **Take Action Regarding Adoption of Final Regulations**
  Dr. Karras moved to adopt the final regulations as amended. The motion was seconded and carried.

DISCUSSION ITEMS CONTINUED:

Expert Admissibility Standards
Ms. Mitchell presented two expert witness admissibility standards (Traditional Virginia Standard and Virginia Medical Malpractice Standard) for the Board's consideration.

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Ms. Spencer moved to adopt the Traditional Virginia Standard as its expert witness admissibility standard. The motion was seconded and carried.

Drug Loss Investigation Protocol
Ms. Knachel reported that the Board regularly receives reports of thefts and/or unusual loss of controlled substances. She asked the Board to consider a protocol to determine how to proceed with such a report.

Ms. Halsey moved that the Board President be delegated the authority to review the drug and theft and loss reports to determine how to proceed. The motion was seconded and carried.

PRESIDENT'S REPORT: Dr. Hillyer stated that she did not have a report to present.

BOARD OF HEALTH PROFESSIONS' REPORT: Dr. Johnson stated that he did not have a report to present.

STAFF REPORTS:

Executive Director's Report
Ms. Knachel reviewed licensure statistics, budget information and outreach activities.

Discipline Update
Ms. Blount provided an overview of the caseload statistics. Additionally, she informed the board that a report on the Board's 250-day case closure statistics will be provided at the next board meeting.

Continuing Education (CE) Audit
Ms. Stamey provided an overview of the breakdown of the CE audit conducted in March 2017 for the CE obtained in 2016. She stated the audit is not yet completed, but the results should be available for the next meeting.

NEW BUSINESS: No new business was identified.

ADJOURNMENT: The meeting adjourned at 1:00 p.m.

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

____
Date

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

____
Date

DRAFT

VIRGINIA BOARD OF VETERINARY MEDICINE
SPECIAL SESSION – TELEPHONE CONFERENCE CALL
MAY 9, 2017
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 May 9, 2017, at 10:00 a.m., to consider a Consent Order for possible resolution of Case Nos. 159438 and 177582.
PRESIDING:	Autumn N. Halsey, L.V.T. - Chair
MEMBERS PRESENT:	Tregal Cockburn, D.V.M. Mark A. Johnson, D.V.M. Mary Yancey Spencer, J.D.
MEMBERS EXCUSED:	Ellen G. Hillyer, D.V.M. Steven B. Karras, D.V.M. Bayard A. Rucker, III, D.V.M.
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
TRACY MALINDA BROWN, D.V.M. CASE NOS. 159438 & 177582	The Board received information from Ms. Blount regarding a Consent Order signed by Dr. Brown for the resolution of Case Nos. 159438 and 177582 in lieu of proceeding with a formal administrative hearing.
CLOSED SESSION:	Ms. Spencer 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 Nos. 159438 and 177582. 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:	Ms. Spencer 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:

Ms. Spencer 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 10:05 a.m.

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

____
Date

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

____
Date

Agenda Item: Regulatory Actions - Chart of Regulatory Actions As of August 1, 2017

Board Board of Veterinary Medicine

Chapter		Action / Stage Information
[18 VAC 150 - 20]	Regulations Governing the Practice of Veterinary Medicine	Prescribing of opioids [Action 4808] Emergency/NOIRA - *Register Date: 7/10/17* *Board to adopt proposed regulations 8/24/17*
[18 VAC 150 - 20]	Regulations Governing the Practice of Veterinary Medicine	Faculty and intern/resident license [Action 4616] Proposed - *Register Date: 7/24/17 Comment ends: 9/22/17* *Public hearing: 8/24/17*
[18 VAC 150 - 20]	Regulations Governing the Practice of Veterinary Medicine	Periodic review [Action 4428] Final - *At Governor's Office* [Stage 7920]

Agenda Item: **Adoption of Proposed Regulations**
Prescribing of Opioids

Included in agenda package

Copy of Emergency Regulation

Copy of comments on the NOIRA to replace emergency regulations (copy of HB 2163 regarding the prescribing of buprenorphine for reference)

Board Action:
Adoption of proposed regulations to replace emergency regulations currently in effect

Project 5103 - Emergency/NOIRA

BOARD OF VETERINARY MEDICINE

Prescribing of opioids

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.

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 seven-day supply, unless extenuating circumstances are clearly documented in the patient's record.

4. The veterinarian may prescribe a controlled substance for an additional seven days if medically necessary and consistent with an appropriate standard of care, and after a reevaluation of the patient as documented in the patient record.

B. In accordance with the accepted standard of care, a veterinarian may prescribe a controlled substance beyond 14 days for management of certain chronic conditions, such as chronic heart failure, chronic bronchitis, osteoarthritis, collapsing trachea, or related conditions. For treatment

of chronic pain or a chronic condition with an opioid beyond 14 days, the treatment plan 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. For any prescribing of a controlled substance beyond 14 days, 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 out-patient 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 reevaluation 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.

Board of Veterinary Medicine
Regulations Governing Practice Veterinary Medicine
Prescribing of Opioids

Dear Sirs:

I am writing my comments regarding the current proposed changes regarding the use of and prescriptions for opioid-like drugs in the use of animals (veterinary medicine).

I have a thirteen year old cocker-lab mix who has been on Tramadol about nine months. She has arthritis and also has a soft ball sized tumor on her right hip/thigh. She has chronic kidney failure that limits the choices for treatment. Tramadol and Gabapentin helps her tolerate her pain and remain mobile. Mobility is very important in maintaining her current level of health with few, if any side effects.

Please consider the many pets in this category. They deserve a life with quality care that allows them to live with minimal pain.

Thank you for consideration of this matter on behalf of my dear family member who deserves to live her final days/months with minimal pain!

Dianne B. Webb
Phone 276-233-8407

From: Luke DelPo <westlakevet@gmail.com>
Sent: Friday, July 21, 2017 5:25 PM
To: Board of Veterinary, yy
Subject: Opioid ruling

Dear Board of Veterinary Medicine :

Do you really believe this will make a difference? I see it as another case of bureaucratic knee jerk politics. Passing more ineffective but costly, annoying laws so you can say "see what I did to resolve the problem." We all know there is a problem. However, we all also know that forcing the law abiding citizens to jump through more hoops is not going to stop the people already violating the existing laws from continuing their illegal activity. This rule will make it more difficult to alleviate out patient's pain and practice legal and ethical medicine.
Veterinarians are not significant contributors to the opioid crisis. Please tone this down to a more reasonable ruling so we spend our time caring for our patients instead of being bogged down by ineffective regulations. We all know it is not going to make a difference anyway.

Sincerely;

Luke M. DelPo, DVM

Knachel, Leslie (DHP)

From: DAVID MORRIS <davidmorrisdvm@mac.com>
Sent: Thursday, July 20, 2017 12:00 AM
To: Board of Veterinary, yy
Subject: Prescribing of Controlled Substances Containing Opioids or Buprenorphine comment

One unique situation with the prescribing of any drug by a veterinarian is that many if not most clients assume that the drugs we prescribe are "animal drugs." To point out that the pain med can be used (or abused) by a human may actually put the idea into that client's head, and may even encourage that client to take their pet's opioid! It's almost like letting the client know that the dog food really tastes great! Until told, they may never have considered eating it.

I am fairly certain that opioids are not over prescribed by the veterinary profession and to add another regulation to force documentation that you have informed the client of potential abuse of the drug may actually encourage veterinary clients to abused the drug.

I would love to hear your thoughts.

David H. Morris, DVM, MRCVS

Sent from my iPhone

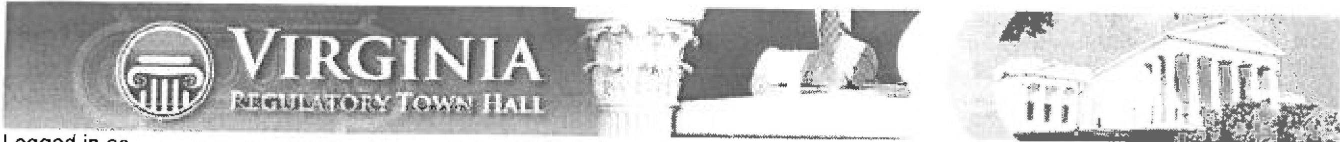
From: Miranda Ertel [mailto:mirandaertel@yahoo.com]
Sent: Tuesday, July 11, 2017 11:15 AM
To: Board of Veterinary, yy <vetbd@dhp.virginia.gov>
Subject: Fw: public comment regarding the promulgation of the permanent regulations,

Dear Sir or Madam,

This is a public comment regarding the promulgation of the permanent regulations.
I reviewed the new Controlled substance prescribing regulations and I feel there are some important issues. Limiting a practitioner to only 7 days of a controlled substance for acute pain will leave many patient inadequately managed. Many pain conditions that occur acutely like a fracture, a cruciate ligament tear, a pulled muscle, traumatic joint pain, newly diagnosed bone cancer, to name a few take longer than 7 weeks for the pain to resolve. To require a recheck in 7 days in many cases would lead to the animal not receiving adequate medication. Veterinary offices would become full of recheck appointments filling slots that area necessary to see other patients that have not yet been diagnosed. This would also be costing the client additional money for the recheck weather or not it is felt necessary by the veterinarian. Additional dispensing fees and additional controlled drug logs would also apply.
In regards to the statement about measuring to determine progress in the treatment of chronic conditions, what exact expectations would there be?. Changes in the radiographs of a degenerative joint would not be expected. Mont clinics are not equipt with force plates or other fancy modalities or measuring soundness. Would a physical exam and documentation in improvement in mobility, quality of life, decreased vocalization, and/or panting be adequate?
I feel that adequate pain management is essential to veterinary medicine and that these measure are not the right way to approach the human substance abuse issues.

