

March 11, 2021
Virtual Meeting
9:00 a.m.

Agenda
Virginia Board of Veterinary Medicine
Full Board Meeting

VIRTUAL MEETING

******Refer to Page 3 of the Agenda for Meeting Access Information******

Call to Order – Tregel Cockburn, D.V.M., Board President

Page 1

- Welcome and Roll Call
- Introductions
- Mission Statement

Ordering of Agenda – Dr. Cockburn

Public Comment – Dr. Cockburn

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. (See instructions on page 3 for providing public comment during virtual meeting.)

Approval of Minutes – Dr. Cockburn

Pages 2-7

- July 21, 2020 – Webex Training Session
- July 28, 2020 – Full Board Meeting

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

Legislative/Regulatory Report – Elaine Yeatts

Pages 8-106

- Legislative Update – 2021 Legislative Session Overview
- Petitions for Rulemaking
 - Consideration of Cary petition to add requirement for one hour of continuing education on the subjects of diversity, equity, and inclusion (Pages 14-19/Action Item)
 - Consideration of Daniel petition to allow unlicensed veterinary assistant to place intravenous catheter (Pages 20-106/Action Item)

Discussion Items

Pages 107-179

- Veterinary Establishment Inspection Update
 - Inspections – **Melody Morton**
 - Inspection Committee Report – **Dr. Cockburn**
- Review of Guidance Documents – **Ms. Knachel/Ms. Yeatts**
 - 76-21.2.1, Veterinary Establishment Inspection Report (Pages 107-140/Action Item)
 - 150-2, Guidance on Expanded Duties for Licensed Veterinary Technicians (Pages 141-142/Action Item)
 - 150-3, Preceptorship and Externships for Veterinary Technician Students (Pages 143-145/Action Item)
 - 150-6, Ambulatory Mobile Service Establishments (Page 146/Action Item)
 - 150-7, Disposition of Cases Involving Failure of Veterinarian-in-Charge to Notify Board of Veterinary Establishment Closure (Pages 147-149/Action Item)
 - 150-13, Controlled Substances (Schedule II-VI) in Veterinary Practice (Pages 150-162/Action Item)

- 150-16, Protocol to follow upon discovery of a loss or theft of drugs (Page 163/Action Item)
- 150-23, Disposal of deceased animals (Pages 164-165/Action Item)
- 150-XX Veterinary Establishments (Pages 166-176/New Guidance/Action Item)
- Veterinary Technician vs. Veterinary Nurse Degrees (Page 177/Action Item)– **Ms. Knachel**
- Continuing Education Audit (Page 178-179/Action Item)– **Ms. Knachel**
- Update USP Chapters 795, 797 and 800 – **Ms. Knachel**

Board Counsel Report – Charis Mitchell

President’s Report – Dr. Cockburn

Board of Health Professions’ Report – Steven Karras, D.V.M.

Staff Reports

Pages 180-246

- Executive Director’s Report – **Ms. Knachel /Kelli Moss**
 - Statistics (Pages 180-182)
 - Revenue and Licensing
 - Discipline
 - American Association of Veterinary State Boards
 - Regulatory Task Force Recommendations
 - Model Regulations: Scope of Practice for Veterinary Technicians and Veterinary Technologists (Pages 183-192)
 - CBD Recommended Guidelines (193-198)
 - Standards and Policies for the forthcoming Program for the Assessment of Veterinary Education Equivalence (PAVE) for Veterinary Technicians (Pages 199-204)
 - Newsletter – January 2021 (Pages 205-220)
 - Veterinary Visionaries (Pages 221-222)
 - American Veterinary Medical Association’s Telehealth Guidelines (Pages 223-235)
 - International Council for Veterinary Assessments 2020 Report for Veterinary Licensing Boards (Pages 236-243)
 - Outreach
 - Mass Emails (Pages 244-246)
 - Update for Veterinarians (08/07/2020)
 - Information on Rabbit Hemorrhagic Disease (07/12/2020)
 - Updates from U.S. Fish and Wildlife Service and VDH (01/08/2021)
 - Board of Veterinary Medicine Report to the Virginia Veterinary Medical Association’s Board of Meeting

New Business – Dr. Cockburn Officer Elections

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Next Meeting – July 29, 2021

Meeting Adjournment – Dr. Cockburn

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

Instructions for Accessing March 11, 2021 Virtual Full Board Meeting and Providing Public Comment

- **Access:** Perimeter Center building access remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the joining options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Written Public Comment:** Written comments are **strongly preferred** due to the limits of the electronic meeting platform and should be submitted by email to leslie.knachel@dhp.virginia.gov no later than 12:00 noon on March 10, 2021. The written comments will be made available to the board members for review prior to the meeting.
- **Oral Public Comment:** Oral comments will be received during the full board meeting from persons who have submitted an email to leslie.knachel@dhp.virginia.gov no later than 12:00 noon on March 10, 2021, indicating they wish to offer oral comment at the board meeting. Comment may be offered by these individuals when their names are announced by the meeting chair.
- Public participation connections will be muted following the public comment periods.
- Should the Board enter into a closed session, public participants will be blocked from seeing and hearing the discussion. When the Board re-enters into open session, public participation connections to see and hear the board meeting will be restored.
- Please call from a location without background noise.
- Dial (804) 597-4129 to report an interruption during the broadcast.
- FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>.

JOIN THE INTERACTIVE MEETING (NOTE: WebEx is a video and audio platform and best accessed by connecting with a mobile device which has a built-in microphone and camera. Laptops and desktop computers will work provided an external microphone and camera are available. However, audio and video quality may vary depending on internet speed and use of a web browser other than Internet Explorer is required.)

Click or copy the link below:

JOIN THE INTERACTIVE MEETING

<https://virginia-dhp.my.webex.com/virginia-dhp.my/j.php?MTID=m376f80cdf846ffea29a01d2357481346>

JOIN WITH AUDIO ONLY

1-408-418-9388

Meeting number (access code): 132 235 1633

Meeting password: 48994635

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

VIRGINIA BOARD OF VETERINARY MEDICINE
WEBEX TRAINING SESSION
July 21, 2020

TIME AND PLACE: The Virginia Board of Veterinary Medicine (Board) WebEx training meeting was virtually called to order at 11:00 a.m.

PRESIDING OFFICER: Tregel Cockburn, D.V.M., President

MEMBERS PRESENT: Mary Yancey Spencer, J.D., Citizen Member, Vice-President
Autumn N. Halsey, L.V.T., Secretary
Ellen G. Hillyer, D.V.M.
Jeffery Newman, D.V.M.
Bayard A. Rucker, III, D.V.M.

MEMBERS NOT PRESENT: Steven B. Karras, D.V.M.

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

STAFF PRESENT: Leslie L. Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Anthony C. Morales, Licensing/Operations Manager
Temple Ross, Licensing Specialist
Celia Wilson, Operations Administrative Assistant
Kelly Gottschalk, D.V.M., Veterinary Review Coordinator
Me-Lien Chung, Discipline Case Specialist
Matt Treacy, Media Production Specialist

CALL TO ORDER: Ms. Knachel welcomed the participants to the training session and took roll call.

TRAINING SESSION: Celia Wilson, Matt Treacy and Ms. Knachel went over the expectations and procedures for the upcoming virtual board meeting to be conducted on July 28, 2020.

ADJOURNMENT: The meeting adjourned at 11:25 a.m.

Tregel Cockburn, D.V.M
Chair

Date

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

Date

VIRGINIA BOARD OF VETERINARY MEDICINE
FULL BOARD MEETING
VIRTUAL
July 28, 2020

- TIME AND PLACE:** A virtual meeting via Webex of the Board of Veterinary Medicine (Board) was called to order at 9:00 a.m.
- PRESIDING OFFICER:** Tregel Cockburn, D.V.M., President (Virtual Participation)
- MEMBERS PARTICIPATING VIRTUALLY:** Mary Yancey Spencer, J.D., Citizen Member, Vice-President
Autumn N. Halsey, L.V.T., Secretary
Ellen G. Hillyer, D.V.M.
Steven B. Karras, D.V.M.
Jeffery Newman, D.V.M.
Bayard A. Rucker, III, D.V.M.
- MEMBERS NOT PRESENT:** All members were present.
- STAFF PRESENT ON-SITE:** Leslie L. Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Celia Wilson, Operations Administrative Assistant
Matt Treacy, Media Production Specialist
- STAFF PARTICIPATING VIRTUALLY:** David E. Brown, D.C., Agency Director
Barbara Allison-Bryan, M.D., Agency Chief Deputy Director
Charis Mitchell, Assistant Attorney General, Board Counsel
Elaine Yeatts, Senior Policy Analyst
Temple Ross, Licensing Specialist
Melody Morton, Inspections Manager, Enforcement Division
Leith Ellis, Senior Inspector, Enforcement Division
- OTHERS PARTICIPATING VIRTUALLY:** Robin Schmitz, Virginia Veterinary Medical Association
- CALL TO ORDER QUORUM:** Dr. Cockburn welcomed attendees and requested that Ms. Knachel take a roll call of the board members present. With seven members of the Board present, a quorum was established. Ms. Knachel introduced new staff member, Me-Lien Chung, Disciplinary Case Specialist. Dr. Cockburn read the Board’s mission statement.
- ORDERING OF AGENDA:** Dr. Cockburn stated that Ms. Knachel requested that “Elections” be removed from “New Business.” Elections will occur at the next meeting.
- Dr. Karras moved to accept the minutes with the deletion of “Elections” from “New Business.”
- The motion was properly seconded. A roll call vote was taken. The motion carried with an unanimous aye vote.
- PUBLIC COMMENT:** Ms. Knachel read an email from Dr. Steven Skinner stating “ Please reduce our continuing education requirements for 2020. It has been a very challenging year and since we care unable to travel to conferences for the foreseeable future, attempting to complete all of our CE online is going to be a burden for many.”

APPROVAL OF MINUTES:

Ms. Halsey moved to approve the meeting minutes as presented for the following meetings:

- March 5, 2020 – Full Board Meeting
- March 5, 2020 – Formal Hearing (Case No. 183234)

The motion was properly seconded. A roll call vote was taken. The motion carried with an unanimous aye vote.

DIRECTOR'S REPORT:

Dr. Brown reported on agency measures to ensure the safety of agency staff and other individuals in the building during the COVID-19 pandemic and to keep the boards functioning in a telework environment.

LEGISLATIVE/REGULATORY UPDATE:

2020 Legislative/Regulatory Update

Ms. Yeatts presented the following information to the Board:

- 2020 legislative session overview
- HB 967 – Consideration of any waiver of experience requirements for the spouse of an active duty military or veteran

The Board discussed the options for addressing the waiver.

Ms. Halsey moved to delegate decisions related to waiver requests to be handled on a case-by case basis by the Executive Director in consultation with the Board's President.

The motion was properly seconded. A roll call vote was taken. The motion carried with an unanimous aye vote.

- Petition for Rulemaking – Consideration of Hudson petition to require sedation prior to euthanasia

Ms. Knachel presented information from the Virginia Department of Agriculture and Consumer Services *Directive 79-1: Methods Prescribed or Approved for Animal Euthanasia* which is to be followed by public and private animal shelters. The directive includes the statement "A veterinarian with a current Virginia license may perform euthanasia on animals utilizing any method recognized by the American Veterinary Medical Association as published in the most current version of the AVMA Guidelines on Euthanasia." Excerpts from the 121 pages of AVMA Guidelines on Euthanasia were provided in the agenda package. Ms. Knachel noted that the guidelines state "The Guideline set criteria for euthanasia, ... and are intended to assist veterinarians in their exercise of professional judgment."

Ms. Halsey moved to reject the petition for rulemaking because veterinarians are expected to exercise their professional judgment when euthanizing an animal.

The motion was properly seconded. A roll call vote was taken. The motion carried with an unanimous aye vote.

DISCUSSION ITEMS:

Veterinary Establishment Inspection Update

Ms. Morton provided an update on the inspection process used during the pandemic. Inspections are conducted virtually when appropriate. She indicated that measures are in place to ensure the safety of the inspectors and the veterinary establishments.

Inspection Committee

Ms. Knachel reported that the Inspection Committee had been scheduled to meet on June 11th, but the meeting was cancelled due to the pandemic. She indicated that a virtual meeting will be set up prior to the next board meeting.

Review of Draft Guidance Documents

- Update to 150-21 Frequently asked questions about reporting to the Prescription Monitoring Program

Ms. Knachel commented that the updated guidance document presented for the Board's consideration is based on a request following a Prescription Monitoring Presentation at the last board meeting. Ms. Yeatts discussed the changes.

Dr. Rucker moved to accept the updated version of Guidance Document 150-21 as presented.

The motion was properly seconded. A roll call vote was taken. The motion carried with an unanimous aye vote.

- Draft Telemedicine Guidance Document

Ms. Knachel commented that the Board received many inquiries about telemedicine as a result of the pandemic. Based on the number of inquiries regarding this topic, she asked the Board to consider adopting the draft guidance document.

Ms. Halsey moved to accept the guidance document on telehealth as presented.

The motion was properly seconded. A roll call vote was taken. The motion carried with an unanimous aye vote.

§ 54.1-3408.02 Transmission of Prescriptions (Veterinarian Exemption)

Ms. Knachel reported that as of July 1, 2020, any prescription for a controlled substance that contains an opioid is required to be issued as an electronic prescription. However, prescriptions issued by a licensed veterinarian is exempt from this requirement. Due to several inquiries regarding a pharmacy's refusal to fill a prescription from a veterinarian, she indicated that this information will be sent to all licensees via a mass email. The Board asked Ms. Knachel to request that the Board of Pharmacy remind pharmacists of the exemption.

Continuing Education Inquiries

Ms. Knachel stated that the board office has received many inquiries asking if the Board is going to change its continuing education (CE) requirements for the current licensure period. She indicated that many inquirers are asking if they may obtain all required CE online since in-person meeting are being canceled due to the pandemic. She stated that her response includes the statement that the regulations to not specify the method, online or person, for obtaining CE.

The Board discussed the issue and took no action to make changes to the CE requirements. The Board concurred that a message about CE requirements should be sent to all licensees.

Update on USP 800 Handling of Hazardous Drugs

Ms. Knachel reported that USP Chapters 795 and 797 are still under appeal. Chapter 800 is in effect, but not enforceable because it references the revised 795 and 797 chapters.

BOARD COUNSEL REPORT: Ms. Mitchell had nothing to report to the Board.

PRESIDENT'S REPORT: Dr. Cockburn commented on the effects of COVID-19 on veterinary practices. She said as a whole the veterinary community has demonstrated ingenuity and resiliency to ensure safety of staff and clients while providing an excellent level of patient care. She reported that the Board has aided the Department of Health with notifying licensees of informational webinars to ensure updates are getting to practitioners. She commented that she is proud of the profession.

BOARD OF HEALTH PROFESSIONS' REPORT: Dr. Karras provided a report on the recent activities of the Board of Health Professions.

STAFF REPORTS:

Executive Director's Report

Ms. Knachel reported on the following:

- Licensure and budget statistics;
- American Association of Regulatory Boards of Veterinary Medicine (AAVSB)
 - Cancellation of the in-person 2020 conference, but educational parts will be held virtually.
 - Introduction of AAVSB's RACEtrack CE tracking service which is free to veterinarians and veterinary technicians. Information in the tracking system will be included in the CE mass email.
 - Online licensure verifications are now in place through AAVSB or by accessing most state licensure boards.
 - Presentations – As the Chair of the AAVSB Student Outreach Committee, she has done three presentations to veterinary students since the last board meeting.
 - Outreach activities – Four mass emails were sent since the last board meeting.
- Updated forms – Forms are in the process of being updated on the Board's website.
- Board calendar – 2021 calendar was presented.

Discipline Report

Ms. Moss provided an overview of the caseload statistics.

NEW BUSINESS: Ms. Knachel congratulated Dr. Cockburn and Dr. Karras on their reappointments to the Board.

NEXT MEETING: Dr. Cockburn announced that the next full board meeting is scheduled for October 29, 2020. Staff anticipates that this will be a virtual meeting.

ADJOURNMENT: Dr. Cockburn thanked everyone for attending.

The meeting adjourned at 11:53 p.m.

Date

Date

DRAFT

Legislation from the 2021 Special Session

HB 1862 Employee protections; medicinal use of cannabis oil.

Summary as passed House:

Employee protections; medicinal use of cannabis oil. Prohibits an employer from discharging, disciplining, or discriminating against an employee for such employee's lawful use of cannabis oil pursuant to a valid written certification issued by a practitioner for the treatment or to eliminate the symptoms of the employee's diagnosed condition or disease. The bill provides that such prohibition does not (i) restrict an employer's ability to take any adverse employment action for any work impairment caused by the use of cannabis oil or to prohibit possession during work hours or (ii) require an employer to commit any act that would cause the employer to be in violation of federal law or that would result in the loss of a federal contract or federal funding.

HB 2061 VIIS; any health care provider in the Commonwealth that administers immunizations to participate.

Summary as introduced:

Virginia Immunization Information System; health care entities; required participation. Requires any health care provider in the Commonwealth that administers immunizations to participate in the Virginia Immunization Information System (VIIS) and report patient immunization history and information to VIIS. Under current law, participation in VIIS is optional for authorized health care entities. The bill has a delayed effective date of January 1, 2022.

HB 2218 Pharmaceutical processors; permits processors to produce & distribute cannabis products.

Summary as passed House:

Pharmaceutical processors; cannabis products. Permits pharmaceutical processors to produce and distribute cannabis products other than cannabis oil. The bill defines the terms "botanical cannabis," "cannabis product," and "usable cannabis." The bill requires the Board of Pharmacy to establish testing standards for botanical cannabis and botanical cannabis products, establish a registration process for botanical cannabis products, and promulgate emergency regulations to implement the provisions of the bill. The bill allows the Board of Pharmacy to assess and collect botanical cannabis regulatory fees from each pharmaceutical processor in an amount sufficient to implement the act.

HB 2312 Marijuana; legalization of simple possession, etc.

Summary as passed House:

Marijuana; legalization; retail sales; penalties. Eliminates criminal penalties for simple possession of marijuana, modifies several other criminal penalties related to marijuana, and

provides for an automatic expungement process for those convicted of certain marijuana-related crimes to have such crimes automatically expunged by July 1, 2026. The bill creates the Virginia Cannabis Control Authority (the Authority) and establishes a regulatory structure for the cultivation, manufacture, wholesale, and retail sale of retail marijuana and retail marijuana products, to be administered by the Authority. The bill contains social equity provisions that, among other things, provide support and resources to persons and communities that have been historically and disproportionately affected by drug enforcement. The bill has staggered effective dates and allows retail marijuana sales to begin on January 1, 2024. This bill incorporates HB 1815. See H. B. 2312 Courts of Justice Substitute PDF text:

SB 1205 Career fatigue and wellness in certain health care providers; programs to address, civil immunity.

Summary as introduced:

Programs to address career fatigue and wellness in certain health care providers; civil immunity; emergency. Expands civil immunity for health care professionals serving as members of or consultants to entities that function primarily to review, evaluate, or make recommendations related to health care services to include health care professionals serving as members of or consultants to entities that function primarily to address issues related to career fatigue and wellness in health care professionals licensed, registered, or certified by the Boards of Medicine, Nursing, or Pharmacy, or in students enrolled in a school of medicine, osteopathic medicine, nursing, or pharmacy located in the Commonwealth. The bill contains an emergency clause and is identical to HB 1913.

2021 SESSION

CHAPTER 1

An Act to facilitate the administration of the COVID-19 vaccine; emergency.

[H 2333]

Approved February 15, 2021

Be it enacted by the General Assembly of Virginia:

1. § 1. *As used in this act, "eligible health care provider" means any of the following who, due to their education and training, are authorized to administer drugs: (i) any person licensed by a health regulatory board within the Department of Health Professions whose license is in good standing, or was in good standing within the 20 years immediately prior to lapsing; (ii) any emergency medical services provider licensed or certified by the Department of Health (the Department) whose license or certification is in good standing, or was in good standing within the 20 years immediately prior to lapsing; and (iii) any health professions student enrolled in an accredited program in the Commonwealth who is in good academic standing with such student's school and provided that the school certifies that the student has been properly trained in the administration of vaccines. Eligible health care providers may also be employees of localities, pharmacies, or hospitals. Localities, pharmacies, or hospitals that offer their employees to support vaccination clinics shall (i) verify employee certification or licensure, (ii) document completion of the required training, and (iii) provide a list of qualified and available vaccinators to the Department.*

§ 2. *During a state of emergency related to the COVID-19 pandemic declared by the Governor pursuant to § 44-146.17 of the Code of Virginia, an eligible health care provider participating in the program established pursuant to § 3 of this act may administer the COVID-19 vaccine to citizens of the Commonwealth, in accordance with this act.*

§ 3. *The Department shall establish a program to enable eligible health care providers to volunteer to administer the COVID-19 vaccine to residents of the Commonwealth during a state of emergency related to the COVID-19 pandemic declared by the Governor pursuant to § 44-146.17 of the Code of Virginia. Such program shall include (i) a process by which an eligible health care provider may register to participate in the program and (ii) the training requirements for participating eligible health care providers related to the administration of the COVID-19 vaccine, including training on the intramuscular injection of the COVID-19 vaccine and contraindications and side effects of the COVID-19 vaccine. For the purposes of such program, requirements related to background investigation, training, and orientation for Medical Reserve Corps volunteers shall be waived. To facilitate volunteering, the Department shall place a volunteer link on its website's home page in the same visible location as the other links, such as "GET COVIDWISE," to make the process to volunteer as a health care provider easily accessible.*

The Department shall make a list of eligible health care providers who have registered pursuant to this section of the act and complied with requirements for training established by the Department available to each local health department and to hospitals operating community vaccination clinics, and the Department, a local health department, or a hospital operating a community vaccination clinic may request that an eligible health care provider included on such list administer the COVID-19 vaccine at a vaccination clinic operated by or in partnership with the Department, local health department, or hospital. Information included on the list shall not be used for any other purpose and shall not be used after the expiration or revocation of all states of emergency declared by the Governor related to the COVID-19 pandemic.

§ 4. *The Department shall ensure that each site at which COVID-19 vaccinations are provided by eligible health care providers who provide such vaccination in accordance with this act meet the following requirements:*

1. *A sufficient number of eligible health care providers whose scope of practice includes administration of vaccines shall be available at each site at which COVID-19 vaccines are administered by eligible health care providers pursuant to this act to ensure appropriate oversight of administration of vaccines by eligible health care providers whose scope of practice does not include administration of vaccines.*

2. *A sufficient number of eligible health care providers or other persons who are certified to administer cardiopulmonary resuscitation (CPR) are available at each site at which COVID-19 vaccines are administered by eligible health care providers*

pursuant to this act; however, a valid certification to perform CPR shall not be required to administer COVID-19 in accordance with this act.

3. Any person who administers a COVID-19 vaccination in accordance with this act shall collect data, including data related to the race and ethnicity of the person to whom the vaccine is administered, and the person who administers a COVID-19 vaccination or the entity that operates a community vaccination site in accordance with this act shall report such data to the Virginia Immunization Information System established pursuant to § 32.1-46.01 of the Code of Virginia.

§ 5. A person who is licensed as a nurse practitioner by the Boards of Medicine and Nursing or licensed as a physician assistant by the Board of Medicine who administers the COVID-19 vaccine pursuant to this act may administer such vaccine without a written or electronic practice agreement.

A health professions student who administers the COVID-19 vaccine pursuant to this act shall be supervised by any eligible health care provider who holds a license issued by a health regulatory board within the Department of Health Professions, and the supervising health care provider shall not be required to be licensed in the same health profession for which the student is studying.

§ 6. An eligible health care provider who is a health professions student shall, as part of the registration process established by the Department, provide such information necessary to demonstrate that he is in good academic standing with the accredited program in which he is enrolled and that he has been properly trained in the administration of vaccines as may be required by the Department. Information about a health professions student shall not be disclosed by the institution of higher education at which the health professions student is studying unless the health professions student has consented to such disclosure in accordance with the provisions of the federal Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g and § 23.1-405 of the Code of Virginia, as applicable.

Clinical vaccination experience undertaken by a health professions student pursuant to this act may count toward meeting clinical hour requirements of the educational program in which the student is enrolled, subject to a requirement for written verification of such clinical vaccine experience.

§ 7. In the absence of gross negligence or willful misconduct, any eligible health care provider or entity overseeing any eligible health care provider who administers the COVID-19 vaccine pursuant to this act shall not be liable for (i) any actual or alleged injury or wrongful death or (ii) any civil cause of action arising from any act or omission arising out of, related to, or alleged to have resulted in the contraction of or exposure to the COVID-19 virus or to have resulted from the administration of the COVID-19 vaccine.

2. § 1. That the Department of Health (the Department) shall establish a process by which entities, including medical care facilities, hospitals, hospital systems, corporations, businesses, pharmacies, public and private institutions of higher education, localities, and any other professional or community entity operating in the Commonwealth, may volunteer their facilities as sites at which the COVID-19 vaccine may be administered to citizens of the Commonwealth. The Department shall include on its website a link to information regarding such process and an online form that may be used by such entities to register their facilities to serve as sites at which the COVID-19 vaccine may be administered. The Commissioner of Health shall approve such sites in collaboration with local departments of health. In the absence of gross negligence or willful misconduct, any entity that volunteers its facility as a site at which the COVID-19 vaccine may be administered pursuant to this act and at which the COVID-19 vaccine is lawfully administered shall not be liable for (i) any actual or alleged injury or wrongful death or (ii) any civil cause of action arising from any act or omission arising out of, related to, or alleged to have resulted in the contraction of or exposure to the COVID-19 virus or to have resulted from the administration of the COVID-19 vaccine.

3. § 1. That a public institution of higher education or a private institution of higher education in the Commonwealth may volunteer to provide assistance to the Department of Health and local health departments for data processing, analytics, and program development related to the COVID-19 vaccine through the use of its employees, students, technology, and facilities. Such assistance may include collecting and organizing data on the administration of the COVID-19 vaccine and locations where the vaccine is being administered and performing other nonclinical staffing responsibilities. In the absence of gross negligence or willful misconduct, any institution or individual affiliated with an institution acting pursuant to this act shall not be liable for any civil or criminal penalties.

4. § 1. That localities with fire departments, emergency medical services departments, and volunteer rescue squads may establish and staff vaccine administration clinics for the purpose of administering COVID-19 vaccines. Vaccines shall be

administered at such clinics only by EMTs, paramedics, licensed practical nurses, or registered nurses trained in the administration of vaccines and may be provided under the existing operating medical director (OMD) license for such local fire department or emergency medical services department. The Department of Health or hospitals serving the locality are authorized to provide vaccines to locality-created vaccine administration clinics upon the request of the locality, provided that such clinics meet the requirements under this act. In the absence of gross negligence or willful misconduct, any locality and OMD overseeing the administration of or EMT, paramedic, licensed practical nurse, or registered nurse who administers the COVID-19 vaccine pursuant to this act shall not be liable for (i) any actual or alleged injury or wrongful death or (ii) any civil cause of action arising from any act or omission arising out of, related to, or alleged to have resulted in the contraction of or exposure to the COVID-19 virus or to have resulted from the administration of the COVID-19 vaccine.

5. That an emergency exists and this act is in force from its passage.

Agenda Item: Petitions for rulemaking

Included in your agenda package are:

Petition from Mia Carey

Copy of petition

Copy of comments received through the Va. Regulatory Townhall

Copy of applicable section of regulation

Petition from Gideon Daniel

Copy of petition

Copy of 359 comments received through the Va. Regulatory Townhall

Copy of comments received by email

Copy of applicable section of regulation

Board action:

Take each petition separately – Board Action to:

Accept petitioner's request to amend regulations by adoption of a Notice of Intended Regulatory Action or

Deny the request with reasons for denial stated.



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,)

Cary, Mia, S.

Street Address

409 Autumn Ridge Court

Area Code and Telephone Number

336.549.9231

City

Greensboro

State

NC

Zip Code

27455

Email Address (optional)

ceo@PrideVMC.org

Fax (optional)

Respond to the following questions:

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

18VAC150-20-70. Licensure renewal requirements.

We request this section be modified to include 1 hour of required CE on diversity, equity, or inclusion (DEI) related topic.

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

Recommendation: Diversity, Equity, and Inclusion (DEI) CE Requirement for Licensing and Renewal

Veterinary medicine is the least diverse of all professions, and the spotlight continues to shine on institutional racism in all professions including our own. Because of this, the veterinary medicine affinity organizations listed below recommend that all veterinary state licensing boards include a minimum requirement of 1 hour of CE per year on DEI related topics for the licensing and renewal licensing of all veterinarians and veterinary technicians/nurses. The specific courses that will qualify for this suggested requirement should be a state-level decision. This recommendation is submitted on behalf of the following 10 veterinary medicine affinity organizations: AAVMP, BlackDVM Network, LVMA, MCVMA, NABV, NAVA, PrideSVMC, PrideVMC, VOICE, and WVLDI.

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

There is no other legal authority that we are aware of, other than what is stated in #3 (54.1-2400 of the Code of Virginia)

Signature:

Mia Cary, DVM

Date: 12.14.2020

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Edt Petition

Petition 336

Petition Information	
Petition Title	Hour of CE on diversity, equity and inclusion
Date Filed	12/15/2020 [Transmittal Sheet]
Petitioner	Mia Cary
Petitioner's Request	To amend regulations to add a requirement for one hour of continuing education on the subjects of diversity, equity, and inclusion
Agency's Plan	<p>The petition will be published on January 18, 2021 in the <i>Register of Regulations</i> and also posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov to receive public comment ending February 18, 2021.</p> <p>Following receipt of all comments on the petition to amend regulations, the Board will decide whether to make any changes to the regulatory language. This matter will be on the Board's agenda for its first meeting after the comment period, which is scheduled for March 11, 2021. The petitioner will be informed of its decision after that meeting.</p>
Comment Period	Ended 2/18/2021 4 comments
Agency Decision	Pending
Contact Information	
Name / Title:	Leslie L. Knachel / Executive Director
Address:	9960 Mayland Drive Suite 300 Richmond, 23233
Email Address:	leslie.knachel@dhp.virginia.gov
Telephone:	(804)597-4130 FAX: (804)527-4471 TDD: (-)

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Chapter

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

4 comments

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Commenter: Anonymous

1/19/21 8:23 pm

Please vote "no"

Please vote "no" on this petition. CE should not be "required" on any one subject. Thank you!