Warm regards,
Miranda Ertel, DVM

Virginia.gov Agencies | Governor



Logged in as
Elaine J. Yeatts

Agency Department of Health Professions

Board Board of Veterinary Medicine

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

Action	Prescribing of opioids
Stage	Emergency/NOIRA
Comment Period	Ends 8/9/2017

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Tripp Stewart

7/19/17 8:10 pm

New Regulations seem unneccesary

My humble 2 cents:

These reactionary regulations seem unnecessary in their entirety and just vague enough to cause problems for honest vets. 1) Prescribe the appropriate medication in 2) the appropriate dose 3) for the appropriate amount of time: it seems like this goes without saying and should be under the "practice good medicine act." The human opiate epidemic is catastrophic and severe but is unlikely to be driven by a well intentioned veterinarian dispensing 0.02 Mg/kg buprenorphine to a cat for 8 (more than 7) days. While I understand the intent of the regulation, the fact that such regulations are considered and enacted brings supposed blame on the veterinary community for the opiate problem. The problem is not caused by veterinarians and there should be no burden placed on our profession as a reaction to a human medicine problem. The number of veterinarians prescribing month long doses of oxycontin and other highly human addictive opiates in zero. The opiate problem in VA does not lie with our honest profession and we should be left out of the blame game as our board should not knee jerk more reactionary regulations.

Commenter: Jan Larsen, DVM

7/19/17 9:02 pm

Opioids

We finally have the tools with which to adequately control pain in our veterinary patients and I am concerned and resentful that because humans abuse said drugs, that our ability to practice good medicine is in jeopardy. I don't believe the opioid problem stems to any measureable extent from legally-prescribed veterinary drugs. I recently underwent knee surgery, for which I was prescribed 60 capsules containing an opioid. I took three. Good lord why prescribe 60? In speaking to other patients, this seems to be common practice. And so to curb the opioid problem we are going to tie the veterinarian's hands regarding pain control in a 10-lb cat? I do not believe the new regulations are necessary nor a good idea. Nor will they solve the problem.

Commenter: Nathan Higgins, DVM; Cape Charles Animal Hospital 7/20/17 10:41 am

Buprenex

I agree with my two colleagues who have voiced their opinions thus far. I do believe the regulation in terms of dispensing this medication in particular is an overreach. The small quantities of medication dispensed to patients, generally cats, is highly unlikely to be used to effect in addicts. All the while, this adds further burden to the veterinarian in terms of workload and gives the regulatory agencies one more tool to fine or penalize them. Instead, the state should focus on prescriptions provided by medical doctors and the pharmacists dispensing them and the possible role the insurance companies play in how much is dispensed. Common sense should dictate that a prescription of 60 tablets of oxycontin to a human patient is excessive compared to the relatively few doses of 0.09 mg of buprenex dispensed to a cat.

Commenter: Danielle Russ, LVT, BS, BA, AS 7/20/17 11:08 am

Opioid Regulation for Veterinary Medicine

While I appreciate and am deeply concerned re: the opioid crisis in the US, I completely agree with the others that have comment (and the many that are thinking the same thing and not posted), the veterinary community is NOT the cause of this crisis and this definitely seems like a knee jerk reaction.

Regulation and oversight is necessary for those prescribing and dispensing controlled substances. And if/when the human medical field back tracks on the over prescribing of opioids in particularly, veterinary medicine may become more vulnerable for those with addictions to seek out these medication (and some may already though currently low risk).

Having a currently veterinary client patietn relationship is standard practice to continue the authorization of any medication in veterinary medicine and this should be continued and potentially more defined for those cases that require a controlled substance chronically.

Additionally, documenting that risks associated with these medications and proper handling, storage and disposal is reasonable and a way the veterianary community may participate in health education for the pet owning community.

Pump the brakes and revise the current proposal to a be more reasonable and not overreaching.

Commenter: Dr. Kathy Kallay, Four Paws Animal Hospital 7/21/17 11:45 am

emergency opioid regulations cause more harm than good in veterinary medicine

I can certainly appreciate trying to reduce opioid abuse in humans, but once again trying to treat veterinary medicine the same as human medicine has resulted in regulations that are unnecessarily and excessively cumbersome. In fact, I am convinced that the net result of this arrangement is that pets that need opioids to control their pain are not going to get them.

I have already had clients change their mind about getting tramadol or buprenorphine for their pet when they discover that they will have to come back in a week for another physical exam. People have very busy lives, and pet owners are notorious for not being able to identify signs of pain in their pets. Most people are not going to take time off from work to have a pet seen that looks fine to them.

Assuming the pet *is* brought back for the repeat exam one week later, one of two things are going

to happen. (1) The pet's pain has not improved in which case I will probably prescribe **more** and/or **stronger** pain meds, or (2) They have improved in which I case I will give them more of the drug they already had. If a pet owner is stealing and using their pet's pain meds, requiring this recheck exam one week later does not stop this from happening.

I agree with my colleagues who state you just have to trust the doctor to make appropriate recommendations following standard of care. If abuse is suspected, **then** investigate that particular doctor. But requiring everyone to suddenly jump through these arbitrary hoops only makes things more complicated and does not really fix the problem.

Dr. Kathy Kallay

Commenter: Richard L Godine, DVM 7/21/17 3:53 pm

Proposed emergency regulations for prescribing opiods unnecessary

I agree with previous comments that the veterinarian's role in the tragic and serious opiod epidemic occuring in the citizens of the Commonwealth and across the land is infinitesimal. As I read over the proposed regulations I wondered why they were necessary as it was spelling out standard practice for all the veterinarians I know. Veterinarians recognize that opiods are addicitve and do not prescribe longterm supplies. When requests for refills are made, red flags go up and the animal is reassessed. Unless the patient has a chronic condtion as described, no long term opiods are prescibed. Most dogs with bronchitis or CHF are small and the doses likewise small. It is therefore easy to spot owner abuse and refuse to make refills before the appropriate time. While I know there must be some veterinarians that overprescribe opiods, the number is extremely small. These proposed regulations add an unnecessary burden unfairly on professionals that are not part of the opiod epidemic in Virginia. They will have no measurable or usefull effect on stemming opiod abuse in humans. Continuing education for veterinarians would be a more effective and measured way than regulation.

Commenter: Joseph A. May, DVM 7/24/17 4:29 pm

Buprenex regulations

This is just another example of how Veterinarians get caught in the crossfire of regulatory policy that targets physicians with poor investigation into how DVM's prescribe Buprenex and the quantities involved. This drug is typically used short term in cats following surgery and the quantities tend to be quite tiny and much less than the amount an addict would seek. I am very glad that there has been an exception applied so we can continue to use the drug but I think the emergency regulations concerning prescribing the drug are not really necessary and DVMs are already in compliance. It would be really nice if the folks that write regulations and laws would use a bit of common sense and think about how changes affect all aspects of the health profession. It seems that the left hand and the right hand just don't know what the other is doing and I am afraid it applies to all aspects of our government.

Commenter: Stephanie A. Chmiel DVM, Altavista Animal Hospital, Altavista, Virginia 7/26/17 1:04 pm

Proposed regulations on prescribing opiates.

I applaud the efforts to help, even in a small way, to attempt to control the epidemic of opiod abuse.

I agree with all of the propsed regulations, except for the reqirement for our patients to return in 7 and 14 days for the first refills, especially for tramadol. Most of us know our patients well, and prescribe tramadol for specific reasons. (For instance: Older arthritic dogs with elevated liver enzymes.)

Having to return in 7 & 14 days is an unnecessary burden on most pet owners. In addition to the inconvenience, many see it as a financial burden as well.

My proposal would be that we should be able to prescribe a 14 day supply at first, require one recheck at 14 days, and then be able to refill monthly, with required rechecks every 6 months.

Stphanie A. Chmiel DVM

Commenter: Sandy Christmus, DVM; Oakton-Vienna Veterinary Hospital 7/28/17 2:21 pm

Emergency Regulations are detrimental for our patients

Points other commenters have made are excellent. The most difficult part of the Emergency Regulation is the requirement to recheck in 7 days. Asking us to examine these patients for which opiates have been prescribed every 6 months is good medicine, plus we should be seeing these (typically) older patients that often anyway. In replacment of the 7-day recheck requirement, I'd prefer a rule requiring us assure the refills are being filled "on-time" with some defined "wastage" percentage of the amount dispensed. The occasional pill is wasted and the occasional volume of a liquid solution is lost, so there would need to be some leeway that allows us some professional judgment that the drug isn't being abused and that we can refill as needed for 6 months. Requiring a recheck seems optional to me because generally we're not prescribing amounts of opiates in quantities to be abused, especially if we're closely monitoring refill timing.

Commenter: Kelly Gottschalk 7/31/17 12:45 am

Veterinarians can be a part of the solution

I have read these proposed regulations multiple times. They appear to be in line with the way the majority of veterinarians already practice. I agree, that it is unlikely that veterinary medicine is contributing to the opioid crisis in any meaningful way. However, I don't see a problem with adherence to best practices and I think these regulations delineate best practices. This is an opportunity to highlight how carefully veterinarians consider their patients' needs and how appropriately our profession addresses pain and use of all modalities to bring comfort to our patients. We are and should be an example to other professions. Most of the commenters are concerned about the reevaluation of the patient, and this being a deterrent to appropriate use of these medications. As I read this, the reevaluation at 7 and/or 14 days could be done as a phone conversation to check on progress and response to the treatment. I do not see a requirement for an office visit or physical examination except for the original prescription and then every 6 months for chronic prescriptions. Perhaps the wording in these sections could be made more clear. Section A2 says "shall perform a history and physical examination", Section A4 says "reevaluation of patient" (but does not say physical exam) and section B says "seen and reevaluated".