CommentID: 90805

Commenter: Anonymous

2/3/21 11:45 pm

This is not the purpose of medical boards

This is not why this medical board exists. Doing this would undermine the legitimacy of the board's true purpose and mission. This board's role is extremely important with life and death consequences that result from how these CE hrs are utilized.

The question is simple:

Do you want to be a medical board and improve patient care?

OR

Do you want to be a politicized lever for various non-medical agendas and be the laughing stock of the veterinary community?

It's a nice topic but it's irrelevant for this board.

CommentID: 97121

Commenter: James Goodwin

2/4/21 6:43 am

Please vote no

Training of this sort has been shown to be completely ineffective to the stated goals of the programs and may actually do more harm than good. The purveyors of these programs have a leftist political agenda that is evolved from Marxist doctrine.

The programs are inherently racist as they focus on identifying of groups of people based on immutable characteristics. They reject any notion of objective competency or character issues without first considering historical wrongs that may have been committed against people with these immutable characteristics.

Judging people by their immutable characteristics is, and always has been, wrong no matter whether for favoritism or for discrimination. When a program undertakes to set people apart and treat them differently based on skin color, sex, gender identity or sexual preference, it is wrong. It doesn't matter what are the intentions.

CommentID: 97223

Commenter: ML

2/4/21 7:25 am

Please vote no!

These "training" sessions continue to alienate us as a society and only further divide us rather than unite us. Many of these class providers have little to no verifiable training and certification to teach people on these very delicate topics. Please trust in your fellow American that they will treat others with respect and dignity. Do not force this "training".

CommentID: 97224

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 licensee 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 AAVSB.

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 14 days of receiving notification of the audit unless an extension is granted by the board.
7. Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.
8. Up to two hours of the 15 hours required for annual renewal of a veterinarian license and up to one hour of the eight hours required for annual renewal of a veterinary technician license may be satisfied through delivery of veterinary services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.
9. Falsifying the attestation of compliance with continuing education on a renewal form or failure to comply with continuing education requirements may subject a licensee to disciplinary action by the board, consistent with § 54.1-3807 of the Code of Virginia.

C. A licensee who has requested that his license be placed on inactive status is not authorized to perform acts that 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 and this section equal to the number of years in which the license has not been active for a maximum of two years.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes



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,)
Gideon N Daniel

Street Address
716 Appalachian Ct

Area Code and Telephone Number
407 342 8558

City
Chesapeake

State
VA

Zip Code
23326-1623

Email Address (optional)
gnd410@gmail.com

Fax (optional)

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.

Duties of an unlicensed veterinary assistant- 18VAC150-20-172. Section B (placement of an intravenous catheter)

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

Veterinary assistants with the skills to perform venipuncture generally have the skill level (or can be taught) for placement of an IV catheter. Our practice has different levels of veterinary assistants, so even with an amendment, only assistants that are qualified will be allowed to perform this task. The reality of the current state of affairs is that there is a dangerous shortage of veterinary technicians and assistants. If the licensed veterinary is responsible for a number of additional tasks simple because there are not enough licensed technicians, we will all burn out (which is something that is happening already, especially with ER vets). Not asking for a major amendment, but a small task of placing a catheter could make a big difference. In addition, with a busy referral/ER practice like ours, there simply are too many emergency and sick patients, where if only licensed techs and vets are allowed to place IV catheters, I worry that at some point patient care is going to be compromised (i.e. in an emergency- if all I have is a free assistant, I cannot intubate the patient, pull up controlled substances and place an IV catheter at the same time- one of those tasks has to be delegated to an assistant if a technician is not available). There are numerous hospitals that are working in limited hours or shut down due to COVID-19, so our case load has increased and I feel that a change needs to occur to accommodate for these challenging times.

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

Signature:

Date: 10/25/20

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Petition 333

Petition Information	
Petition Title	Duties of a veterinary assistant
Date Filed	10/26/2020 [Transmittal Sheet]
Petitioner	Gideon Daniel
Petitioner's Request	To amend section 172 to allow an unlicensed veterinary assistant to place an intravenous catheter
Agency's Plan	<p>The petition will be published on November 23, 2020 in the <i>Register of Regulations</i> and also posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov to receive public comment ending December 23, 2020.</p> <p>Following receipt of all comments on the petition to amend regulations, the Board will decide whether to make any changes to the regulatory language. This matter will be on the Board's agenda for its first meeting after the comment period, which is scheduled for March 11, 2021. The petitioner will be informed of its decision after that meeting.</p>
Comment Period	Ended 12/23/2020 359 comments
Agency Decision	Pending
Contact Information	
Name / Title:	Leslie L. Knachel / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Richmond, 23233
Email Address:	leslie.knachel@dhp.virginia.gov
Telephone:	(804)597-4130 FAX: (804)527-4471 TDD: (-)

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359 comments

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Commenter: Leslie Sinn

11/25/20 6:52 am

allowing vet assistant to place catheters

Placing an intravenous catheter is an invasive procedure that requires skill but more importantly knowledge of the possible ramifications of the procedure. Specifically, in this day of antibiotic resistance, an individual placing a catheter needs to be knowledgeable about aseptic technique and how to prevent infection. On the job training is spotty at best. An individual having gone through coaching at the practice level will not have the required knowledge and background and therefore represents a risk to the patient and public.

CommentID: 87431

Commenter: Allison Robbins DVM, Wellesley Animal Hospital

11/26/20 4:13 pm

Veterinary Assistants should NOT be allowed to place IV catheters

Veterinary assistants should not be placing IV catheters. This is a procedure that requires specialized education in a variety of disciplines to safely perform, and is much higher risk to the patient (and the owners who cherish those patients) than phlebotomy. Since IV catheters remain in place in the patient for sometimes days at a time, the consequences of a lapse in any step in the process can be severe. This procedure requires good working knowledge of species-appropriate anatomy, aseptic technique, and bandaging to preserve distal circulation. An innocent gap in this knowledge base, which is inevitable with variable and often hasty on-the-job training, can put our patients at risk of life-threatening complications. I am sure all practicing DVMs have unfortunately seen serious complications and sequelae of improperly placed or managed IV catheters in their patients.

I have personally witnessed occasional complications of IV catheters throughout my 11 years of full time practice at a variety of institutions where I have worked and trained (including primary care settings as well as secondary and tertiary referral facilities). Some of the worst complications I have witnessed have occurred in a teaching hospital setting - i.e. with inexperienced students learning a challenging medical procedure with a relatively steep learning curve. The most common complications I have seen include improper placement (fluids being administered SQ instead of IV, for example, or worse, a crashing patient where life-saving medications are inadvertently not received systemically in time when a catheter is improperly placed), bandaging issues (at best a swollen foot, at worst necrosis of an entire distal limb), and infection associated with the catheter (again, varying from local dermatitis to systemic sepsis).

This procedure is dangerous for untrained assistants to perform and it is unfair on multiple levels to expect them to step into this roll. When I saw this proposed regulatory change, I could not think of one reason that this deregulation would be of benefit to our profession or our patients. This proposed rule is a misguided, miopic attempt to hastily sidestep some of the systemic issues we all are facing in veterinary medicine (inadequate labor supply of LVTs, burnout, public perceptions of cost:benefit of care, COVID's impacts on caseloads). We need to do better not just for our assistants and our patients, but also for the public and our Licensed Vet Techs. The more we devalue their degree and expertise by implying that anyone can pick up these skills with on-the-job or informal training, the more of a skilled labor shortage we will face. It is also unfair to the assistants themselves to be put in a position of potentially causing serious harm to a patient through lack of appropriate education and training. We have a duty to people as well as animals in our profession - the owners entrusting us with the care of their animals (who are ignorant of the nuances of these regulations), our Licensed Vet Techs, and our assistants as well. I hope we can work with integrity to address the very real issues our profession faces without compromising our duty to first do no harm to the patients, coworkers, and the public depending on us.

CommentID: 87435

Commenter: Taryn Singleton, LVT

11/26/20 8:52 pm

Against this petition for rulemaking

I am against the proposal to allow unlicensed veterinary staff to place Intravenous catheters.

Taryn Singleton, LVT

CommentID: 87436

Commenter: Betty Jo Speas

11/26/20 11:29 pm

LVT

Veterinary assistants should NOT be allowed to place IV catheters

CommentID: 87437

Commenter: Ellen M. Carozza LVT

11/29/20 9:52 am

100% AGAINST Non licensed persons placing catheters

Yet again this petition rears its ugly head...

The State of Virginia and the Board of Veterinary Medicine should be setting high standards of medicine, not lowering it simply to meet a need in practice due to the lack of LVT's in the Commonwealth of VA. I am against non-licensed persons placing IV catheters as there are risks of too many complications. If this is the road Virginia wants to take veterinary medicine, it speaks volumes for how little the profession is upheld, especially for the staff that holds a practice up.

Anyone can be taught a skill, it is the knowledge behind the skill that either makes the person a professional vs. dangerous to the profession. This does NOT help the profession, it LOWERS its standards of care.

There are 3 current schools for veterinary technology in the Commonwealth, all of which offer online courses and employers should be offering help to obtain licensure, not supporting an OJT person to perform medical tasks on pets and having the hospital or the attending veterinarian take the blame yet again for adverse events.

Anyone in the veterinary profession should be ashamed of themselves if you are supporting a petition as ludicrous as this one. Imagine veterinarians having to fight technicians for performing small surgical procedures? That would be met with an uproar... but for technicians to have their skills dumbed down shows exactly how the profession really feels about their support staff.

Congratulations VA for accepting yet another petition to lower the standards of care.

CommentID: 87438

Commenter: Dani Tyree LVT

11/29/20 12:37 pm

100% Against Unlicensed staff placing IV catheters

Once again this has come up. Unlicensed assistants should not be allowed to place IV catheters. Rather than placing our patients at risk, why don't we address the real issues at hand- staff retention, LVT burn out, liveable wage. Decreasing the standard of care and patient safety is too great a price to pay.

CommentID: 87439

Commenter: Nancy Pohlmeier, Pet Owner

11/29/20 12:49 pm

Against Changing This Policy/Rule

I will be paying attention to this and if passed will ensure my pets do not undergo any procedure which formerly required a licensed professional. Why lessen safety and care when there are professionals able to do the job?

CommentID: 87440

Commenter: Paula Midkiff

11/29/20 2:39 pm

Bigger issues at hand LVTs should be placing IV cath

As a LVT that works with many assistants that are incredible at their job, I still believe that a licensed tech should be placing an IV catheter. We go to school for a reason and we should be recognized for our hard work and dedication we put in to our schooling in order to be able to better provide care for the animals. Don't start taking things away from us to decrease our value, instead work to help LVT burnout and help pay your LVTs better so more will go to school for this!

CommentID: 87441

Commenter: Pet Owner

11/29/20 2:57 pm

Against Changing This Policy/Rule

Don't lower the standards for my pets' care.

CommentID: 87442

Commenter: Kate Anderson

11/29/20 3:37 pm

Against rules change

Unlicensed techs should not be doing ANYTHING to my pet. Would you allow an unlicensed staff member place a catheter for you at the hospital?

Our animals deserve high quality, licensed vet care. Do not dumb down the requirements for vet technicians!

CommentID: 87443

Commenter: Kelsey, CVT

11/29/20 4:39 pm

Against this petition

100% against this petition. Any unlicensed assistant should not be placing IV catheters

CommentID: 87444

Commenter: Shannon Harker LVT

11/29/20 6:00 pm

100% against unlicensed employees placing IV catheters!!!!

I am 100% against lowering out standard of medicine for our patients!! There are numerous avenues in which one can become a licensed LVT now. Our clients are becoming more aware and thus require a higher standard of care!!!

CommentID: 87445

Commenter: S. Pratt, Pet Owner

11/29/20 6:23 pm

Unlicensed staff should NOT be placing IV catheters

There is a reason that LVT's go through the training they do, and the testing to become licensed. I am 100% against the proposal to have an unlicensed staff member place IV's in our pets. This is a lowering of the standards of care for our pets, and that is unacceptable. I am extremely distressed that this is even being considered.

CommentID: 87446

Commenter: Pet Owner x2

11/29/20 7:07 pm

I am against this

Going through proper training and receiving your certification/degree is essential in making sure the animal/person you work on is taken care of. It would be inhumane for an unlicensed tech to preform licensed tech duties. You wouldn't want someone who hasn't been properly trained and certified to work on you or a loved one, so why would you let that happen to your pets?!

CommentID: 87447

Commenter: Julia Timmons

11/29/20 7:12 pm

I do not support

This skillset is too risky to pass off to unlicensed techs. My pets deserve licensed techs for something this technical!!

CommentID: 87448

Commenter: Jennifer

11/29/20 7:28 pm

Against

I am against this. Only licensed vet technicians and veterinarians should place an IV cath. Doing this will lower the level of care for our pets.

CommentID: 87449

Commenter: Amanda

11/29/20 9:35 pm

AGAINST THIS!

I am completely and utterly disappointed that this is even being considered. At no point should an unlicensed person be able to insert a catheter into ANY living entity.

CommentID: 87450

Commenter: Jessica Cortazar LVT

11/29/20 10:00 pm

Against

I am against assistants being able to place IV catheters. That is an invasive procedure that needs to be done by licensed professionals. We should give our pets the same quality care that we would want. Many pet owners want what is best for their animals-and having someone who has learned and worked towards a degree/license is what they would want. If assistants want to be able to place IVCs-then they can enroll in a vet tech program. We should not be devaluing the LVTs that have been taking care of our animals.

CommentID: 87451

Commenter: Justina Dirzuweit Vet Tech Student

11/29/20 11:07 pm

Against!

As a veterinary technician student I find this unfair! I am dedicating a lot of my time and money to become a licensed veterinarian technician! As vet techs we have veterinary medical education, training and skills to take care of your pets! Anyone can be an assistant! I am currently one at the moment. Assistants do not need experience or a degree to be one. Would you have an unlicensed nurse put an IV catheter in you? Or an assistant that has no medical education?? I think not! Our pets deserve the same care we get.

CommentID: 87452

Commenter: Kierlanne Hansen, LVT

11/30/20 11:29 am

Against Petition 333 (amendment of section 172)

I am against Petition 333 (To amend section 172 to allow an unlicensed veterinary assistant to place an intravenous catheter) for the following reasons:

Placing an intravenous catheter requires extensive training and knowledge of anatomy and physiology, aseptic preparation and placement technique, and a thorough understanding of

implications regarding this procedure. Intensive training is required to understand how to place the catheter in the least painful manner possible and to understand the repercussions of doing this procedure incorrectly. For example, an unlicensed assistant or other member of the public would not be sufficiently aware of the implications of administering drugs in a improperly placed IV catheter, or vein that has 'blown', to include causing pain and dangerous drug reactions in the body. Improper preparation technique can cause infections at the IV site, leading to possible drug-resistant bacterial infections and even sepsis in a patient.

Training on-the-job is not sufficient to prepare those without formal schooling to perform this invasive procedure. Rarely, is there direct oversight for training non-licensed individuals in practice, and this can be a danger to the patient.

Licensed veterinary technicians and veterinarians have gone through extensive schooling and oversight to learn the how's and why's for performing invasive procedures in their patients. When they are licensed by the Board of Veterinary Medicine they have proven that they have done the schooling and training to perform tasks such as IV catheter placement, and are the only people qualified to administer certain drugs, including controlled substances, to a patient. It makes little sense to allow assistants to place IV catheters when they are not allowed to handle the majority of drugs that would be administered through an IV.

This amendment would endanger patient safety and undermine public trust in veterinary care by allowing untrained individuals to perform invasive procedures.

CommentID: 87453

Commenter: Heather McCann

11/30/20 12:19 pm

Against

I am against this. Only LVTs should be able to place IVC.

CommentID: 87454

Commenter: Anonymous

11/30/20 3:11 pm

Against

I am against allowing on the job trained assistants perform IV catheters. I want an LVT that has gone to school and licensed to perform such duties. ALL patients deserve a qualified educated provider!

CommentID: 87455

Commenter: Bethany Walker

11/30/20 4:56 pm

Against

I'm against unlicensed personnel taking on these important responsibilities.

CommentID: 87456

Commenter: Anonymous

11/30/20 6:23 pm

We should be empowering our LVTs, changing this rule is necessary

According to the 2019 Virginia Healthcare Workforce report there were 2738 veterinarians practicing in some vet related position in Virginia. Of those 2738, only 2672 were practicing as veterinarians seeing patients. Likewise in 2019 there were 1397 licensed veterinary technicians employed in veterinary related jobs, 1369 of them, working as a licensed veterinary technician in a clinical setting. This leaves 0.51 LVTs per DVM. This is an unsustainable ratio, and leads substandard patient care.

Having a trained, veterinary assistant place an IV catheter is a preferable option to a patient not getting a catheter, or having to wait for their IV catheter due to the shortage of Licensed Technicians. Licensed technicians should be utilized to do more advanced patient care, and we should be advocating for a nurse practitioner type position for licensed technicians.

Licensed techs are the backbone, and the lifeblood of almost every veterinary hospital, but there are not enough of them. We are facing huge numbers of techs leaving the field, and leaving clinical settings. This is because they are not being utilized, and treated like the educated professionals that they are. Veterinary Assistants that have undergone proper training are more than capable of placing IV catheters, freeing the veterinarian and technician to work on patient care.

CommentID: 87457

Commenter: Jessey Scheip, LVT

12/1/20 6:38 am

Against

IV catheterization is an invasive procedure that needs to remain regulated and properly taught to individuals. Unlicensed assistants should not be allowed to perform such procedures. There is a level of distinction that needs to be maintained between those of us that went to school, took the boards, and happen proven our competency. Leave assistants to what they're good at: assisting. If they want to be techs/nurses, then go learn how to be one.

CommentID: 87458

Commenter: Former Assistant of 20 yrs

12/1/20 7:09 am

For

I am for this because I have met assistants who were more adept at placing IV catheters than both DVMs and (newer)LVTs. If they have the training, they should be allowed to perform this skill. In an emergent situation, if there is only an assistant available and they are able to safely and successfully place an IV catheter, they should be allowed to do so instead of sacrificing patient care. Plus, DVMs are going to let capable assistants do this anyway.

CommentID: 87459

Commenter: Cody Taylor (LVT student)

12/1/20 10:17 pm

Against

As an unlicensed assistant for the past 12 years, I have worked in clinics where there have been no licensed technicians at all because practices don't want to pay for them, and practices where the duties of the LVTs are unrealistic due to understaffing. Having an understanding of anatomy and the "why" behind the best practices of IV catheter placement are important. With that said, there are certainly capable assistants out there, but ultimately this is a function of a licensed technician or a student after completing certain competencies. I also know that whether this is amended or not, there will continue to be practices that utilize unlicensed assistants as if they were

LVTs. The community should be looking at why there is such a shortage of LVTs and address those reasons.

CommentID: 87461

Commenter: Jessie Pulley, LVT, CCRP, CVPP

12/2/20 12:19 pm

Against

As a licensed veterinary nurse in the Commonwealth of Virginia for nearly 10 years, I am against the petition to amend section 172 to allow an unlicensed veterinary assistant to place an intravenous catheter.

Placing an indwelling intravenous catheter, as well as phlebotomy in general, is an invasive procedure that requires knowledge of proper aseptic technique, as well as possible complications resulting from improper catheter placement (i.e. embolism, etc). In the age of antibiotic resistance, it is imperative that we as medical professionals do everything within our power to protect the health and safety of our patients, and to prevent nosocomial infections.

We as medical providers must strive to do our best for our patients and our clients. Our board of veterinary medicine should be focusing on codes and regulations that improve patient care, protect our licensed doctors and nurses, and to encourage gold standard care for all animals. Rather than devaluing the education and experience of licensed nurses, the board should focus on stricter requirements regarding delegation of duties such as anesthetic monitoring and recovery, phlebotomy, etc, etc.

Licensed veterinary nurses across the country are undervalued and underpaid. Our community is facing a mental health crisis and suicide rates are staggering. The Commonwealth of Virginia could do better by focusing on protecting and elevating our licensed veterinary nurses, to set an example for gold standard veterinary care, rather than stripping away the few protections our licensed nurses have.

CommentID: 87462

Commenter: Perry Ritchie, LVT

12/2/20 12:52 pm

Against non-licensed staff placing IV catheters

I am against the petition to allow assistants to place IV catheters. LVTs are trained how to correctly place them, and many drugs are given IV that can be very dangerous to an animal if not given properly; in emergencies, IVs are critical- they could save a life. Techs know where to place and which gauge to use; it is important that a credentialed tech place it. A pet deserves that level of care behind them, and LVTs are happy to make time to ensure it is done correctly.

CommentID: 87463

Commenter: Jamie Vail Leach, Veterinary Administrator

12/2/20 12:59 pm

AGAINST

This industry has long been allowing unlicensed personell to perform a variety of duties only legally allowed by a licensed technician. Not only does this jeopardize patient health, this sends a very conflicting message to the pet owner and the veterinary community. Clients cannot understand why some clinics charge more than others or the difference between which staff are caring for their pets. We're sending a bad message about how we value patient care when we allow untrained individuals to practice veterinary medicine. Furthermore, we denigrate the LVT community by refusing to pay them what they are worth and acknowledging the hard work and training they've

completed to adequately care for patients. Licensed technicians have the learned the "why" for the "how" of medicine, the science of which is sorely lacking by untrained persons. In a million years we would NEVER let someone without proper schooling administer drugs and place catheters in a human medical facility. I wholeheartedly oppose this measure.

CommentID: 87464

Commenter: Kate Lipinski LVT

12/2/20 2:23 pm

Against! We went to school and got our degree for a reason!

It is insane to me to think that the state requires us to get licensed and complete a school degree and maintain our licensing and continuing education requirements yearly, but will allow for this once again. So many things can go wrong, so many! I have seen trained assistants believe they are technicians and not only ATTEMPT to place iv catheters but also go into the controlled drug box. I will not sacrifice my license because of the overconfidence and incompetence of someone off the street, nor should you ask us to.

CommentID: 87465

Commenter: Kristina Castner, LVT

12/2/20 3:30 pm

Against

Against.

CommentID: 87466

Commenter: Kaila Smith

12/2/20 3:33 pm

Against

Against, strongly. I work with some assistants that I barely trust to run the washing machine appropriately. IVC placement is an educated skill that should be dedicated to educated, licensed individuals.

CommentID: 87467

Commenter: Kim Meloy-Comer

12/2/20 4:02 pm

Against non-licensed individuals placing IV catheters

The veterinary industry relies heavily on OTJ trained individuals. However, there are opportunists for schooling and licensing. Degrading LVTs by taking away a specific skill set is degrading to the veterinary field. We strive for excellent standard of care. Perhaps increasing the pay of licensed veterinary technicians will pave the way for more people to want to go through the schooling and fill the need of staff

CommentID: 87468

Commenter: Jess Clements, LVT

12/2/20 4:35 pm

AGAINST

In human medicine, placing an intravenous catheter requires a license or at the very least a certification. Why would we take a step backwards in veterinary medicine by allowing this petition to pass!

I am against this petition as a practicing LVT in the state of Virginia.

CommentID: 87469

Commenter: Katie Smith, LVT

12/2/20 4:57 pm

against

I am against the proposal to allow unlicensed veterinary staff to place Intravenous catheters. This dilutes the level of care of veterinary patients in Virginia. Katie Smith, LVT

CommentID: 87470

Commenter: Tonya Gudaitis, DVM

12/2/20 5:47 pm

Against!

Only licensed LVTs should perform!

CommentID: 87471

Commenter: Anonymous

12/2/20 6:36 pm

Against

I am against this change. I believe that this would be a step back for the veterinary community and could result in patient harm. We have went to school and learned these skills and the consequences of improper placement/technique. We have passed board exams to earn our license and do continuing education every year to keep these licenses. Veterinary assistants are vital for what we do, but they do not replace us or our skills that we have worked hard to achieve.

There are a lot of things that you can learn with OJT training but you cannot replace the knowledge gained through schooling and continuing education. We do not allow unlicensed/certified personnel to place IV catheters in us, why should we downgrade our standards for our patients.

CommentID: 87472

Commenter: Peggy Perry, LVT

12/2/20 6:39 pm

Against

I am against the proposal to allow unlicensed veterinary staff to place Intravenous catheters, as a LVT we are trained of appropriate techniques and also of how to appropriately tape, and administer drugs and care for an IVC. We learn in-depth about the drugs so we can make sure a reaction is low possibility and we know what to do when it occurs. Working in major practices in VA I have firsthand witness unlicensed persons handling IV catheters and not knowing what and how things should be cared for. The state needs to continue requiring educated LVT's and DVM's to only be allowed to place them, As a profession we as educated professionals need to be valued.

CommentID: 87473

Commenter: Tiffany Brogdon

12/2/20 6:56 pm

Against the belittling of the LICENSED vet tech

I am strongly against this change. As a newly licensed LVT I worked my butt off to get my license, studying for years to complete school and pass my boards. While vet assistants are a vital support staff for LVTs and doctors, they are not interchangeable to technicians and the skills we have acquired to hold the title of licensed veterinary technician. If we make this change what is next? Assistants intubating pets? Administering IM and IV medications? As a technician we are limited on what we can do because we were not trained as doctors. The same goes for assistants who are not trained as LVTs. We went through rigorous school work and hours of schooling perfecting our skills for a reason, there is risk when technical procedures are performed by untrained individuals. If the concern is that the veterinary community is in need of more technicians then this would actually have a detrimental effect on LVT morale as we are already overworked and underpaid as is. Add in that assistants are able to do the skills we were trained to do without licensure and that will just create an influx of more unhappy veterinary professionals.

CommentID: 87474

Commenter: Rebecca

12/2/20 6:58 pm

AGAINST

I'm against unlicensed personnel placing intravenous catheters.

CommentID: 87475

Commenter: Cherish, LVT

12/2/20 7:03 pm

Against

Against!

CommentID: 87476

Commenter: Lesley Esposito LVT VTS Dentistry

12/2/20 7:21 pm

Against

Please we must maintain the integrity of our jobs our training. Until there is something else licensed techs can do that equates a nurse practitioner then we must protect our skills. Can we train anyone to perform these skills. Of course we can. But then why have any unlicensed professional including human nurses. We need to differentiate the different skill levels and should maintain those differences in positions. We need to elevate and support the profession.

CommentID: 87477

Commenter: Jennifer Wilson, LVT

12/2/20 8:44 pm

Against

Unlicensed staff should not be placing IVCs.

CommentID: 87478

Commenter: James Freeman, Pet owner

12/2/20 8:47 pm

Against

Only licensed technician should be administering catheters for the health and welfare of animals.

CommentID: 87479

Commenter: Molly Riley, LVT

12/2/20 9:03 pm

Against

I now work in a practice that I'm the only tech. And the assistants are capable to place IVC. They're seasoned, and trained. It's honestly not hard to do the motions of placing a catheter. But still in my heart I just don't feel right with it. There's so much more to IVC than just being able to place it. Education is really important-anatomy, pharmacology, etc. Now that I've come into the practice, I place them.

Not that these assistants can't do it and learn. But if something goes wrong, it's a SERIOUS problem. And that would fall on the DVM in charge. And cause a ruckus. Idk *shrug*. Imma LVT yall, step back, I got dis. :)

CommentID: 87480

Commenter: Anonymous

12/2/20 9:18 pm

LVT

AGAINST

CommentID: 87481

Commenter: Keri Swick, LVT

12/2/20 9:34 pm

Against

Schooling should be required before an individual should be allowed to place an IV catheter.

CommentID: 87482

Commenter: Brenda slike L.V.T.

12/2/20 10:05 pm

Against none licensed individuals to place iv cath

Against none licensed individuals placing iv catheters

CommentID: 87483

12/2/20 10:38 pm

Commenter: Jennifer Treanor LVT

Against this change

As LVTs, we worked very hard to graduate and obtain our licenses. We also have to have continuing education every to maintain that license. Unfortunately we are not appreciated or utilized to our full ability or potential. Allowing an unlicensed assistant to place an IV catheter would open a door for more things to be done by unlicensed personnel and further devaluing licensed veterinary technicians.

CommentID: 87484

Commenter: Anonymous

12/3/20 7:37 am

No no no

100%against.

You wouldn't want a random person off the street placing your IV catheters and getting blood why would you want that for your pets. We have been trained, paid for our certification and worked our butts off to be in the position we are as licensed veterinary technicians. There's already a powerstruggle in the hospitals, adding this to assistant duties will only decrease the amount of licensed veterinary technicians working in the field. Why would we even need them at that point?

CommentID: 87485

Commenter: Natalie Pedraja, LVT

12/3/20 8:33 am

No Support!

I am absolutely against allowing assistants the opportunity to place IV catheters. IV catheter placement is not a benign practice and requires training from properly credentialed educators who perform the tasks of an LVT as dictated by the AVMA. LVTs know the ins and outs of proper catheter placement, vein selection, aseptic technique, and risks associated with substandard IVC care. Patients can and do experience complications, sometimes life-threatening ones, secondary to improper IVC placement technique which can result in severe phlebitis, nerve damage, and even sepsis.

The state should not be entertaining the idea of loosening restrictions on scope of practice, but instead enforcing the laws more strictly and supporting LVT utilization. Underutilization of LVTs and disregard for our educations and licenses are what drive us out of the field and make it that much more difficult for vets to find LVTs wanting to stay in practice. Practices which refuse to acknowledge our skillset need to re-evaluate their treatment of LVTs before jumping to try to change the laws and risk patient care and safety.

CommentID: 87486

Commenter: Morgan Coble

12/3/20 8:59 am

Absolutely Not

Absolutely not! You should not allow someone with out proper training to do this kind of medical work. That is just dangerous!

CommentID: 87487

Commenter: Anita McGlothlin-Gibson

| 12/3/20 10:14 am |

UNLICENSED VET TECHS!!!

WHAT'S WRONG WITH YOU PEOPLE!!!! HOW DARE YOU ATTEMPT TO ALLOW UNLICENSED AND UNTRAINED IDIOTS DOING ANYTHING TO ANIMALS!!!! DO NOT GO FORWARD WITH THIS TRAVESTY!!!