Commenter: maggie doran 8/1/17 3:51 pm

Financial constrains to office visits every 6m for pain med renewal=pets in pain

My dog is almost 12 years old and he is terrified of the vet's office. I feel bad every time i have to make him go in, which i try to limit to once per year or less. He is in the twilight of his life and I like to be able to provide him with pain medication because as a larger breed his hips and joints bother him now. My vet office charges a significant cost just for an office visit--so before the vet sees my dog, runs any tests, asks any questions or prescribes any medication I'm already out of pocket $$. If vets are going to be limited to prescribing a certian amount of pain medications AND they are going to require owners to bring their pets in every six months, there are goign to be owners who simply allow their pets to be in pain due to the additional financial strain of taking off work and paying for an office visit twice per year. If you are an addict and want pain medication, what difference would bringing your pet in every 6 months make? If you want pain medication for yourself you would be more willing to jump through hoops and pay more money.

Commenter: Stefani Olsen, veterinary consumer 8/1/17 4:50 pm

This regulation unlikely to help, will lead to unintended consequences that could harm pets

Although I live in Maryland, my veterinarian is in Virginia (VCA Alexandria Animal Hospital). This is because I am convinced they provide me with high quality care, and I had a bad experience when I switched to a Maryland vet after moving here, so I drive back to Virginia. I spend THOUSANDS of dollars a year there, since I have several elderly cats with chronic conditions. These conditions include those which cause pain (arthritis); I also lost a cat to cancer and needed pain control for him and for a cat that threw a blood clot. Although none of my pets are currently on opiates, I want to comment because it could happen any time with this old, sick crew.

I am against this regulatory change for two reasons, in order of importance:

1. It will not make a significant contribution to reducing the opioid crisis. The doses of these drugs prescribed for our pets are very small, would not be affective for humans, and if on some weird off-chance a human decided to swallow their pets entire week or months presciption to get an effective dose for themselves, this would become readily apparent t the prescribing vet because the owner would be contacting them asking for refills long before due, etc.

More importantly, the contribution veterinary drugs make to the opioid crisis is through DRUG DIVERSION by practitioners and staff. This regulation will not do anything to stem that, and will create complications for veterinarians and clients seeking to provide adequate pain control for pets. Lets put the regulations and effort where it can make a difference - identifying and stopping drug diversion by practitioners.

2. It may lead to unintended consequences that harm pet health. As the owner of cats, I am very aware of the dangers that Metacam and other NSAID pain control options pose for them. If, due to the regulatory complications of prescribing a drug like buprenex, veterinarians beging prescribing more metacam, the result will be cats in kidney failure and angry clients. By the same token, another potential consequence of this rule will be that veterinarians do not provide pain control for patients at all. This will take us back to the dark days when our pets were expected to suffer without aid. Many of hte pets in my charge over the years have had multiple extractions during dentals, some have had abdominal surgeries. I cannot imagine how horrible it would have been if they had either not had pain control, or had a form of pain control that threw them into organ failure.

Again, because of the unintended consquences and because it will not contribute to stemming the opioid epidemic, I ask you to drop this regulation. Thank you.

Stefani Olsen

3004 Dawson Avenue, Silver Spring MD 20902

Client of VCA Alexandria Animal Hospital

Commenter: Geoff Stone

8/1/17 5:51 pm

Opioids for Dogs

I received the info from my vet at VCA listed below. On the surface I understand and I am in favor. However, at $100 visit this appears to be an effort to increase revenue flow for the largest held vetrinary company. While my current dog is young and healthy, I had two previous dogs that suffered from cancer and were treated during their surgeries with Tramadol and other meds. I believe the Board of Vet Medcine needs to strongly suggest that clinics allow for a certain amount of visits for pets being treated to encourage the clincs prescribing 7 day prescriprtions to not use this as an opportunity to increase revenues.

For acute pain, a veterinarian may only prescribe a seven-day supply of a controlled substance containing an opiod. A veterinarian may prescribe an additional seven-day supply only after a re-evaluation of the patient.

For chronic conditions, in which a controlled substance containing an opiod is prescribed for longer than 14 days, the veterinarian must re-examine the patient at least every 6 months.

Commenter: Mark Johnson

8/4/17 1:12 pm

opioids- and over regulation

This is not a solution to a very real and oercieved problem. There is a lack of umderstanding of thes drugs and the use in Veterinary medicine.

Commenter: Mark M. Held

8/5/17 2:33 pm

New Drug Regulations

The recent changes in controlled drug distribution will not affect the drug problem at all. The time and money wasted on a hand out and limiting prescription sizes and frequency will do nothing.

The hand out's biggest educational impact will be in letting the layperson know they can use their pet's drugs. So the education, you could argue, will INCREASE abuse.

The time, effort, and money would be better spent on educating veterinary staff on drug seeking behavior and/or committing funds to treatment.

Addicts and the black market will be completely unaffected by the changes.

Research and the failure of the 40 year "War on Drugs" has shown that the only viable option for attacking the drug epidemic is better treatment options, decriminalization, and having positive social outlets.

Addicts will find drugs as long as people can make money selling them.

These regulations will affect patient care more than decrease access to controlled substances. Having to reauthorize prescriptions, which is time consuming, will take away from more important duties of the veterinary staff.

Working families will have difficulty getting refills and the limited supply will cost them more money in the long run, potentially taking away from their ability to afford other treatment or diagnostics.

The negatives far outweighs the positives:

Negative

1) decreased access to pain management for our patients

2) educating the public that these drugs can be abused in the face of prior ignorance

3) time spent approving and refilling medication which takes away from patient care

4) money spent on rechecks and more frequent refills taking away from limited funds for diagnostics and treatment

5) frustration and emotional impact of all of the above

6) new problems from attempts to get around these regulations

Positive

1) an insignificant decrease in drug circulation from clinic, pharmacy, and drug companies to the general public.

I strongly urge the board to reconsider these regulations. They impact patient care more than the opioid crisis, plain and simple.

Respectfully,

Mark M. Held, LVT

Commenter: Chris Hussion, DVM

8/8/17 9:56 pm

Veterinary Opioid Use

Veterinarians, I believe tend to be very careful with the usage of opiods. Buprinex usage is minimal for cats post surgically - and our compounding law in VA (another topic) minimizes this more than I would desire. Tussigon dispensing for cough is easily managed for our patients and typically it the small dogs and that is not the opioid the abuser is seeking. Occassionally, Tylenol #3 is used. Haven't used Fentanyl patches in years. I believe that our biggest concern for so-called/opioids getting in the hands for human use/abuse is with Tramadol. We veterinarians have quite a dosage

range in which to use the medication and do need to be extremely careful with how we prescribe it because if we give too much flexability, then we can make it easy for the human use/abuse. But if we are truly monitoring for what works dosage wise for each patient, then we are performing our due diligence. My hospital had a client several years ago ask for a refill of Tramadol 15-20 days early ... I declined it and he came by very upset and was not nice to the staff ... 6 months later he came back and apologized and felt bad that he could not tell us that sooner due to legal advice ... they found out their dog walker was swiping Tramadol.... I do agree that we need to be better educated, as well as our staff, to be able to recognize those that are trying to use their pet for their own means.

As far as 18VAC150-20-174 ....

A2 is a joke!! I will always prescribe as i see fit for that patient's immediate and long term need.

B is a joke!!

C is a joke!! --- Benefits -- help my patient -- Hello ... Mc Fly -- Pharmacies don't do this and your MD doesnt talk about disposal

Come to think of it ... most of this entire piece is a joke.

Honestly, the opioid epidemic is not really much of what we dispense in veterinary medicine --- the problem drugs are the very potent opioids --- Oxycodones, etc

Is this the kind of regulation a precursor to the Board telling us we must choose the cheapest and not necessarily the most effective course of treatment?

2017 SESSION

CHAPTER 794

An Act to amend the Code of Virginia by adding a section numbered ***54.1-3408.4****, relating to prescription of buprenorphine without naloxone; limitation.*

[H 2163]

Approved April 5, 2017

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered **54.1-3408.4** as follows:

§ ***54.1-3408.4****. Prescription of buprenorphine without naloxone; limitation.*

Prescriptions for products containing buprenorphine without naloxone shall be issued only (i) for patients who are pregnant, (ii) when converting a patient from methadone to buprenorphine containing naloxone for a period not to exceed seven days, or (iii) as permitted by regulations of the Board of Medicine, the Board of Nursing, or the Board of Veterinary Medicine.

2. That the provisions of this act shall expire on July 1, 2022.

Agenda Item: Petition for rulemaking

Included in your package are:

A copy of the petition received from Dr. Rena Allen

Copies of comments on the petition received by mail and on Townhall

A copy of applicable regulation

Board action:

The Board may reject the petition's request. If rejected, the Board must state their reasons for denying the petition.

OR

The Board may initiate rulemaking by publication of a Notice of Intended Regulatory Action.

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,)		
Allen, Rena, C, DVM		
Street Address 2660 Duke Street	Area Code and Telephone Number 703-751-2022	
City Alexandria	State VA	Zip Code 22314
Email Address (optional) rena.allen@vca.com	Fax (optional) 703-370-8049	

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.

As proposed in Virginia Register Vol 33, Issue 9 with subsequent correction

18VAC150-20-172. Delegation of duties.