CommentID: 87488

Commenter: Anonymous

| 12/3/20 11:02 am |

Against

I know many GREAT assistants and I myself started as an assistant. But after going to school to be an LVT as well as my previous training before that, I would NEVER want someone that is not properly trained in aseptic technique to be placing an intravenous catheter in my own pet, therefore I would not consider this for other pet parents. Many assistants are properly trained and do understand this importance, but there is no way of knowing who does and does not, which makes this procedure risky to the pet and the entire practice. Additionally, if we are allowing assistants to perform this task we are further devaluing our licensed technicians that worked VERY hard, paid a lot of money for their education, and are still not getting paid adequately for their abilities. Therefore, allowing assistants to perform more LVT tasks would discourage the industry from hiring LVTs and keep the wages low.

CommentID: 87489

Commenter: Will Bebout

| 12/3/20 11:58 am |

Against

I am against this proposal because I don't think unlicensed, untrained employees should be performing medical procedures. Even something as simple as an IV catheter takes skill and training to do correctly, because even if someone can get it right, training helps you to respond to any of the myriad ways it can go wrong, and licensure is a public declaration that you are able to handle the problems that will come up.

CommentID: 87490

Commenter: N/A

| 12/3/20 12:48 pm |

On the job training.

More times than not a tech student places IVCs with the guided assistance of an LVT. Tech students can school online but are provided on the job training. This is no different than experienced assistants. With the guided instruction from a DVM and/or LVT I don't see why an IVC cannot be placed by an experienced assistant. With the increase of patient load this could be helpful.

CommentID: 87491

Commenter: Anonymous

| 12/3/20 1:19 pm |

Completely Against!

As a licensed veterinary technician, I have been taught, trained, and had my work judged by other professionals. While assistants do important work and are an asset to a veterinary team, an IVC can save a patient's life and it should be a licensed professional placing it. I respect assistants who have chosen to be in this field and learn while on the job. This is not an easy field to be in and they deserve respect. So when I say this task (among others) should be given to someone with the training and expertise, it is not disrespect but the reality that our patients deserve the very best care.

CommentID: 87492

Commenter: Anonymous

12/3/20 1:20 pm

Completely Against

As a licensed veterinary technician, I have been taught, trained, and had my work judged by other professionals. While assistants do important work and are an asset to a veterinary team, an IVC can save a patient's life and it should be a licensed professional placing it. I respect assistants who have chosen to be in this field and learn while on the job. This is not an easy field to be in and they deserve respect. So when I say this task (among others) should be given to someone with the training and expertise, it is not disrespect but the reality that our patients deserve the very best care.

CommentID: 87493

Commenter: Anne Hudson,LVT

12/3/20 1:46 pm

Duties of a veterinary assistant: Against unlicensed veterinary staff placing IV catheters

I am against unlicensed veterinary staff placing intravenous catheters. The understanding of correct procedure and placement of intravenous catheters, including aseptic technique, is important for the protection of our patients and clients. The public expects better from us as a profession than lowering standards of care.

CommentID: 87494

Commenter: Juliana Rodger, BAS, LVT

12/3/20 1:48 pm

Against

I am against this amendment to allow unlicensed assistants to place intravenous catheters. Placement of an intravenous catheter is an invasive procedure that should only be performed by formally trained and licensed veterinary staff.

CommentID: 87495

Commenter: Amanda LaFlesch, LVT

12/3/20 1:57 pm

Against

I am against non-licensed staff placing IV catheters.

CommentID: 87496

12/3/20 2:58 pm

Commenter: Carmen Waddell LVT

Against

I am against this petition.

CommentID: 87497

Commenter: Brandi Evans, Pet Owner

12/3/20 4:41 pm

I do Not support this

I do Not support this

CommentID: 87498

Commenter: Bridgette French, LVT

12/3/20 4:44 pm

Against!

For the safety of patients this is not a good idea. Poorly or undertrained staff placing IV catheters would increase the chances of phlebitis and other complications which would jeopardize patient health.

CommentID: 87499

Commenter: Jillian Grant, Pet Owner

12/3/20 4:47 pm

I do not support this at all!

I do not support this! I am very picky about who touches my animals and I would never allow someone who is not a LVT do any IV's or any thing other than take their temp and weigh them.

CommentID: 87500

Commenter: Barbara Higgins, LVT

12/3/20 5:21 pm

IV catheter placement by unlicensed staff

Against!!!

CommentID: 87501

Commenter: Michelle Green

12/3/20 7:53 pm

Against

I believe there is a big reason why veterinary technicians go through so much schooling. To allow assistants to do the same work with far less education is not only dangerous to pets, it's a slap in the face to those who have dedicated their life to their career and the proper care of animals.

CommentID: 87502

12/3/20 8:16 pm

Commenter: Sammie

AGAINST assistants placing catheters

Placing an IV catheter is a specialized skill that should only be performed by people who have undertaken specialized training! There are no requirements to be an assistant, literally anyone off the street can be one. Licensed technicians and doctors should be the ONLY people doing this.

CommentID: 87503

Commenter: Brittany McDole, LVT

12/3/20 8:19 pm

Against

Against - that would allow non licensed individuals to place IVC for chemotherapy administration - not safe.

CommentID: 87504

Commenter: Kasey C Wright - pet owner, former veterinary rehabilitation assistant

12/3/20 8:25 pm

Against!!

Not only is this a bad idea, but it is setting the Board up to see malpractice lawsuits when someone's animal doesn't get the correct treatment. I wouldn't want an unlicensed nurse/medical professional anywhere near me with medical equipment. We are the voices for these animals.

CommentID: 87505

Commenter: A concerned Licensed Veterinary Technician

12/3/20 8:26 pm

Against this change of the regulations.

As a licensed veterinary technician of 17 years, I am against allowing unlicensed veterinary assistants placing IV catheters or doing other procedures deemed necessary for a LVT to perform.

LVTs are required to get a degree, pass a national exam, obtain a license through the VA Board of Veterinary Medicine, and maintain it through yearly continuing education. Continuing education keeps the LVT abreast of new trends in medicine and treatments. A license allows LVTs to perform procedures that aid the veterinarian and the facility we work in a more professional way. LVTs are responsible and held accountable, up to the forfeiture of their licenses, for malpractice.

Veterinary assistants are not held to the same standards. Many have no formal veterinary training, and therefore no knowledge of anatomy or the effects misplaced catheter might have. They can basically just walk away from a situation with no consequences. The veterinarian then opens themselves up for lawsuits and potential license revocations.

CommentID: 87506

Commenter: Anonymous

12/3/20 8:56 pm

NOPE.

Anyone in the veterinary field who handles pets - especially with placement of catheters and other life threatening tasks - must hold a license issued by the state. No if's, ands or buts about it.

CommentID: 87507

Commenter: Kris Wagher, LVT

12/3/20 9:03 pm

UNLICENSED CATHETER PLACEMENT

no. nope nope nope. Too many medications can go subQ that can cause sloughing that should go IV. Proper placement is detrimental for gold standard care.

Krissy L. Wagher, LVT

CommentID: 87508

Commenter: LVT

12/3/20 9:19 pm

Licensed Technician

Against. Licensed Veterinary Technicians have the proper training and licensure. This skill is important and should only be done by properly licensed individuals. On the human side of medicine properly licensed people place catheters and draw blood. This would be an insult to let unlicensed people place catheters and become the licensed individuals in the practice to manage and train assistants to do this skill. This is not in favor for our patients who deserve the best care that we can offer.

CommentID: 87509

Commenter: Ashley Chustz, LVT

12/3/20 9:43 pm

Against

Clients expect a certain level of care for their pets/ members of their family. LVT's are trained in the HOW but also the WHY of IV catheter placement. Unlicensed individuals do not have the same technical training and therefore cannot provide the same level of patient care in this respect. The safer option is to keep the placement of IV catheters with Licensed Individuals

CommentID: 87510

Commenter: Vanessa Kahn

12/3/20 9:48 pm

Duties of a veterinary assistant

I am against allowing a veterinary assistant to have the permission to put in a catheter. Only veterinary technicians who have the training and skill to do this along with a veterinarian should be administering catheters.

CommentID: 87511

Commenter: Angela Small

12/3/20 9:51 pm

100% Against Unlicensed Personnel placing IV Catheters

I have been a LVT for 25 years and I am just angered at the lack of respect that has been shown to this profession. We are trained professionals that have put our tears, blood, and heart into the schooling that is needed to provide the quality of care to our patients. No other medical profession would be allowed to perform invasive procedures without a licensure or certification. This would not even be a consideration. Why is this profession looked upon differently? Veterinary Assistants do not have any certification requirements in the Commonwealth of Virginia. Yes, they can attend Veterinary Assistant programs to receive their ***Certificate of Completion but that is not the same as a Certification.***

Last time I checked most pet owner's see their pets as their family member. They are expecting the best veterinary care for their beloved pet and by licensed staff that have demonstrated proficiency with the procedures being performed.

"Would you allow an unlicensed or uncertified staff member to place an IV catheter in you or your loved one such as your child?" Sometimes we have to look through a different lens to have clarity upon the subject at hand. I can guarantee 100% of people would say "NO".

As a LVT, I am concerned that this will open the door to allow more of our skills to be just seen as ***nonessential.*** As if what we learned in school holds ***no worth*** to the veterinarian and the quality veterinary care that we provide to our patients on a daily basis.

CommentID: 87512

Commenter: LVT To Be

12/3/20 10:12 pm

Completely against

I do not believe unlicensed personal should be able to place IV Catheters. LVT's went to school, and received specific training on how to properly place IV Catheters without complications. LVT's have a firm understanding of the anatomy of the vein, and the structures surrounding it. I also believe owners have a certain perception of licenced personnel, vs unlicensed, This would almost be the equivalent of letting a Nursing assistant place an IV Catheter on you or your loved one.

CommentID: 87513

Commenter: M Copper

12/3/20 10:36 pm

Against

I expect care from licensed experts when I pay for and need veterinary services. Degradation to veterinary medicine practices is unacceptable and could result in a slippery slope effect undermining the quality care customers need and expect.

Against the proposition to allow an unlicensed veterinary assistant to place an intravenous catheter.

CommentID: 87514

Commenter: Andrea Mars

12/3/20 10:36 pm

LVT Against this petition

I'm against allowing non-licensed people to place IV catheters, while it may seem like a simple procedure, it can turn into a very serious situation. If an uneducated person fails to realize the proper precautions and necessary steps to place an intravenous catheter it could result in complications for the patient. In my opinion, education along with experience is essential for the safest positive medical outcome for our patients.

CommentID: 87515

Commenter: Anonymous

12/3/20 11:03 pm

Against

Let the professionals handle it. They have gone to school and have been properly trained for this.

CommentID: 87516

Commenter: Kara Schneide

12/4/20 2:17 am

Against

As a veterinarian, I have many assistants who I believe could do a great job at this... But I have met equally as many, if not more, that would make me very uncomfortable if they were acting catheters. I think this is something that requires actual training to know why and how and maintenance and managing problems or complications. I also think this would decrease pay for current LVTs who go through rigorous training and would be able to get cheaply replaced in some practices by "unlicensed" vet techs.

CommentID: 87517

Commenter: Sarah Turner, LVT

12/4/20 7:26 am

Against

As a Licensed Veterinary Technician and as a pet caretaker, I am against this petition. I currently live in WV where unlicensed personnel are doing this, and it undermines patient care, accountability, and professionalism to have a procedure with serious potential consequences to be performed by unlicensed personnel. Thank you!

CommentID: 87518

Commenter: Anonymous

12/4/20 8:42 am

Against

As a pet owner of a medically high risk breed, I am against allowing vet assistants to place IV catheters. I spend more on my pets vet care each year than I have spent on human family medical care in years, I expect certified & licensed professionals to be caring for & performing procedures on my pets. This opens the door for so many errors & liabilities. It undermines all of the education & hard work licensed professionals have put into their practice & field.

CommentID: 87519

Commenter: Cassandra Rohling LVT

12/4/20 9:38 am

LVT AGAINST

we need to be enlightening the public on our profession and what we do as technicians instead of handing over a skill that keeps us employed to someone whom is unlicensed. There needs to be sterile prep and proper procedure and if I wasn't the only one in clinic other than the doctor who can place IVC and intubate then there wouldn't be a point in my clinic keeping me employed at my salary. We should be educating the public on what we do, so the public expects their clinics to employ technicians, not taking away the skills that we had to learn, go to school for, earn a degree, and take a national exam.

CommentID: 87520

Commenter: Sarah Harvey, LVT

12/4/20 9:39 am

Strongly against

At a pivotal time for this career path, It goes against all logical thought process to loosen the guidelines and further undermine our credentialed veterinary technicians. We go through rigorous training and examination processes; this must be valued and utilized! Further devaluing our skill set and knowledge base will continue to drive us out of clinical practice and thereby jeopardize patient care and financial success of veterinary practices.

CommentID: 87521

Commenter: Anonymous

12/4/20 9:39 am

Against

I am against the proposal to allow unlicensed veterinary staff to place intravenous catheters. If passed, it would lead to a decreased standard of care and devalued LVTs.

CommentID: 87522

Commenter: Cheyenne, vet tech student

12/4/20 9:43 am

Absolutely not!

I don't think this should be allowed. As a vet tech student that was taught how to place an IV catheter to earn part of my license, I don't think it would be fair for someone that doesn't have any license or certification to be able to place an IV catheter (whether they are trained in the clinic or not). Also, if they are able to do this what will they do next? Be trained to do dentals? Will the vet tech profession become something of the past, and all the schooling we did would mean nothing? Will all training for these tasks be done in clinic? With that being said, my answer is 100% NO!

CommentID: 87523

Commenter: Kim S, pet owner x4 and future LVT

12/4/20 9:45 am

Against unlicensed VA's placing IV catheters

Unlicensed veterinary assistants should not be performing procedures designated for specially trained, licensed LVTs. It is not only unsafe for the pet but also an insult to the profession of LVTs.

Rulemaking like this is why it is impossible to gain fair wages in the animal care/veterinary medicine field.

CommentID: 87524

Commenter: LVT

12/4/20 9:45 am

Against

I am 100% against allowing unlicensed veterinary assistants to place an IV catheter. It will result in the job of an LVT to not have as much respect. We went to school for this job and worked so hard to get where we are today, it will be against everything to allow anyone to place an IVC.

CommentID: 87525

Commenter: LVT of 23 years

12/4/20 9:48 am

Against this amendment

I am against this amendment allowing non credentialed staff to place IV catheters h

CommentID: 87526

Commenter: Laura Call, LVT

12/4/20 10:03 am

Against

As an LVT of 20 years, I am completely against this. I worked hard to earn my degree and I use that knowledge every day to provide high levels of patient care. Allowing unlicensed assistants to place IV catheters is simply not safe and undermines our skills as LVT. No one would ever allow an unlicensed person to perform any medical procedures in the human field, and it should be no different in the veterinary field. As licensed technicians, we have the background knowledge as to why we perform medical procedures the way we do. We understand anatomy, aseptic technique, and how to monitor for reactions, infections, and other complications. It is simply not good patient care to allow unlicensed assistants to perform the tasks that a trained, educated technician should be performing.

CommentID: 87527

Commenter: Stephanie Pringle, LVT

12/4/20 10:03 am

Strongly against

I am strongly against this petition. As an LVT it is important to protect our duties. Due to the knowledge needed to place IV catheters, I do not believe assistants should be allowed to perform this procedure. I think this would be a strong step backwards in the veterinary profession to allow this. I personally would not like my pet to have an IV catheter placed by an assistant with no license and no schooling. What consequences are there for an assistant? Also assistants have multiple duties and responsibilities that are specific for them to perform. This is where their training and skills should go towards.

CommentID: 87528

Commenter: Ashley Mayo

12/4/20 10:06 am

Against**Against**

CommentID: 87529

Commenter: Gina Louise, LVT

12/4/20 10:10 am

Petition against unlicensed staff placing catheters

I am against unlicensed veterinary staff placing catheters.

CommentID: 87530

Commenter: Crystal

12/4/20 10:19 am

AGAINST

LVT's are already underutilized. This would undermine the education and training they have worked hard to obtain. An assistant has no formal education, and does not have to take boards or go through continuing education. LVT's deserve to be utilized more, not less. There are plenty of non-technical tasks that need to be performed in a vet hospital. Leave those roles to the assistant, and let the trained, educated LVT do the technical work.

CommentID: 87531

Commenter: Tamara Hall , LVT

12/4/20 10:28 am

IV placement by none LVT**Against**

CommentID: 87532

Commenter: Tracy Hartman, LVT

12/4/20 10:33 am

Against,

I don't think an assistant should be doing the job of an LVT, such as an LVT shouldn't be doing a doctors job. We didn't go to school to do their job. We went to school to learn these skills and I believe most of us our proud to utilize our skills and knowledge every day. I believe if a student is currently in school and learning (before they are actually licensed then I think that is ok, since they have learned that skill in school.

CommentID: 87533

Commenter: Anonymous

12/4/20 10:37 am

Nope!!!

Absolutely against this. There has to be understanding of proper placement, antiseptic techniques and why the IV catheter is being placed. Plus there are so many medications that can cause subcutaneous sloughing.

CommentID: 87534

Commenter: Rebecca Fraenkel, LVT

12/4/20 10:38 am

Against

Against!

CommentID: 87535

Commenter: Anonymous

12/4/20 10:39 am

Against

Anyone can learn the skill of placing a catheter, however, the true medicine comes in knowing how to aseptically place the catheter, ongoing care and management of the catheter, as well as signs of complications. This what LVT/RVT/CVTs go to school for-to understand more about the why of medicine. Only credentialed staff members should be allowed to place IVC.

CommentID: 87536

Commenter: Kim Webb, LVT

12/4/20 10:51 am

Against this new amendment!

I am against this new amendment. There are reasons LVTs are trained in catheter placement. Not only for the medical reasons but for the importance of LVTs to remain utilized in the field of veterinary medicine.

CommentID: 87537

Commenter: Tiffany Zorotrian, LVT, CVT

12/4/20 10:54 am

Opposition to allowing unlicensed staff to place IVCs

Effectively and safely placing and securing an IVC requires a thorough understanding of patient care including aseptic technique, anatomical variations, and patient injury/illness because these factors can affect the decisions you make regarding size, placement, troubleshooting, etc. Additionally, sound professional judgement is required to assess situations in which IVC placement is difficult so as to ask for help from colleagues or DVMs without damaging patient vessels and compromising the hospital's ability to provide required care and treatments. LVTs and DVMs are accountable to show sound professional judgement by virtue of the fact that we are subject to censure from the Veterinary Board. In my opinion, it is lowering the professional standard of care to allow unlicensed staff, who are not subject to review by the Board, to perform an invasive and complicated procedure, such as placing IV catheters. In reply to the comment on the shortage of LVTs, I submit for your consideration that DVMs are also capable of, and permitted to, place IV catheters in the absence of an available LVT.

CommentID: 87538

Commenter: Anonymous

12/4/20 11:00 am

IV Catheter Placement

Are we trying to decrease the quality of good medicine and the importance of a Licensed Veterinary Technician? I am absolutely against the proposal. What a step backward this would be for all of us who strive to maintain professionalism in our chosen career.

CommentID: 87539

Commenter: Kim Cooper

12/4/20 11:55 am

Against

Why would letting someone with on the job training perform IV catheters be a good idea vs actually trained licensed professionals? That is completely irresponsible and unethical.

CommentID: 87540

Commenter: Anonymous

12/4/20 12:27 pm

Against

I am against this change. Licensure has ensured the staff member placing the IV catheter has been properly trained and tested to ensure an aseptic, proper placement. Leaving this training to individuals/practices rather than that overseen by the board of Veterinary Medicine opens up the risk of a lower standard of care and potential health risks such as infection, tissue sloughing and vascular damage.

CommentID: 87541

Commenter: Jessica LVT

12/4/20 12:28 pm

Against

This is not the solution to the LVT shortage. Handing over one small, yet very important task will not fix all of our staffing problems. We have to think big picture and this isn't it.

CommentID: 87542

Commenter: Paige Cahoon

12/4/20 12:31 pm

Against

This practice would devalue the skills and education of licensed vet techs, who are already battling for professional recognition in VA. Moreover if such a proposal were made in human medicine, allowing nursing assistants to place IV catheters, the public & professional outcry would be deafening. And yet very few vet assistants even have any formal training at all. If it's poor practice for human medicine, then it's poor practice for vet medicine

CommentID: 87543

Commenter: Samantha Hawley

12/4/20 12:52 pm

Against**Against**

CommentID: 87544

Commenter: Susan Burr

12/4/20 12:53 pm

Completely against this!

I am completely against this. I do not feel unlicensed people should be allowed to put in an IV catheter.

CommentID: 87545

Commenter: Brendan Scarborough, LVT

12/4/20 1:05 pm

Against**Against**

CommentID: 87546

Commenter: Cheyenne Shaffer, LVT

12/4/20 1:12 pm

Against**Against**

CommentID: 87547

Commenter: Lana, LVT

12/4/20 1:18 pm

Totally against!**Totally against!**

CommentID: 87548

Commenter: Noah Meyers, LVT

12/4/20 1:20 pm

Against allowing unlicensed personnel to place IV catheters

I am completely against the petition to allow unlicensed veterinary personnel (veterinary assistants) to place IV catheters. This is a skill that is not only taught in veterinary technology programs extensively, but is practiced on many models before being performed on live patients with direct supervision from a LVT or DVM. The many complications that could arise from an untrained individual placing an IV catheter are numerous, including infection, embolism, lacerated vein, extravascular injection, etc. Although this is a skill that can be taught "on the job", there would be no repercussions if an unlicensed individual placed an IV catheter and something wrong were to occur. We as Licensed Veterinary Technicians are constantly fighting for our right in the work place, and this would degrade LVT's even further, taking away specific skills that we are taught in school and have perfected. Our profession is under act and we must act!

CommentID: 87549

Commenter: Mary Ellen Goldberg LVT, CVT, SRA, CCRVN, CVPP, VTS-lab animal medicine (Re

12/4/20 1:29 pm

Against

I have been licensed in the State of Virginia since June 1976 as a Licensed Veterinary Technician. It is difficult enough to try to get "Title Protection" for Veterinary Technicians. I am an advocate for the Veterinary Nurse Initiative throughout the United States. To allow the veterinary assistant to begin to perform duties that are only allowed for veterinary technicians is unconscionable. Veterinary Technicians are continually demeaned, underpaid and relegated to a status where everyone working in a hospital, that is not a Doctor, is called veterinary technician.

I, personally, was in the 2nd group to take the Virginia State Board for Veterinary Technicians. That is 45 years ago. Unfortunately, little has been done to elevate veterinary technicians in practice. It will be another 100 years before any change is seen.

Thank you for your time.

Respectfully

Mary Ellen Goldberg LVT, CVT, SRA, CCRVN, CVPP, VTS - lab animal medicine (research anesthesia), VTS-Physical rehabilitation, VTS-anesthesia/analgesia-H

CommentID: 87550

Commenter: Lindsay Brockman, LVT

12/4/20 1:39 pm

Strongly Against

Allowing unlicensed staff to perform this procedure undermines the education of the licensed veterinary technician and places the patient at unnecessary risk. Training earned by licensed veterinary professionals provides not only the essential skillset necessary to place an intravenous catheter, but the understanding of the risks and possible complications involved. This is the purpose of this licensure, and veterinarians and practice managers should value and respect it.

We know this amendment and those like it are prompted by busy practices searching for ways to deal with high volumes of patients and fewer licensed technicians than assistants available for hire. This is not a problem that can be solved by allowing unlicensed staff to perform invasive procedures. These types of amendments are detrimental to the overall level of patient care in our community, as they only serve to further devalue LVTs - individuals who are already often overworked, underpaid and undervalued. Decisions that demotivate individuals from seeking licensure and prompt many of those already licensed to question their choice of career are not decisions that better our community.

CommentID: 87551

Commenter: Aimee

12/4/20 1:42 pm

Against

Against unlicensed personnel being allowed to place IV catheters. They lack the knowledge to understand or be accountable for the repercussions of incorrect placement. Vets should be encouraging the assistants to go to school instead to get the education. This is a slippery slope

that will have no licensed personnel asking for more abilities and vets unwilling to pay lvts. This intimately leads to less techs.

CommentID: 87552

Commenter: Maryanne Hawthorne

12/4/20 1:44 pm

LVT

against!

CommentID: 87553

Commenter: Erica L, LVT

12/4/20 2:13 pm

Catheter placement- only licensed techs

Non licensed assistants or other individuals should not be placing IV catheters. This is a patient safety issue and also devalues LVTs

CommentID: 87554

Commenter: Samantha Carper LVT, VTS (Anesthesia & Analgesia)

12/4/20 2:33 pm

Against!!!!

I have been an LVT, licensed in this state for 17 of my 18 years as a licensed professional. However, I grew up working in NY where the majority of folks were unlicensed. I have always been against unlicensed staff performing duties of a licensed professional. Licensed technicians have a hard enough time earning and maintaining respect from clients, other veterinary professionals and human medical professionals, etc. Allowing unlicensed people to do our job undermines our profession and makes it almost pointless to go to school and get licensed. I've always been glad to be licensed in Virginia because the veterinary practice act in this state was always very specific in differentiating what LVTs can do versus what assistants/unlicensed people can do. I'm extremely disappointed that this is even being considered! Placing IV catheters may seem like "simple" mundane task but it does take skill and proper technique and knowledge of anatomy and aseptic techniques. Would you allow an unlicensed person to place an IV in your arm?? I don't think so!

CommentID: 87555

Commenter: Aurillia Fox LVT COVE

12/4/20 2:37 pm

Against proposal for unlicensed personal ability to place IVC

Against proposal for unlicensed personal to place IVC. In ER medicine we may only have a single working vessel and this could become compromised if an unskilled individual inadvertently destroys this last remaining vessel. Could harm patient more than help.

CommentID: 87556

Commenter: Danielle Russ, LVT, BS, BA, AS, The COVE

12/4/20 2:38 pm

AGAINST

Strongly against the proposal to allow unlicensed personnel to place IV catheters on the beloved companions entrusted in our care! We must be focusing on elevating our profession and this proposal does just the opposite.

While I appreciate the difficulty in finding LVTs, this is NOT the way to address that concern. Raising wages and increasing utilization of their skills and knowledge are two ways to keep those that are licensed in the profession and attract others to pursue it.

Support these amazing professionals, past, present and future, truly the backbone of our profession and vote AGAINST this proposal!

Sincerely,

Danielle T. Russ, LVT, BA, BA, AS

CommentID: 87557

Commenter: Lynn Nalepa LVT

12/4/20 2:46 pm

Against

Veterinary practices should absolutely invest in their employees. Provide training to assistants wishing to perform technician duties by sending them to school to obtain a license. There are remote opportunities that allow much easier access to learning now.

CommentID: 87558

Commenter: Merrilee Small, LVT, DVM, Owner, Cardiologist The CoVE Suffolk

12/4/20 3:03 pm

AGAINST

Against!! Not a benign procedure.

CommentID: 87559

Commenter: Alix Badley, LVT

12/4/20 3:33 pm

Against

Unlicensed veterinary assistants should not be allowed to place intravenous catheters. This is not only a medical procedure that should be done with the appropriate knowledge and care but allowing unlicensed assistants to do this also perpetuates the devaluing and misunderstanding of the field of credentialed veterinary nursing/technician work.

CommentID: 87560

Commenter: Kylie Schneider, LVT

12/4/20 4:00 pm

AGAINST

AGAINST unlicensed personnel performing IVC placement

CommentID: 87561

12/4/20 4:14 pm

Commenter: Jessica Littlefield, LVT

Against unlicensed personnel placing IV catheters

Against unlicensed personnel placing an iv catheter

CommentID: 87562

Commenter: Christine Reid DVM, The CoVE

12/4/20 4:18 pm

Strongly Against

I am strongly against the proposal to allow unlicensed staff to legally place IVCs in our patients. I work ER, I've been in the situation where there is no LVT around. It's not great. But allowing unlicensed staff to perform the procedure is not the answer.

There is no such thing as a benign procedure. Even something as "simple" as an IVC carries the risk of severe disease, loss of function, and even death. And if you don't know how an IVC could kill a patient - you should not be placing them. If you can't trace the blood vessels of the distal limbs for me - you should not be placing them. If you cannot list complications to me - you should not be placing them.

And if there is no licensing body setting the standards for your education, licensing, and overseeing your continued practice and adherence to the standard of care - YOU SHOULD NOT BE PLACING THEM!

CommentID: 87563

Commenter: Brandi Barden, LVT

12/4/20 5:12 pm

Against

I work with extremely capable assistants, who could be trained (and have in the past,) been trained to perform this duty. The difference is they respect the boundaries placed on their skill set and our skill set. Allowing unlicensed individuals to place IVC doesn't end there, and it tumbles into more unknowns and dangers. Don't waste the money, time, effort and skill I've put forth into my career by delegating my tasks to other people.

CommentID: 87564

Commenter: Leah Simons, DVM

12/4/20 5:23 pm

Against

Against

CommentID: 87565

Commenter: Kathleen, LVT

12/4/20 5:33 pm

Against!

Allowing unlicensed personnel to place catheters in a patient is making the line more blurred between duties of LVTs and assistants. We as LVTs went through 2 years of schooling and internships or externships to gain the knowledge and skills to place catheters in patients under our care.

CommentID: 87566

Commenter: Anonymous

12/4/20 6:00 pm

AGAINST!!!

Strong heartedly against due to years and schooling we have to commit!!

CommentID: 87567

Commenter: Andrew Adams, LVT

12/4/20 6:25 pm

Unlicensed IV catheter placement

Against

CommentID: 87568

Commenter: Laurie Skinner LVT

12/4/20 6:31 pm

Assistant placing IVC-NO

I do not believe an assistant has the formal education that a Licensed Veterinary Technician has. LVT's are devalued and underpaid enough already. If the laws keep changing to allow assistants to do everything only an LVT has the paid education and knowledge to do, than why did we as LVT spend thousands of dollars and years of time to gain the knowledge needed to obtain our licenses. I just do not agree with allowing assistants to be placing IVC's , or to do anything that we spent all the time and money earning our licenses.