A. A licensed veterinarian may delegate the administration (including by injection) of Schedule VI drugs to a properly trained assistant under his immediate ~~and direct~~ supervision. The prescribing veterinarian has a specific duty and responsibility to determine that the assistant has had adequate training to safely administer the drug in a manner prescribed.

B. Injections involving ~~anesthetic or~~ chemotherapy drugs, subgingival scaling, or the placement of intravenous catheters shall not be delegated to an assistant. An assistant shall not be delegated the induction of sedation or anesthesia by any means. The monitoring of a sedated patient not fully recovered from anesthesia may be delegated to an assistant if a veterinarian remains on the premises.

~~B. Additional~~ C. The following tasks ~~that~~ may be delegated by a licensed veterinarian to a properly trained assistant include but are not limited to the following:

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule

Requested changes to 18VAC150-20-172. Delegation of duties.

Under subsection B, replace the phrase "placement of intravenous catheters" with "placement of jugular catheters"

Under subsection C, add "placement of peripheral intravenous catheters under immediate supervision of a veterinarian"

Rationale:

For years, prior to the enactment of the current regulation, veterinarians successfully trained and relied upon unlicensed staff members to place peripheral intravenous catheters safely in veterinary patients

The limited number of licensed veterinary technicians throughout the state of Virginia, especially in rural and depressed areas, means that compliance with the current regulation creates the following adverse effects on the public, veterinarians and veterinary patients:

1. Increase the financial hardship on pet owners and veterinarians especially in economically depressed areas
2. Limit availability of patient care in areas underserved by licensed technicians
3. Delay patient treatment due to lack of availability of licensed staff to place intravenous catheters especially during emergencies

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 <u>other</u> legal authority for promulgation of a regulation, please provide that Code reference.

§ 54.1-2400 of the Code of Virginia gives the Virginia Board of Veterinary Medicine the legal authority to adopt the above proposed changes to 18VAC150-20-172.

Signature:

Date: 3/22/17

18VAC150-20-172. Delegation of duties.

A. A licensed veterinarian may delegate the administration (including by injection) of Schedule VI drugs to a properly trained assistant under his immediate ~~and direct~~ supervision. The prescribing veterinarian has a specific duty and responsibility to determine that the assistant has had adequate training to safely administer the drug in a manner prescribed.

B. Injections involving ~~anesthetic or~~ chemotherapy drugs, subgingival scaling, or the placement of intravenous catheters shall not be delegated to an assistant. An assistant shall also not be delegated the induction of sedation or anesthesia by any means. The monitoring of a sedated or anesthetized patient may be delegated to an assistant, provided the patient is no longer intubated and provided a veterinarian or licensed veterinary technician remains on premises until the patient is fully recovered.

~~B. Additional~~ C. The following tasks ~~that~~ may be delegated by a licensed veterinarian to a properly trained assistant ~~include but are not limited to the following~~:

1. Grooming;

2. Feeding;

3. Cleaning;

4. Restraining;

5. Assisting in radiology;

6. Setting up diagnostic tests;

7. ~~Prepping for surgery~~ Clipping and scrubbing in preparation for surgery;

8. Dental polishing and scaling of teeth above the gum line (supragingival);

9. Drawing blood samples; or

10. Filling of Schedule VI prescriptions under the direction of a veterinarian licensed in Virginia.

~~C.~~ D. A licensed veterinarian may delegate duties electronically, verbally, or in writing to appropriate veterinary personnel provided the veterinarian has physically examined the patient within the previous 36 hours.

~~D.~~ E. Massage therapy ~~or~~, physical therapy, or laser therapy may be delegated by a veterinarian to persons qualified by training and experience by an order from the veterinarian.

~~E.~~ F. The veterinarian remains responsible for the duties being delegated and remains responsible for the health and safety of the animal.

Review of Public Comment

Petition: make IV catheter insertion unlicensed activity, while making jugular catheter licensed activity. Also allow unlicensed assistants to insert peripheral intravenous catheter under supervision of licensed vet.

Pro

- IV catheter very common medical procedure, compared to 20 years ago
  - Routinely used to introduce medication, fluids, blood products and euthanasia
    - Higher quality of care (pets not dying while waiting for vet to place)
  - Does not require a special skill- only sterility, anatomy and patient comfort
- Low number of LVT (vet techs) in workforce
- Allow catheter placement in human medicine by unlicensed personnel
  - Training standard needs to be created for unlicensed
  - Simple skill that should not devalue LVT, or income, but would allow them to focus on more difficult medical proceudres
- Several other states allow this practice, including NC

Middle

- Proposed amendment to allow assistant to insert if no LVT or vet around. Non-licensed catheter placement better than no placement
  - If done incorrectly could have serious impact on patient care

Con

- No distinction between small animal and equine
- Giving more skills to unlicensed personnel will continue to erode to small number of LVTs still in the workforce (intrusion on their practice)
  - IV placement covered in LVT curriculum
    - Train the techs we already have instead of diluting the workforce with more assistants
  - Bringing more unlicensed personnel into environment problematic, especially if the vet is responsible for training them
    - Might be acceptable if individual is in a NAVTA program
- Devalues need for credentialed technicians
  - Undercuts current impact of LVT (change hospital policy not responsibilities of personnel)
- Should not put patients at risk because there is a shortage of employable LVTS
  - Instead stricter rules should encourage unlicensed to become licensed

Comments for Petition for Rulemaking: Insertion of Catheters by Unlicensed Assistants

There are 1,021 comments related to the petition that were posted on the Virginia Regulatory Town Hall. To review these comments, please go to http://townhall.virginia.gov/L/comments.cfm?petitionid=256.

In addition to the comments posted on the Virginia Regulatory Town Hall, seven comments were received via postal carrier or email. These seven comments are included in the agenda package.

Comment on Petition for Rulemaking

Board of Veterinary Medicine

From: Jeff Clarke [mailto:clarke_j@bellsouth.net]
Sent: Monday, May 8, 2017 8:46 AM
To: Knachel, Leslie (DHP) <leslie.knachel@DHP.VIRGINIA.GOV>
Subject: Petition

Leslie,

I strongly support the petition to allow veterinary assistants (non-licensed technicians) to place peripheral catheters.

Jeff Clarke, DVM
DACVIM (Neurology)

From: Harrison Equine [mailto:harrisonequine@verizon.net]
Sent: Monday, May 8, 2017 9:30 AM
To: Knachel, Leslie (DHP) <leslie.knachel@DHP.VIRGINIA.GOV>
Subject: Insertion of cathetrs

Very concerned that the new regulation makes no distinction between small animal and equine.
Ian Harrison
harrisonequine@verizon.net

From: Joseph May [mailto:JMay@NVANET.COM]
Sent: Monday, May 8, 2017 3:29 PM
To: Robin Schmitz <robin@vvma.org>; Knachel, Leslie (DHP) <leslie.knachel@DHP.VIRGINIA.GOV>
Subject: RE: Board of Veterinary Medicine Petition

I tried to get into the Town Hall Website to make a comment in support of the petition concerning the insertion of IV Catheters in peripheral veins by trained assistants. Despite several attempts, I was unable to get into the site and make any comments. Could you please share a link to get into the proper area of the site for comment and publish it.

I will share my comments with you below for transfer to the site if that will work.

I am very much in favor of removing the restriction and allowing trained assistants to place IV Catheters in peripheral veins. Currently it is restricted to Licensed personnel only. Virginia is one of only a few states that currently restricts catheter placement. It is not restricted in North Carolina and other neighboring states nor is it restricted in human medicine. Trained but unlicensed rescue squad workers commonly place catheters in the back of ambulances on the way to the hospital. If it's good enough for people why isn't it good enough for our animal patients? The restriction also limits the ability of a licensed technician to supervise and train those under him or her and make professional judgments on who is capable to place a catheter. By delegating catheter placement, clinics with limited licensed personnel can save time and give better patient care. There is really no logical reason to restrict it. It is a very benign

procedure that most assistants can safely and quickly master and I have no idea as to why it was originally adopted. In addition, when I served on the board, the restriction caused many trained LVTs to start their careers with a blemish and a sanction they did not deserve. The LVTs were taught to place catheters while they were in school but not yet licensed and this was permitted under board regulations. However, once they graduated, placing catheters was no longer permitted even with their training until they were fully licensed. When they filled out their application for licensure, they were asked if they performed any duties of an LVT. If they answered truthfully and happened to place a catheter at a job interview or in an emergency situation before they were licensed, their application process was stopped and they were referred to a board member to be sanctioned for a regulation violation. Reprimands are not allowed and Board Members were forced to issue sanctions. This was especially a problem if the students were trained outside of Virginia or they were from states with no such restrictions. Finally, the licensed DVM is the one ultimately responsible for the care and safety of the animals he or she treats. Eliminating the restriction will allow the DVM to use their professional judgment on who may or may not place catheters in the practice.

Thank you,

Joseph A. May, DVM

From: Jeff Kilgore [mailto:jeffkilgore@mechanimalhosp.com]
Sent: Thursday, May 18, 2017 9:20 AM
To: Knachel, Leslie (DHP) <leslie.knachel@DHP.VIRGINIA.GOV>
Subject: Insertion of catheters by unlicensed assistants

I would like to say I am in support of this amendment. We do not have enough Licensed technicians currently to support the demands of day to day quality medicine.
Personal can be trained on site to do this task properly.

Sincerely,
Dr. Jeff Kilgore

VIRGINIA VETERINARY MEDICAL ASSOCIATION

3801 Westerre Parkway, Suite D | Henrico, Virginia 23233
(P) 804-346-2611 | 800-YES-VVMA | (F) 804-346-2655
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May 15, 2017

MISSION STATEMENT
The VVMA represents, promotes, and protects the interests of our diverse veterinary community and serves as a resource on matters of animal health, animal welfare, and the human animal bond.

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Virginia Board of Veterinary Medicine
Leslie Knachel
Executive Director
Email: leslie.knachel@dhp.virginia.gov

Dear Members of the Board of Veterinary Medicine,

One of our members, Dr. Rena Allen, has shared with the VVMA, her Petition for Rule-making which she has submitted to you. Her petition requests a change in regulations pertaining to placement of intravenous catheters. As you know, the recent regulatory review resulted in many comments from our membership and the issue of IV catheter placement was discussed with many of our members.

The VVMA believes that a change in this regulation, as requested by Dr. Allen, will elevate the quality and safety of patient care in Virginia veterinary practices. Many years ago, IV catheter placement was much less common than it is today. Catheters were used for emergencies and critical cases. The skill and practice of catheter placement was not as widespread, and it made sense that in these situations a licensed person should be inserting the catheter. Approximately, twenty years ago, IV catheter placement started to become more commonplace. It is now used routinely for delivery of medications, fluids, blood products, and for euthanasia. Adding IV catheters and fluids to even our most commonly performed surgical procedures, such as spays and neuters, ensures that the animals are receiving the best support, care, and safety while under anesthesia. Adding IV catheters and fluids for an ill animal ensures a higher quality of care, more rapid convalescence, and increased ability to adjust treatment depending on the animals' needs. Adding a catheter prior to euthanasia ensures that euthanasia solution is delivered painlessly and in a manner that diminishes patient and owner anxiety.

VVMA believes that jugular catheters remain a "licensee only" task. We feel this is the appropriate quality of care to some species such as horses and hoofed stock.

The reason for the change in regulation is simple: there are not enough LVT's in our state to staff all the practices in our state. Virginia veterinarians are very supportive and enjoy an excellent relationship with our two Virginia colleges providing veterinary technology curriculums. These schools have expanded their class sizes and over the past 12 years have even offered distance education programs. However, veterinarians continue to experience difficulty finding LVT's, especially in rural areas. At our most recent VVMA board meeting in February 2017, reports from both of these schools indicated that the numbers applying

and graduating are flat. One of the schools even discontinued one of their distance programs due to lack of enrollment. Virginia veterinarians are and will continue to be supportive of the Doctor-LVT model in our state. However, we have reached a point where the safety of our patients is at stake.

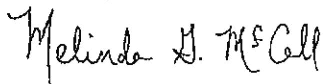
Currently, if a practice does not have an LVT available to place a catheter, the veterinarian places it. This works well in routine situations. However, in an emergency, when a veterinarian cannot be in two places at one time, an animal's life could be at risk. For example, if a veterinarian is performing surgery and a catheter becomes non-patent, the doctor would have to scrub out of surgery to replace the catheter and scrub back in to continue surgery . Traumatic injuries, such as "hit-by-cars", are much more likely to be survivable if fluids and medications can be given immediately, but if the veterinarian is performing surgery, he/she must leave one patient at risk while helping another, when a simple skill, adequately trained, can be life-saving.

IV Catheter placement does require special skill. Knowledge of sterility, anatomy, and patient comfort is imperative. These topics are part of a veterinarian's and LVT's education. A veterinarian or LVT is well qualified to instruct and oversee an assistant's proficiency with this skill in a relatively short time. In fact, this skill is routinely taught in our practices to our students enrolled in veterinary or veterinary technology colleges.

In summary, the VVMA understands and has supported the Board of Veterinary Medicine regulation that IV catheter placement be performed by licensees. However, we believe that the evolution of practice standards and the continued shortage of LVT's have tipped the balance on this regulation. Allowing trained, supervised assistants to perform IV catheter placements, excluding jugular catheters, will result in many more animals receiving important care that can be provided via catheter. This will result in superior patient safety, survivability and therefore, protection of the citizens of the Commonwealth.

Thank you for your time and consideration of this matter.

Sincerely,



Melinda McCall, DVM
President, Virginia Veterinary Medical Association

Banfield PET HOSPITAL

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June 5, 2017

Virginia Board of Veterinary Medicine
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Henrico, Virginia 23233-1463
VIA FEDEX and EMAIL: vetbd@dph.virginia.gov
Re: Proposed changes to 18 VAC 150-20-172

Dear Virginia Board of Veterinary Medicine,

I am writing to urge that the Board implement the proposed amendment to subsection B of section 172 to 18 VAC 150-20-172 proposed by the Board of Veterinary Medicine, which would replace the restriction on insertion of IV catheters by unlicensed assistants with a restriction on placement of jugular catheters, as well as an amendment to subsection C to allow delegation of peripheral intravenous catheters under immediate supervision of a veterinarian.

Currently, if a practice does not have a licensed veterinary technician (LVT) available to place a catheter, the veterinarian places it. This works in routine situations; however, in an emergency, an animal's life could be at risk. In addition, we believe that expanding the scope of veterinary assistants in this manner would positively impact the overall capabilities of veterinary practices in Virginia—thereby giving veterinarians additional bandwidth and ultimately benefit more clients and more pets.

As other commenters have pointed out, Virginia, like many other states, has a shortage of LVTs. Despite our concerted effort to recruit LVTs, including a tuition reimbursement program, Banfield's ratio of LVTs to DVMs in the state is approximately 1:12. Banfield currently employs 118 DVMs in the state of Virginia and only 16 LVTs. In contrast, Banfield Hospitals employ 291 veterinary assistants in Virginia. In those hospitals which do not currently have an LVT, the proposed changes would drastically increase that hospital's ability to serve pets while having no implication on the quality of medicine being practiced.

The proposed amendment mirrors similar guidelines in other states, where veterinary assistants are allowed to place an IV catheter under the guidance of a DVM. Prohibiting veterinary assistants from performing this task under DVM supervision is unnecessary and will adversely impact the quality of veterinary care in Virginia. On behalf of Banfield and the veterinary profession, I implore the Board to vote in favor of the proposed amendments to 18 VAC 150-20-172.

Respectfully,

Daniel Aja, DVM
Chief Medical Officer
Banfield Pet Hospital

JUN 1 3 2017
DHP

3050 Mt. Clinton Pike
Harrisonburg, VA 22802
June 6, 2017

Virginia Board of Veterinary Medicine
Leslie L. Knachel, Executive Director
9960 Mayland Drive
Suite 300
Richmond, VA 23233

Dear Ms. Knachel and the Members of the Board of Veterinary Medicine,

In 1972, the Commonwealth of Virginia and the Board of Veterinary Medicine enacted laws and regulations allowing for certification of animal technicians, now referred to as Licensed Veterinary Technicians. This action was taken to elevate the practice of veterinary medicine in the Commonwealth by providing individuals with advanced training and skills to work alongside veterinarians in a professional capacity to ensure the best possible care for animals and to protect the interests of the pet owning public. Initially, individuals who had a specific number of years of clinical experience were permitted to sit for the State Board Exam for Veterinary Technicians. In 1996, the Board of Veterinary Medicine adopted the Veterinary Technician National Exam which is now owned by the American Association of Veterinary State Boards and administered at Prometrics Test Centers across the country. The national success rate of first time takers of the VTNE is reported to be 64.4%. Almost every year since 1996, the two Veterinary Technology Programs in Virginia have had a 100% success rate on the VTNE, reflecting the quality of the education veterinary technicians are receiving at both Blue Ridge Community College (established in 1972) and Northern Virginia Community College (established in 1976). Each year, approximately 100 veterinary technicians graduate from these two programs, become licensed and enter the workforce.

In the 45 years since the profession of veterinary technology became recognized in Virginia, the scope of practice and body of knowledge in veterinary medicine has increased dramatically. Veterinary technicians have maintained the pace of growth and in some cases led the way. A 2010 study in JAVMA looked at whether a relationship existed between veterinary practice revenue and characteristics of veterinary technicians, including education level and qualifications. Results showed that the typical veterinarian's gross income increased by $93,311 for each additional credentialed veterinarian technician per veterinarian in the practice (J Am Vet Med 2010;236:846). This same phenomenon was not seen with noncredentialed technicians; rather, there was no meaningful revenue increase with noncredentialed technicians. While many people who support the current petition to allow veterinary assistants to perform tasks previously held as requiring licensure (veterinarian or technician) site the "shortage" of LVTs as a reason to change regulations. I propose that this petition, if approved, would result in a greater shortage of licensed veterinary technicians. According to the NAVTA 2016 Demographics Survey, the top 6 most significant problems that face individuals as credentialed VTs include low income, burnout, lack of recognition and career advancement, the underutilization of skills, and the competition with on the job trained technicians. If the specifically designated duties of LVTs

continue to erode, the desire to enter the profession will decrease. In fact, it is a major reason why veterinary technicians continue to leave the profession at an alarming rate, within 5 years of graduation. While I agree that LVTs are far more than this single task, I do believe that this petition, if approved, undoubtedly will have a negative impact on current and future veterinary technicians.