CommentID: 87569

Commenter: Diana Koman, LVT

12/4/20 7:23 pm

Against

I am against this proposal. LVTs require standard training and there is no standard for assistants. This procedure is paramount and should be reserved for LVTs.

CommentID: 87570

Commenter: April

12/4/20 7:25 pm

Against

Against unlicensed personnel placing IVC

CommentID: 87571

Commenter: Kasey Loehr

12/4/20 7:25 pm

Against

AGAINST

CommentID: 87572

Commenter: Misty

12/4/20 7:27 pm

Placement of IVC's by Veterinary Assistants - Against

I am against Veterinary Assistants being allowed to place IV catheters. LVTs receive rigorous training in order to learn the how and why of what we do. Allowing lesser trained individuals to do these tasks compromises the health and safety of patients and disregards the training received by LVTs.

CommentID: 87573

Commenter: Anonymous

12/4/20 7:27 pm

No to assistants

I know many competent assistants. I know they could place a catheter well and potentially better than some technicians. The difficulty there is no way currently to assess these skills for assistants. This leads to a potential for a decline in patient care. If you say doctor or technician monitored, then what does monitored mean? Lines will be stretched. Unless there is a special class or grade of assistant with tested skill, then no no no

CommentID: 87574

Commenter: Anonymous

12/4/20 8:23 pm

Against

Not very comfortable with this. And it downplays vet techs.

CommentID: 87575

Commenter: Melissa M.

12/4/20 8:32 pm

Only licensed technicians should be able to place intravenous catheters.

Only licensed technicians who went to school and got a degree and passed the VTNE should be able to place an intravenous catheter.

CommentID: 87576

Commenter: Ashley Long

12/4/20 8:52 pm

Against

I feel that placing intravenous catheters should only be permitted by LICENSED technicians. This is a skill that is and should be taken seriously. The proper placement was taught by veterinarians and licensed veterinary technicians during the time we spent in school. Not only were we taught how to successfully place an IV catheter, we were taught all of the possible things that can go wrong during placement and how to safely perform this task. The person placing an IV catheter should be educated about much more than just the basics of the task (i.e. anatomy, etc). Our education was built on over years of hard work. It is valuable. Let's not demean our license by

allowing unlicensed and essentially uneducated persons to place foreign objects into the bloodstreams of our patients.

CommentID: 87577

Commenter: Laura Vincelette LVT

12/4/20 9:07 pm

AGAINST

I am very much against unlicensed support staff (veterinary assistants) placing IV catheters no matter how seasoned they may be. Licensed technicians learn this specific skill while in school; this includes correct placement, aseptic techniques and knowledge of IV drugs. Technicians know the "why" and "how" behind this specific skill set and allowing staff who haven't spent years learning devalues our profession.

CommentID: 87578

Commenter: Current Vet Tech Student

12/4/20 9:16 pm

Against Vet Assistant's placing IV catheters.

Veterinary Technicians will be valued as less, paid less, schooling will be under appreciated even more than what is it. A catheter placement is so very important and crucial to a patients survival during incidents. IV catheters are for surgeries, to get fluid while under anesthesia, catheters are for blood transfusions and IV fluid at time of severe dehydration, catheters are for euthanasia's. Assistants will not and do not have the up most proper training to place an IV catheters

CommentID: 87579

Commenter: Danielle Marshall

12/4/20 9:28 pm

AGAINST

I am a veterinary technician in training and currently taking classes which i will be finishing up Fall 2021. I speak for ALL Lvt we have worked entirely to hard and long to have assistants take on the responsibilities and role as an lvt and have zero knowledge on what there doing while placing an ivc. I am 100 percent AGAINST this and think it will be practicing poor Veterinary Medicine. Each position carries during responsibilities if we start allowing assistants to do technician duties then what exactly will pur roll be. Leave IVC to the technician.

CommentID: 87580

Commenter: Jen Zimmerman

12/4/20 9:34 pm

Against IV catheter placement by unlicensed techs

As a health care professional I had to attend school, dedicate time to learn, pass assessments and pass two rigorous final exams to obtain my license. My human patients deserve to be treated by someone who has proven their competence in the healthcare I provide. I don't want any different for my pet. I want to know that trained professionals are providing the care. IV catheter placement is an invasive procedure. If done incorrectly it can lead to an infection in the blood and worse. Do you want your IV catheter to be placed by someone untrained? Don't diminish the work that

licensed vet techs have put into their education. Don't diminish the need owners have to make sure their pets are treated safely! Lowering standards is not the way to go...

CommentID: 87581

Commenter: Jeff Stallings, DVM, DACVS; surgeon, co-owner, The CoVE, North Suffolk, VA 12/4/20 9:57 pm

Against

IV catheter placement is a skill that requires advanced training. This is one of the skills that is taught to students in technician school who are aspiring to become licensed veterinary technicians. The title of LVT is bestowed upon individuals that have successfully pursued advanced training at an accredited school and subsequently passed a rigorous certifying examination. To allow employees that have not been fully trained and certified to perform procedures that should be reserved for our most accomplished support staff members only serves to devalue the accomplishments and professional status of our LVTs.

CommentID: 87582

Commenter: Rebecca Reith, LVT

12/4/20 10:07 pm

Opposed

I am opposed to an unlicensed veterinary assistant being lawfully approved to place IV catheters for many reasons.

1. We must maintain standards of care. On the job training varies widely not only state to state, but city to city and even clinic to clinic. Even within a clinic, training between technicians and DVMs varies widely. Licensed professionals have shown competency, reliability, and ability to maintain sterility in placing IV catheters in order to obtain a license.

2. Knowledge is power. IV catheter placement may not seem like much to the untrained eye, but there are many safety reasons to maintain this skill within a licensed professional's job description. An IVC that is not placed correctly in an ANY situation (surgery, emergency, chemotherapy, hospitalization, euthanasia, etc) could cause severe harm to an animal. Licensed professionals have proven their knowledge and abilities are solid and reliable.

3. Remember the oath! Licensed professionals are bound by our oath to do no harm - unlicensed professionals have not promised any oath to anyone. Licensed professionals have a duty to serve the animal, client, veterinarian, teammates, employers, etc. We are held to a very high standard and are well aware of all risks involved when administering a treatment and carrying out orders.

4. Pets are family. What do we think the clients would want? Would they want a person trained off the street placing an IVC into their family companion - or would they rather have a licensed professional who has proven their skill and holds a degree as proof of that knowledge?

I am opposed to allowing unlicensed people perform a task on my own animal- I stand against allowing it to happen to someone else's.

CommentID: 87583

Commenter: A. Meeks, LVT

12/4/20 10:09 pm

Against allowing assistants to place IV catheters

The task of placing an IV catheter should only be performed by a licensed staff member only (LVT or DVM), not an assistant.

CommentID: 87584

Commenter: Ashley Rodriguez, LVT

12/4/20 10:31 pm

Against

Placement of an IV catheter is much more advanced/invasive than the typical vet assistant is trained to perform. Some hospitals do not even allow vet assistants to perform venipuncture, and IV catheter placement is several steps above this in terms of skill. I am not discrediting the importance of a vet assistant, but it takes more knowledge and training than just on the job training can cover to perform an invasive skill such as IV catheter placement. If a vet assistant would like to learn how to perform skills such as these, then they should take the next step to become a licensed tech.

CommentID: 87585

Commenter: Miranda Eckhart Asbury

12/4/20 10:31 pm

Against

Without the proper training and certifications horrible things can go wrong. Thoroughly against this.

CommentID: 87586

Commenter: Amber Baker

12/4/20 10:55 pm

That's a no from me.

AGAINST

CommentID: 87587

Commenter: Erica Feiste DVM MRCVS

12/4/20 11:03 pm

Against

As an emergency and critical care veterinarian, I have been honored to work with some amazingly skilled people, both LVTs and assistants. However, I am against the proposed amendment allowing unlicensed assistants to place IV catheters. Recruit more LVTs, provide appropriate pay and benefits, empower them to do their jobs as the practice act allows, and encourage qualified assistants to pursue formal education and licensure.

CommentID: 87588

Commenter: Kristin Glander, pet owner and animal lover

12/4/20 11:07 pm

Absolutely Against!!

I am shocked that this is even up for discussion. Without a license, I have absolutely no assurance that the technician is qualified to do a heart rate check on my animal, much less anything invasive.

CommentID: 87589

Commenter: Shannon Wallace

12/4/20 11:14 pm

Completely against

This is not right. The LVT's that have gone to school should be the only ones to place an IVC unless the DVM is available. I work alongside some of the LVT's and trust them the most, because they went to school and have the knowledge that just an assistant does not.

CommentID: 87590

Commenter: Samantha Marklay

12/4/20 11:14 pm

Against

I am opposed to an unlicensed veterinary assistant being lawfully approved to place IV catheters.

If someone doesn't see the benefits of schooling and licensing they don't deserve a job/career in any medical industry.

I am opposed to allowing unlicensed people perform a task on my own animal- I stand against allowing it to happen to someone else's animals.

CommentID: 87591

Commenter: Shella Hairsine

12/4/20 11:59 pm

Against unlicensed personnel placing IV catheters

In my 30 year career, I have seen so much improvement in standards of care in Veterinary Medicine . I have also witnessed how hard my colleagues and I have worked to be utilized and empowered in order to raise that standard . Just like in human medicine, there are educational programs and licensing. If this passes, what is next?

CommentID: 87593

Commenter: Stacey Shurtliff, LVT

12/5/20 1:02 am

Against

This is NOT a good idea as there would be no way to know if unlicensed individuals have received proper training.

CommentID: 87594

Commenter: Harley G.

12/5/20 3:20 am

Highly against this!

No

CommentID: 87595

Commenter: Jessica Bullock, LVT

12/5/20 4:45 am

this is absolutely irresponsible

Veterinary medicine and veterinary nursing require skills, oversight, and training, and should be standardized across all 50 states. Very few assistants have the skill, knowledge base, and experience to perform this procedure. Assistants, unlike qualified LVTs do not have the requirement of maintaining a license and continuing education every year. Simply put, they are assistants for a reason, if they want to do procedures, put in the work, get the education, and maintain it.

CommentID: 87596

Commenter: Kathleen Overman

12/5/20 5:41 am

Opposed

I am **against** allowing someone that is trained to perform receptionist functions to perform a **difficult procedure**, such as placing a catheter, on my pet.

Allowing someone that is not licensed to perform this procedure is just a cost cutting measure and **not in the best interest** of the patient.

To become a veterinary assistant in Virginia, there are **no educational requirements** that are state mandated. However, the majority of vet assistants have earned at least a high school diploma or GED equivalency.

According to Tidewater Community College, if one were to get a veterinary assistant certification, the person would be certified to do the following:

Veterinary Assistants perform receptionist functions, assist in filling prescriptions, keep exam rooms and kennels cleaned and prepped, set up lab work, assist with inventory, update medical records, assist with nursing care, assist with surgical preparation and procedure, assist with radiography, interact with clients, etc. The college has achieved approval of its program by the National Association of Veterinary Technicians in America (NAVTA).

This is an excerpt from a document originating from BluePearl Veterinary Partners:

PLACEMENT OF CENTRAL & URINARY LINES Amy Newfield, CVT, VTS (ECC) BluePearl Veterinary Partners Waltham, MA 01568

URINARY LINES Male Dog Urinary Catheter...Despite being the easiest of the placements, **often times this relatively easy procedure is rushed through leading to urinary tract infections or injury.**

Female Dog Urinary Catheter Blind Placement ... **Due to the difficult nature of the procedure temporary urinary catheters to obtain urine or drain bladders are not usually performed...** Regardless of skill it may not be possible to place a urinary catheter in some female dogs. **It's a hard skill to perform.**

Why would we allow someone who is not licensed to do this?

CommentID: 87597

Commenter: Konstance Swift, LVT

12/5/20 5:56 am

IV Catheter Placement by Unlicensed Staff

Strongly Against

CommentID: 87598

Commenter: Brittany R, LVT

12/5/20 6:11 am

Opposed

Changing this law will enable veterinary businesses to hire assistant to do the work of an LVT for an assistants pay. Undermining and devaluing our profession and education. It would also create a short cut for assistants who don't have the motivation, struggle to complete the curriculum or licensing exam. I have been an LVT for 12 years now and I don't understand why it's ok for assistants to continually push to blur the lines between assistant and LVT. That kind of behavior would never be tolerated directed from LVT to doctor no matter how many years of experience. Assistants are a valued member of a veterinary team but they are not LVT's or replacement for LVT's. Our profession is growing and the standard of care ever improving. We don't continue to make progress by lessening our education requirements and devaluing the hard work of our existing licensed professionals.

CommentID: 87599

Commenter: Nancy Dixon, LVT

12/5/20 6:34 am

Absolutely not

This is an awful idea. Would you want an unlicensed person putting in your iv catheter? Why would we lessen the standards for our pets? I totally disagree that just anyone can be allowed to do this because if we lower are standards there are so many more opportunities for failure with patient care.

CommentID: 87600

Commenter: Kaitlyn J. Tech student

12/5/20 6:36 am

Against**Against!!**

CommentID: 87601

Commenter: Michaela Malloy

12/5/20 6:43 am

catheter

I do not support the legislature that allows unlicensed vet assistants to place intravenous catheters in my animals. It is not only potentially unsafe, but an insult to those who have spent an exorbitant amount of time and money on their education which allows them to safely treat animals. This job is best left to our licensed vet techs and veterinarians. Our animals deserve a nationwide standard of training that ensures their safety and health of our pets, as well as the reputation of the veterinary community.

CommentID: 87602

12/5/20 6:45 am

Commenter: Victoria Jones

Against

I am against allowing non licensed personnel placing IV catheters. As someone who graduated in Virginia and then has moved to a state where assistants are too, I have personally seen the ramifications. In school are taught about the risks, about proper preparation, we are guided through the entire process. Where is the value on our education? Human medicine has spent so much time enforcing strict guidelines on where one qualification start and one ends. Yet those of us who have payed and gone through education and must continue with CE every year have to constantly fight for our rights to remain valued. Patients deserve gold standard care and proper care from DVM, LVTs, and assistants. This means keeping that firm line on enforcing standards.

CommentID: 87603

Commenter: June Brunelle

12/5/20 7:03 am

Against

As a former veterinary assistant and current pet parent, I am strongly against changing the legislation to allow veterinary assistants perform this medical procedure. An animal who needs an intravenous catheter is one who needs a professional LVT or veterinarian to do the job correctly. Recently my dog was extremely sick and arrived at our veterinary practice unable to walk and extremely lethargic. The LVT on staff quickly and correctly inserted an intravenous catheter and my dog immediately began to receive fluids and medication. Had a veterinary assistant been allowed to perform this job, my dog may not have received the immediate care that the LVT was able to give him. This medical procedure needs to be done by someone who has studied and is licensed—not by someone who has learned "on the job" as veterinary assistants do.

CommentID: 87604

Commenter: Tawny Humphrey

12/5/20 7:13 am

Against

Against NON LVT catheter placement

CommentID: 87605

Commenter: Madison Mckown LVT

12/5/20 7:33 am

Absolutely do not agreed.

Besides devaluing licensed technicians this is irresponsible. An assistant requires no previous training to be an assistant. It is in the best interest for the health of our pets to allow an educated licensed technician to place intravenous catheters. Our field is always in desperate need of LVTs and to devalue us is to further push us away from the field.