One of the reasons credentialing of veterinary technicians even exists is the assurance the credential provides that the individual received adequate, repeatable and documented training on over 200 tasks (including the placement of IV catheters) specified by the Committee on Veterinary Technician Education (CVTEA) of the American Veterinary Medical Association. Without a credential, there is no such assurance. AVMA accredited programs must provide documentation of training for invasive tasks such as Intravenous Catheter Placement that includes the steps for training, the criteria for assessment and documentation of the successful completion of the task. Students in vet tech programs may practice the procedure well over 100 times on models/simulators prior to their first attempt on a live patient. This level of training is not possible in a veterinary practice situation. I am confused by the supporters of this petition who on one hand state that having an assistant be able to place an IVC will be life-saving for patients, when the veterinarian is too busy to do it themselves, yet state that they are qualified and able to provide adequate training in placing an IVC. I wonder, if the vet is too busy to place the IVC, who is making the assessment that the patient even needs an IVC that would be life-saving for that patient? What is the vet doing that is more important than that critical patient? If the practice is so busy that the vets are constantly tied up with critical patients, when are they going to have the time to provide training? Will their training be consistent with the training provided to veterinary technology students? While there are certainly standards of practice in Virginia, we all know that there is a vast difference amongst practices regarding the level and quality of veterinary medicine practiced. I would suggest that the level of training of veterinary assistants is equally variable. Many supporters of the petition ask the Board of Veterinary Medicine to provide training guidelines for the placement of IV catheters. That is not a function of the Board and the Board cannot make or enforce regulations of activities performed by those they do not regulate (veterinary assistants).

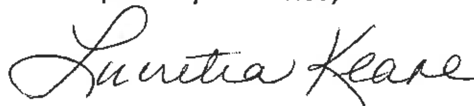
But this issue is not one of protecting the role of veterinary technicians. The primary reason this is a bad idea is the patients that will be impacted by having non-licensed and regulated personnel performing invasive tasks on patients, some who may be in critical situations. While the mechanics of the procedure may be eventually mastered by some, having a clear understanding of the technical aspects of IVC placement, the risks involved (excessive bleeding, sepsis, thrombophlebitis, and thrombosis or air emboli) and the effects of disease and stress on the animal must also be part of the equation. Just because a procedure is routine, does not mean that it is not important, that protocols may not be followed, or that the patient does not deserve the highest standard of care.

Pet owners in Virginia place their trust in their veterinarians and most consider their pets as family members. Recent conversations I have personally had with a variety of pet owners, some who I know personally and others I do not know, revealed that most owners believe that their veterinarian only hires trained, licensed personnel to provide care for their animals. They honestly place that level of trust in their vets and EXPECT that the people who are doing procedures on their pets have a credential that helps insure their competence, training and accountability. They often do not even know

to ask or be concerned that a practice has or has not hired credentialed employees. They just trust that the doctor who they have established a relationship with would never allow someone without a credential to perform invasive procedures on their pet. Clearly the practices that have or would allow unlicensed personnel to place IV catheters would betray that trust in an era when perception of the profession is in constant question. When asked specifically if they would allow someone without a credential to perform an invasive procedure on their pet, especially in an emergency situation, they answered with a resounding "no". I suggest that most people would be horrified to discover that is the situation in practices all over the Commonwealth. They are accustomed to the standard established in human medicine, where the professional boundaries are more clearly defined, and simply expect that the same exists in veterinary practices.

Rather than lower the standards to accommodate practices that do not or cannot employ credentialed personnel, I implore the Board of Veterinary Medicine to strive to earn and preserve the trust of the public by maintaining a high standard of practice and aid the veterinary profession in improving, growing and embracing the changes and challenges the future holds.

Respectfully submitted,



Lucretia (Kris) M. Keane, BAS, LVT

VIRGINIA VETERINARY MEDICAL ASSOCIATION

3801 Westerre Parkway, Suite D | Henrico, Virginia 23233
(P) 804-346-2611 | 800-YES-VVMA | (F) 804-346-2655
(E) info@vvma.org | www.vvma.org

MISSION STATEMENT

The VVMA represents, promotes, and protects the interests of our diverse veterinary community and serves as a resource on matters of animal health, animal welfare, and the human animal bond.

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Talya George

July 10, 2017

Ms. Leslie L. Knachel, Director
Virginia Board of Veterinary Medicine
Virginia Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

RE: Wellness Well-being in Veterinary Medicine

Dear Ms. Knachel,

There is a topic being discussed by almost all organizations and publications in our veterinary medical profession. The topic is often called wellness or well-being and refers largely to the mental health and stability of the human members of our profession. Here are some examples:

1. An article appeared in The Journal of the American Veterinary Medical Association (JAVMA) on April 01, 2015 entitled Study: 1 in 6 veterinarians have considered suicide.
2. Again, an article appeared in JAVMA on May 01, 2016 entitled Studies confirm poor well-being in veterinary professionals, students.
3. Dr. Mark Olson and Dr. Timothy Kolb of the American Association of Veterinary State Boards (AAVSB) produced a webinar entitled How to Create a Wellness Program for Licensees.
   A link to this presentation is found at
   https://www.youtube.com/watch?v=R1xsxOEh5do
4. The Center for Disease Control (CDC) published in their Morbidity and Mortality Weekly Report an article entitled Prevalence for Risk Factors for Suicide Among Veterinarians-United States, 2014 with the finding that veterinarians are at higher risk for suicide than the general population.
5. AVMA Model Program for Wellness

The reasons for this trend in our profession are just beginning to be understood. Resources for understanding and coping with the issue are being sought. The Virginia Veterinary Medical Association (VVMA) is keenly aware of the issue, experiencing the death of Dr. de la Cruz, a member of our board, in July 2015. We are aware of multiple Virginia licensees, veterinarians and technicians, who have lost their lives to suicide. Of course, death is the ultimate loss, but there is an immeasurable toll due to daily struggles with mental wellness and well-being that can include depression, chemical dependence and professional burnout. Any of these conditions can contribute to poor job performance, poor patient care, and therefore, harm to the public.

It is important that all members and entities of our profession are aware and evaluate policies and programs that may be contributing to the problem or may be helpful. The AVMA has introduced a program called QPR which stands for Question, Persuade, Refer. The program will train people in our profession, who do not have a professional mental health background, to recognize signs of mental illness, especially thoughts of suicide, and guide that person toward help. The VVMA is using its resources to fund a "VVMA Employee Assistance Program" which allows VVMA members access to free and confidential help 24 hours a day, 365 days a year. Help is available for problems ranging from suicidal thoughts to relationship issues to dealing with student debt. The VVMA hopes to expand this program, but cost will be a limiting factor.

Of course, licensing boards have a duty to protect the public and disciplining and/or removing impaired practitioners is a necessity which the VVMA supports. The AVMA and AAVSB have promoted collaboration between veterinary professional associations and state licensing boards and have cited that Continuing Education resources are important in helping our profession with this problem. "It is important that licensees receive information and help before it impacts the public." (AAVSB presentation by Dr. Mark Olson and Dr. Timothy Kolb) Education on these subjects is important at all stages of a veterinary career.

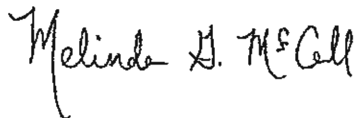
The VVMA is prepared to offer continuing education to our professionals and would like to clarify whether or not CE in these topics could be used to fulfill all or some of Virginia's CE requirements. It appears this is possible under current regulation for the following reasons.

1. Education is available through providers already recognized by the board in 18VAC 150-20-70.
2. As stated in 18VAC 150-20-70 *Approved continuing education credit shall be given four 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 requirement s of the Occupational Health and Safety Administration (OSHA).* It appears that these courses would fall under the heading of "courses that enhance public safety". Ensuring and improving the health of the licenses would improve their ability to safely and competently perform their services.
3. The enabling law 54.1-3805.2 does not specify nor prohibit the subject matter of continuing education.

The VVMA would be supportive of a limit to the number of hours that could be obtained in the area of wellness. Possible topics in wellness could include stress management, work-life balance, grief and loss, compassion fatigue (exposure to work related trauma), coping with crisis, and drug or alcohol abuse. The goal of continuing education is continued competency, and encouraging access to CE on wellness topics will help ensure competency in our licensees.

Thank you for your time and consideration of this important topic.

Sincerely,



Melinda McCall, DVM
President, Virginia Veterinary Medical Association

Virginia Board of Veterinary Medicine

Guidance for
Continuing Education (CE) Audits and Sanctioning for Failure to Complete CE

Applicable Law, Regulation and Guidance

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.

Regulations Governing the Practice of Veterinary Medicine

18VAC150-20-70. Licensure renewal requirements.
A. Every person licensed by the board shall, by January 1 of every year, submit to the board a completed renewal application and pay to the board a renewal fee as prescribed in 18VAC150-20-100. Failure to renew shall cause the license to lapse and become invalid, and practice with a lapsed license may subject the licensees to disciplinary action by the board. Failure to receive a renewal notice does not relieve the licensee of his responsibility to renew and maintain a current license.

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).

2. An approved continuing education course or program shall be sponsored by one of the following:

a. The AVMA or its constituent and component/branch associations, specialty organizations, and board certified specialists in good standing within their specialty board;
b. Colleges of veterinary medicine approved by the AVMA Council on Education;
c. International, national or regional conferences of veterinary medicine;
d. Academies or species specific interest groups of veterinary medicine;
e. State associations of veterinary technicians;
f. North American Veterinary Technicians Association;
g. Community colleges with an approved program in veterinary technology;
h. State or federal government agencies;
i. American Animal Hospital Association (AAHA) or its constituent and component/branch associations;
j. Journals or veterinary information networks recognized by the board as providing education in veterinary medicine or veterinary technology; or

k. An organization or entity approved by the Registry of Approved Continuing Education of the American Association of Veterinary State Boards.

3. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following his initial licensure by examination.

4. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

5. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such an extension shall not relieve the licensee of the continuing education requirement.

6. Licensees are required to attest to compliance with continuing education requirements on their annual license renewal and are required to maintain original documents verifying the date and subject of the program or course, the number of continuing education hours or credits, and certification from an approved sponsor. Original documents must be maintained for a period of two years following renewal. The board shall periodically conduct a random audit to determine compliance. Practitioners selected for the audit shall provide all supporting documentation within 10 days of receiving notification of the audit.

7. Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.

C. A licensee who has requested that his license be placed on inactive status is not authorized to perform acts which are considered the practice of veterinary medicine or veterinary technology and, therefore, shall not be required to have continuing education for annual renewal. To reactivate a license, the licensee is required to submit evidence of completion of continuing education hours as required by §54.1-3805.2 of the Code of Virginia equal to the number of years in which the license has not been active for a maximum of two years.

Guidance

Q: How do I request a CE extension?

A: A written request for an extension must be received prior to the licensure renewal date of December 31 of each year. The Board will provide a written response indicating approval or disapproval of the extension request.

Q: How do I request a CE exemption?

A: A written request for an exemption should be submitted prior to licensure renewal date of December 31 of each year. The Board will provide a written response indicating approval or disapproval of the exemption request.

Q: What are the CE audit procedures?

A: After each renewal cycle, the Board may audit the following licensees for compliance with CE requirements:

- Licensees who fail to respond or respond "no" to the CE renewal question on the annual license renewal form; and
- Licensees selected for random audit using a statistically valid audit sample and a method that ensures randomness of those selected.

- For those selected for the audit
  - Board staff will notify licensees that they are being audited via email if an address is available or by postal carrier if an email address is not available.
  - The licensee is required to submit documentation of completion of required CE credits. Documentation must include:
    - Date of CE
    - Subject of the program or course

    - Number of CE credits
    - Certification from an approved sponsor
- Documentation submitted to verify CE completion will be reviewed for compliance with the regulations.
  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. Courses in practice management related to improving business efficiency or profitability would not be considered clinical courses or courses that enhance patient safety.
- Licensees who have not completed required CE will be referred for possible board action.

Board Action for Non-Compliance with CE Requirements
The Board adopted the following guidelines for resolution of cases of non-compliance with CE requirements:

Veterinarian

Cause	Possible Action
First offense; short 4 hours or less	Confidential Consent Agreement; 45 days to make up missing hours
First offense: short more than 4 hours	Consent Order; Monetary Penalty of $500; 45 days to make up missing hours
Second offense; short up to 15 hours	Consent Order; Reprimand; Monetary Penalty of $250 **per missing hour** up to a maximum of $2000; 60 days to make up missing hours
No response to audit notifications or three or more offenses	Informal Fact-Finding Conference

Veterinary Technician

Cause	Possible Action
First offense; short 2 hours or less	Confidential Consent Agreement; 45 days to make up missing hours
First offense: short more than 2 hours	Consent Order; Monetary Penalty of $200; 45 days to make up missing hours
Second offense; short up to 8 hours	Consent Order; Reprimand; Monetary Penalty of $100 **per missing hour** up to a maximum of $1000; 60 days to make up missing hours
No response to audit notifications or three or more offenses	Informal Fact-Finding Conference

Note: When probable cause is found that a licensee has falsely certified completion of the required CE for renewal of his license, the Board may offer a pre-hearing consent order or hold an informal fact finding conference.

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 34. Drug Control Act

§ 54.1-3456.1. Drugs of concern.

A. The Board may promulgate regulations designating specific drugs and substances, including any controlled substance or other drug or substance where there has been or there is the actual or relative potential for abuse, as drugs of concern. Drugs or substances designated as drugs of concern shall be reported to the Department of Health Professions and shall be subject to reporting requirements for the Prescription Monitoring Program established pursuant to Chapter 25.2 (§ 54.1-2519 et seq.).

B. Drugs and substances designated as drugs of concern shall include any material, compound, mixture, or preparation that contains any quantity of the substance tramadol or gabapentin, including its salts. Drugs and substances designated as drugs of concern shall not include any nonnarcotic drug that may be lawfully sold over the counter or behind the counter without a prescription.

2014, c. 664; 2017, c. 181.

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	16
	Equine Dental Technician	Out of state	Current Active	9
	Total for Equine Dental Technician			25
	Veterinarian			
	Veterinarian	Virginia	Current Active	3,140
	Veterinarian	Virginia	Current Inactive	47
	Veterinarian	Virginia	Probation - Currei	1
	Veterinarian	Out of state	Current Active	921
	Veterinarian	Out of state	Current Inactive	233
	Total for Veterinarian			4,342
	Veterinary Establishment - Full Service			
	Veterinary Establishment - Full Service	Virginia	Current Active	762
	Veterinary Establishment - Full Service	Out of state	Current Active	12
	Total for Veterinary Establishment - Full Service			774
	Veterinary Establishment - Restricted			
	Veterinary Establishment - Restricted	Virginia	Current Active	329
	Veterinary Establishment - Restricted	Out of state	Current Active	14
	Total for Veterinary Establishment - Restricted			343
	Veterinary Technician			
	Veterinary Technician	Virginia	Current Active	1,843
	Veterinary Technician	Virginia	Current Inactive	39
	Veterinary Technician	Out of state	Current Active	255
	Veterinary Technician	Out of state	Current Inactive	25
	Total for Veterinary Technician			2,162
Total for Veterinary Medicine				7,646

CURRENT ACTIVE & INACTIVE LICENSES						
License Type	FY2012	FY2013	FY2014	FY2015	FY2017	8/24/2017
Veterinarian	3530	3960	4038	4,145	4,310	4,342
Veterinary Technician	1579	1689	1788	1,917	2,135	2,162
Equine Dental Technician	24	23	23	24	25	25
Full Service Establishment	735	744	750	768	773	774
Restricted Service Establishment	270	287	298	315	341	343
Total	6138	6703	6897	7,169	7,584	7,646

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

	106- Veterinary Medicine
Board Cash Balance as of June 30, 2016	$ 572,256
YTD FY17 Revenue	1,131,332
Less: YTD FY17 Direct and In-Direct Expenditures	978,994
Board Cash Balance as June 30, 2017	724,593

Virginia Department of Health Professions
Cash Balance
As of June 30, 2016

	106- Veterinary Medicine
Board Cash Balance as of June 30, 2015	$ 380,095
YTD FY16 Revenue	1,116,829
Less: YTD FY16 Direct and In-Direct Expenditures	924,668
Board Cash Balance as June 30, 2016	572,256

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

MEMORANDUM

TO: Members, Board of Veterinary Medicine

FROM: David E. Brown, D.C.

DATE: August 11, 2017

SUBJECT: Revenue and Expenditure Analysis

Virginia law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures for a given board are more than 10% apart, the Board is required by law to adjust fees so that the fees are sufficient, but not excessive, to cover expenses. The adjustment can be either an increase or decrease.

The Board of Veterinary Medicine ended the 2014 - 2016 biennium (July 1, 2014, through June 30, 2016) with a cash balance of $572,256. Current projections indicate that revenue for the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) will exceed expenditures by approximately $162,835. When combined with the Board's $572,256 cash balance as of June 30, 2016, the Board of Veterinary Medicine projected cash balance on June 30, 2018, is $735,090.

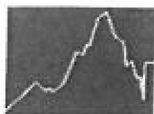
We recommend no action to change license fees be taken at this time. Please note that these projections are based on internal agency assumptions and are, therefore, subject to change based on actions by other state agencies, the Governor and\or the General Assembly.

We are grateful for continued support and cooperation as we work together managing the fiscal affairs of the Board and the Department.

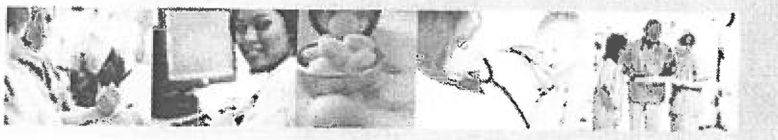
Please do not hesitate to call me if you have questions.

cc: Leslie Knachel, Executive Director
Lisa R. Hahn, Chief Deputy Director
Charles E. Giles, Budget Manager
Elaine Yeatts, Senior Policy Analyst

From: Virginia Board of Veterinary Medicine
Sent: May 16, 2017
Subject: News You Need: Veterinary Establishment Inspection Highlight



Virginia Department of
Health Professions



Board of Veterinary Medicine

Board of Veterinary Medicine

Veterinary Establishment Inspection Requirements

Highlight of the Month

The Board of Veterinary Medicine conducted a frequency analysis of deficiencies cited during veterinary establishment inspections. To keep licensees informed about compliance requirements, the most commonly cited deficiencies will be identified in a monthly email during 2017. This month's highlighted requirement is the following:

Regulations Governing the Practice of Veterinary Medicine state the following regarding rabies certificates:

18VAC150-20-195. Recordkeeping.

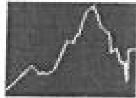
E. An initial rabies certificate for an animal receiving a primary rabies vaccination shall clearly display the following information: "An animal is not considered immunized for at least 28 days after the initial or primary vaccination is administered."

Guidance Document **76-21.2:1 Veterinary Establishment Inspection Report** states the following regarding the rabies certificate referenced in 18VAC150-20-195(E):

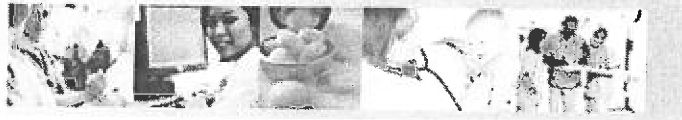
The best practice is to include this statement on all rabies vaccination certificates to ensure compliance.

Questions may be directed to the vetbd@dhp.virginia.gov

From: Virginia Board of Veterinary Medicine
Sent: June 15, 2017
Subject: Veterinary Technician Job Analysis Survey for VTNE



Virginia Department of Health Professions



Board of Veterinary Medicine

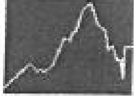
Board of Veterinary Medicine

Veterinary Technician Job Analysis Survey for VTNE

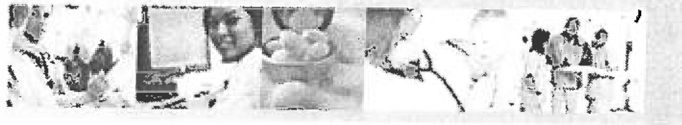
The Board of Veterinary Medicine has been asked by the American Association of Veterinary State Boards (AAVSB) owner of the Veterinary Technician National Examination (VTNE®) to forward information about the AAVSB VTNE 2017 Job Analysis Survey. The objective of the survey is to ensure that the test content outline is aligned with the current practice in the veterinary technician profession. For more information and the link to the voluntary survey CLICK HERE.

Questions may be directed to the ngrittman@aavsb.org

From: Virginia Board of Veterinary Medicine
Sent: June 19, 2017
Subject: Prescribing of Controlled Substances Containing Opioids or Buprenorphine



Virginia Department of Health Professions



Board of Veterinary Medicine

Board of Veterinary Medicine

Prescribing of Controlled Substances Containing Opioids or Buprenorphine

Regulatory Action Effective on 6/26/2017

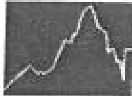
Requirements for the prescribing by veterinarians of controlled substances containing opioids or buprenorphine have been promulgated as emergency regulations which become **effective on 6/26/2017** to address the opioid abuse crisis in Virginia. Regulations include requirements for the management of acute pain, the evaluation of the patient, limitations on quantity and dosage, and record-keeping.

The promulgation of permanent regulations to replace the emergency regulations starts with a Notice of Intended Regulatory Action which will be open for public comment from 7/10/2017 through 8/9/2017. To review information on the regulatory action including the emergency regulations CLICK HERE. To review the emergency regulations only CLICK HERE.

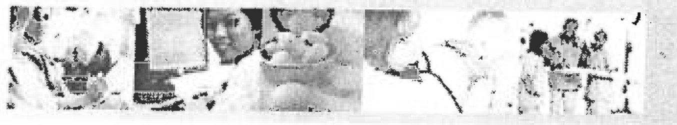
Questions may be directed to the vetbd@dhp.virginia.gov

Website: Board of Veterinary Medicine

From: Virginia Board of Veterinary Medicine
Sent: June 19, 2017
Subject: News You Need: Veterinary Establishment Inspection Highlight



Virginia Department of Health Professions



Board of Veterinary Medicine

Board of Veterinary Medicine

Veterinary Establishment Inspection Requirements

Highlight of the Month

The Board of Veterinary Medicine conducted a frequency analysis of deficiencies cited during veterinary establishment inspections. To keep licensees informed about compliance requirements, the most commonly cited deficiencies will be identified in a monthly email during 2017. This month's highlighted requirement is the following:

Regulations Governing the Practice of Veterinary Medicine state the following regarding drug security:

18VAC150-20-190. Requirements for drug storage, dispensing, destruction, and records for all establishments, full service and restricted.

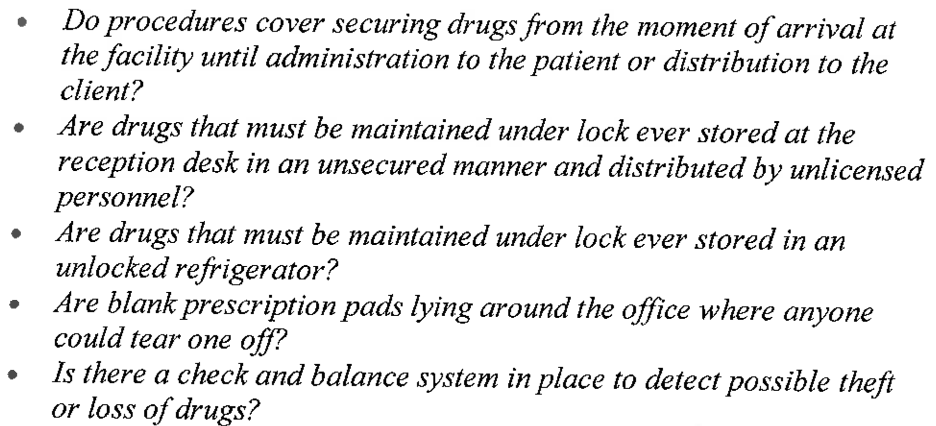
D. All drugs shall be maintained in a secured manner with precaution taken to prevent diversion.

1. *All Schedule II through V drugs shall be maintained under lock at all times, with access to the veterinarian or veterinary technician only, but not to any unlicensed personnel.*

Guidance Document 76-21.2:1 Veterinary Establishment Inspection Report states the following regarding drug security found in 18VAC150-20-190(1):

Unlicensed personnel may not have access to Schedule II, III, IV and V drugs. Drug stocks in facilities where keys and lock combinations are accessible to unlicensed 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.

Evaluate office procedures regularly and make adjustments to avoid future problems. Ask some important questions such as the following:



- *Do procedures cover securing drugs from the moment of arrival at the facility until administration to the patient or distribution to the client?*
- *Are drugs that must be maintained under lock ever stored at the reception desk in an unsecured manner and distributed by unlicensed personnel?*
- *Are drugs that must be maintained under lock ever stored in an unlocked refrigerator?*
- *Are blank prescription pads lying around the office where anyone could tear one off?*
- *Is there a check and balance system in place to detect possible theft or loss of drugs?*

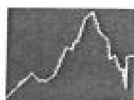
An unlicensed person may receive and open packages with unknown contents that may potentially contain drugs. However, once it is determined that the contents include Schedule II, III, IV or V drugs, the handling of the package contents must be turned over to licensed personnel.

Schedule II, III, IV or V drugs that require refrigeration must be kept in a locked refrigerator or in a locked container placed inside the refrigerator.

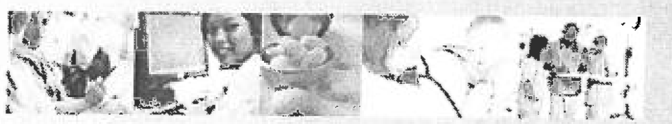
The possession, administration, dispensing and disposing of Schedule II, III, IV and V drugs must be done in compliance with federal and state laws. All required documentation must be maintained at the location authorized to possess the drugs.

Questions may be directed to the vetbd@dhp.virginia.gov

From: Virginia Board of Veterinary Medicine
Sent: June 22, 2017
Subject: **Prescribing of Controlled Substances Containing Opioids or Buprenorphine**



Virginia Department of Health Professions



Board of Veterinary Medicine

Board of Veterinary Medicine

Prescribing of Controlled Substances Containing Opioids or Buprenorphine

Reminder and Additional Information

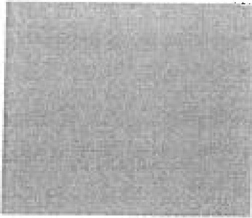
Reminder: Emergency regulations become effective on 6/26/2017. To review information on the regulatory action including the emergency regulations CLICK HERE. To review the emergency regulations only CLICK HERE.

Additional Information: The Drug Enforcement Administration, the Centers for Disease Control and Prevention, and the Ultram® package insert indicate that tramadol is a controlled substance which contains an opioid. CLICK HERE for more information.

Additional Information: Section 18VAC150-20-174(C) of the emergency regulations states
C. Prior to prescribing or dispensing a controlled substance, the veterinarian shall document a discussion with the owner about... the responsibility for the security of the drug, and proper disposal of any unused drug.
The Board of Veterinary Medicine is pleased to advance to your attention two flyers, *Prescription Medication Safety for Pet Owners* and *Opioid Safety for Veterinarians* that provide important drug safety and disposal information for pet owners and veterinarians.

These important tools in the fight against opioid prescription abuse and addiction are now available to download and print from the Board's website (located on the left-hand side under the webpage menu items).

Designed to post in your office to raise overdose awareness and disseminate to the owners of animals under your care, the materials address the proper disposal by consumers of unused opioid prescription drugs and include links for practitioners and pet owners to governmental websites for additional information.



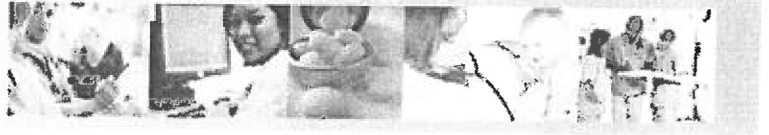
Your active participation in Virginia's response to this public health crisis could not be more timely.

Questions may be directed to the vetbd@dhp.virginia.gov

Website: Board of Veterinary Medicine

From: Virginia Board of Veterinary Medicine
Sent: Wednesday, July 19, 2017 7:01 PM
Subject: Prescribing of Controlled Substances Containing Opioids or Buprenorphine

Virginia Department of
Health Professions



Board of Veterinary Medicine

Board of Veterinary Medicine

Prescribing of Controlled Substances Containing Opioids or Buprenorphine

Regulatory Action Public Comment Period

The Virginia Board of Veterinary Medicine is seeking public comment on a *Notice of Intended Regulatory Action* regarding the promulgation of permanent regulations to replace the emergency regulations for the prescribing of opioids and buprenorphine. **The deadline for public comment is August 9, 2017.**

To review information on the regulatory action including the emergency regulations currently in effect please CLICK HERE.

To review text of the emergency regulations only, please CLICK HERE.

Questions may be directed to the vetbd@dhp.virginia.gov

Website: Board of Veterinary Medicine