CommentID: 87606

Commenter: Briana Broome

12/5/20 8:07 am

Opposed

Opposed

CommentID: 87607

Commenter: Christy Kent, LVT

12/5/20 8:09 am

Strongly opposed to unlicensed staff placing IV catheter

I strongly oppose unlicensed staff placing IV catheter

CommentID: 87608

Commenter: Amber Barron, RVT

12/5/20 8:11 am

Opposed

I am against anyone who is not a licensed person to place an IVC.

CommentID: 87609

Commenter: Kayla B

12/5/20 8:31 am

Opposed

Opposed

CommentID: 87610

Commenter: Amber Wall, LVT

12/5/20 8:58 am

Against unlicensed personnel placing IVC

If we allow unlicensed personnel to place IVC, it is a complete undermining of our careers. We worked hard and are proud of our education and should be fighting for national accreditation of technicians like human nurses instead of allowing unlicensed people do the job we were trained and went to school for. There are many dangers in incorrect placement of IVC that you learn in school, that on the job training doesn't teach you. Please say NO.

CommentID: 87611

Commenter: Ryan Holland

12/5/20 9:01 am

Opposed

No.

CommentID: 87612

Commenter: Grace Freeman

12/5/20 9:10 am

Against!

I do not support this.

CommentID: 87613

Commenter: Jessica Singer

12/5/20 9:12 am

Absolutely opposed!!!

No no no and no. I am definitely opposed to this! Leave to the licensed professionals!

CommentID: 87614

Commenter: Brenda Doyle, LVT

12/5/20 9:21 am

Catheter placement by unlicensed persons

Absolutely not!

CommentID: 87615

Commenter: Brenda Doyle LVT

12/5/20 9:25 am

Absolutely not!

No, no and no. I worked too hard for my degree and the rights and privileges thereof.

CommentID: 87616

Commenter: Emma Paul, LVT

12/5/20 9:48 am

Assistants placing IV catheters

Opposed

CommentID: 87617

Commenter: Elexis Comer, DVM

12/5/20 10:01 am

Against unlicensed personnel placing IV catheters

By allowing unlicensed personnel to place IV catheters, we would be undermining our highly trained and essential LVTs/CVTs. There are already so many challenges that our LVTs face in securing well paying positions. By allowing portions of their trained skill sets to be taken over by unlicensed personnel we perpetuate the devaluing of our LVTs

CommentID: 87618

Commenter: Mary Paul

12/5/20 10:08 am

Against unlicensed personal to put in catheters/IV

Against

CommentID: 87619

Commenter: David Paul

12/5/20 10:28 am

IV

I think they should inquire proper schooling in order to safely place IV catheters in patients

CommentID: 87620

Commenter: Tyler Bradley, Animal Control Officer

12/5/20 10:40 am

Opposed

Against unlicensed personnel placing IV catheters

CommentID: 87621

Commenter: mary sowash ,LVT Bay Beach Veterinary Emergency Hospital

12/5/20 11:10 am

Ivc placement

I went to school and have been licensed in the state of VA since 1983, I worked hard to develop my skills and continue my education I dont believe that hospital trained Assisstants are trained and supervised in the same way i was. so many things can be wrong with an ivc. if you want the job done correctly have the correct staff, Virginia has plenty of places and ways to be trained as a technician. invest in our profession use a licensed technician .

CommentID: 87622

Commenter: Tiffany Hensley

12/5/20 11:11 am

Signature

Services should only be done by a licensed Veterinairrian Technician

CommentID: 87623

Commenter: Robert W. Clements, LVT

12/5/20 11:12 am

Opposed to this petition!

Opposed to this petition!

CommentID: 87624

Commenter: SVCLVT

12/5/20 11:53 am

Against

This could place our patients at risk. Placing an IV cath requires medical training and expertise that a veterinary assistant may not have. I strongly appose.

CommentID: 87625

Commenter: Michele Oates L.V.T. Colony Animal Hospital

12/5/20 11:57 am

IV Catheter placement

I am strongly opposed to this. Unlicensed personnel should not be allowed to place IV catheters. I believe if you keep changing laws to allow them to do more, you will eventually eliminate the need for LVT's.

CommentID: 87626

Commenter: Anna Radcliffe, LVT

12/5/20 1:46 pm

Against

As the only LVT in my practice (and recently hired) I see the practice of placing IV catheters by unlicensed personnel on almost a daily basis. The reason the assistants have been doing this is because there has not been an LVT employee there in some time and they had to adapt. I have disagreed with the technique I have seen and been able to influence some change. However, I do not think unlicensed personnel should be placing IVC because their training and background is not standardized. We go to school, earn a degree, are recognized as medical professionals yet are underpaid, and under utilized. Veterinary hospitals need to devise a tier of job duties and enforce those jobs upon those that are skilled in that field. Use your technicians correctly and use your assistants correctly.

CommentID: 87627

Commenter: Kimberly, LVT

12/5/20 2:22 pm

I do not agree

I do not agree

CommentID: 87628

Commenter: Cynthia

12/5/20 5:28 pm

Against

Only a licensed professional should be allowed to place an IV catheter. You wouldn't allow this for humans, why would you allow for less for an animal just because they can't speak for themselves? Do better and don't allow this to pass.

CommentID: 87629

Commenter: Anonymous

12/5/20 5:44 pm

For

So many practices in the state of Virginia operate with 1 or no LVT on site during normal working hours. Allowing a properly trained assistant to place an IVC under the watch/guidance of a veterinarian ensures the practice continues a proper work flow and maintains proper veterinary care. I am making this statement under the assumption that a "veterinary assistant" is defined as someone who has a certificate, associate's, or bachelor's degree in animal science.

CommentID: 87630

Commenter: Danielle DeCormier, LVT, VTS (Oncology)

12/5/20 5:45 pm

Strongly oppose

We should be not be actively removing skilled procedures from licensed technicians. This is a time when technicians need to be appropriately utilized and assistants to be trained to perform all of the skills they are currently allowed to legally perform. There are multiple in person and online technician programs available throughout Virginia. Many practices also pay for their assistants to obtain this education and license.

Training to perform this skill would need to regulated, which it currently is for those seeking licensure. I cannot walk into a human hospital and be allowed to place IV catheters in people, and nor should I. Why should our pets be subject to substandard care?

CommentID: 87631

Commenter: Todd White, DVM

12/5/20 6:29 pm

Strongly oppose

Truly bad idea.

CommentID: 87632

Commenter: Brandyn Sinclair, LVT

12/5/20 6:45 pm

AGAINST

As a former veterinary assistant, who has worked hard to earn this required degree, I am strongly opposed to this change. I have worked in the veterinary field for 20 years, to include states that do NOT require their technicians to be licensed. My degree was worthless in those states, my additional education and training was not important, and so was being paid accordingly. I appreciate being held to higher standards that require me to continue my education and training.

CommentID: 87633

Commenter: Shirley Whitehurst LVT

12/5/20 6:50 pm

AGAINST

Trained licensed staff only for IV catheters. they need to be educated in Anatomy, phlebotomy, physiology that is what licensing is all about! Protect the animal from cruelty through ignorancel!

CommentID: 87634

Commenter: Jessica Brown, LVT

12/5/20 6:59 pm

Strongly against

Serious harm to the patient can occur if an IVC is placed incorrectly. Letting people place IVC without learning the why behind the skill puts patient safety at risk. IVC placement is difficult for newly licensed technicians. Giving a drug in a catheter that is not patient can cause sloughing of the skin and muscle tissue with certain medications. Not to mention blowing a vein in a critical patient because the person wasn't trained properly is painful for the patient and can make appropriate placement difficult in the future.

Where will the line be drawn? What is to stop untrained staff from placing picc lines or central line? Both are just more difficult IVC placements. An improperly placed or removed picc line or central line can kill a patient. Would you want untrained or uneducated staff placing life saving venous access on your pet?

The more skills we let untrained employees utilize, the less incentive there is for people to become licensed. We are critically understaffed in this profession. Dissuading people from becoming technicians by allowing unlicensed staff to steal those skills we worked hard for and learned how to do properly weakens the knowledge and confidence clients have in veterinary staff and is a disservice to our patients as well as our licensed technicians.

CommentID: 87635

Commenter: Benjamin Neuhaus LVT

12/5/20 7:19 pm

Against

I am opposed to this proposal. As an LVT, I had to have additional education that led to a degree and then become licensed through the state. I feel that this proposal will lead to a slippery slope that would harm patient care. Much like EMT BASIC (in human medicine) cannot perform task that RN or paramedics are licensed to perform.

CommentID: 87636

Commenter: Jennifer Meads

12/5/20 7:22 pm

AGAINST

Against

CommentID: 87637

Commenter: Rachel Griffin, LVT

12/5/20 7:42 pm

Against

I do not support this. I am against allowing unlicensed personnel from placing an IV catheter.

CommentID: 87638

Commenter: Anonymous

12/5/20 7:48 pm

In favor of change

I strongly agree with changing this even if on temporary basis. The reason is because there is such a shortage of LVTs in the state. Look at the ratio of LVTs to DVMs. California allows non-licensed technicians to place IV catheters. I have worked in several states where this is allowed under DVM supervision and it worked well. We are not saying bring anyone off the street but allow on the job training. This policy of only LVTs to place IV catheters really handcuffs DVMs because there are just not enough in the state to warrant this policy.

CommentID: 87639

12/5/20 7:54 pm

Commenter: Concerned DVM

Yes for change

This policy makes the ability to have a fully functioning clinic difficult. I come from a state that allows on the job training and assistants are allowed to place IVs under the supervision of a DVM or at least having a DVM in the building. There are not enough LVTs to make the current policy feasible. There should be a realistic ratio of LVTs to DVMs before enacting a LVT only policy.

CommentID: 87640

Commenter: Anonymous

12/5/20 7:59 pm

Please approve the change

I work 6-7days a week, most weeks. I am in the hospital at least 10 hours a day. Even when I'm off, I still have to do paperwork and call/email clients. This is partly because we do not have enough licensed techs so we are expected to do their duties, we are not even allowed to ask for experienced assistants to ask for help, so we'll just continue to be worked to death. If this policy is changed it will actually lighten the load that the already overworked veterinarian and overworked technician have.

CommentID: 87641

Commenter: Veterinarian

12/5/20 8:02 pm

Strongly support

There is a extreme shortage of LVT's in our profession and when we can't find LVT's all their job falls on the DVM (who are already drowning). Allowing properly trained assistants to place IV will only help share the work load in the practice.

CommentID: 87642

Commenter: Anonymous

12/5/20 8:13 pm

Against

against this!!!

CommentID: 87643

Commenter: Anonymous

12/5/20 8:17 pm

Against

If you give unlicensed personnel the ability to place IV catheters it will help decrease the workload for licensed technicians. However, it will take away the meaning of the title L.V.T. So unless we are given a new responsibility such as small laceration repairs without doctor assistance or being able to do uncomplicated tooth extractions, I am against this ruling.

CommentID: 87644

Commenter: Anonymous

12/5/20 8:34 pm

AGAINST

Allowing non-licensed staff to place IVCs would further devalue LVTs and the incredibly important role they have on the floor. A well-placed IVC can be the difference in saving a pets' life. It's such a simple task but it is specialized enough that it has been reserved to licensed personnel only and I believe it should stay that way.

CommentID: 87645

Commenter: Zachary schumaker

12/5/20 8:36 pm

Strongly support ??

Strongly support ??

CommentID: 87646

Commenter: Aseeka Lamichhane

12/5/20 8:36 pm

Strongly support

Strongly support

CommentID: 87647

Commenter: Zach schumaker

12/5/20 8:39 pm

Support

strongly support

CommentID: 87648

Commenter: Anonymous

12/5/20 8:44 pm

Support

Strongly support

CommentID: 87649

Commenter: Joshua Hobbs

12/5/20 8:49 pm

I agree with this petition.

I think that this should pass. Qualified people who aren't licensed technicians should be able to place IV catheters.

CommentID: 87650

Commenter: Stacy

12/5/20 9:08 pm

AGAINST**Against unlicensed personnel in a veterinary setting, inserting catheters.**

CommentID: 87651

Commenter: Vet

12/5/20 9:48 pm

supportive

Please see this from the vet's side of things, ones that are drowning and working 15-20 hours every single day. When will that change? When will we get a break? And when will vet suicide end?

This has nothing to do with devaluing licensed technicians. They are amazing and we cannot do our jobs without them, however there are simply not enough techs in VA. So the work load automatically gets shifted to the vet. I think we are all in this together and we need to find a way to get through our day without killing ourselves.

While I agree that ideally licensed techs should be involved in catheters. What are supposed to do during a global pandemic where most hospitals are severely understaffed.

The petition is asking for the state laws for laxity, which is not anything new as most states that do have a licensing requirement (which is only a handful of states currently) do not make a distinction of what constitutes duties an assistant vs technician can perform. Until there's a universal change in licensing rules for all of the US, I do not think its fair for a few state to have to abide by a rule that simply is not realistic to fulfill as there is not enough techs for the practicing vets (especially during a global pandemic where there are hospitals that are shut down, working in limited hours, shortages with staffing in general).

Everybody is stretched thin and stressed out of their minds as it is, allowing the vets (and not the state) to delegate treatments and procedures is the responsible thing to do for patient care. If we continue to rely only on licensed techs for some crucial duties like IV catheters, there will continue be treatment delays (and overworked doctors, techs and assistants if we cannot spread some responsibilities, ones that seem appropriate to do so with the right personal). If there were multiple emergencies/critical patients to be dealt with, how can the hospital handle these situations if there's only 1 tech (or zero techs) available. Doctors have to step in these situations and act as techs (where I would argue some doctors are not good at technical skills like IV catheters), which takes the focus away from them managing the case. So ultimately, we are actually compromising patient care if there are no solutions to the current shortage or adopting the rules of most states.

CommentID: 87652

Commenter: David Mathew

12/5/20 10:22 pm

I agree with the Petition

I agree with this petition that will allow any veterinary technician and not just licensed ones to place IV catheter, which is a simple procedure

CommentID: 87653

12/5/20 10:26 pm

Commenter: Scarlett Meyers

Oppose

I strongly oppose this petition. Only licensed personnel should be allowed to place IV catheters.

CommentID: 87654

Commenter: Jeffery Meyers

12/5/20 10:29 pm

Oppose

I oppose this petition because only licensed veterinary technicians should be allowed to place IV Catheters.

CommentID: 87655

Commenter: Felicia Meyers

12/5/20 10:30 pm

Strongly OPPOSE

I strongly oppose this petition. Only licensed individuals should be able to place IV catheters!!!

CommentID: 87656

Commenter: Angela Lara

12/5/20 10:33 pm

Against

I am strongly against this petition! You should have to be licensed in order to place an IV catheter, which includes proper training. Allowing veterinary assistants to place IV catheters will put all animals in danger.

CommentID: 87657

Commenter: Marjorie Feldman

12/5/20 11:42 pm

Strongly oppose.

Only trained vet techs should be placing IV catheters.

CommentID: 87658

Commenter: Cierra

12/6/20 6:14 am

All for it!

As a veterinary assistant myself for about 10 years, I've seen plenty iv catheters Success and failures to the point where the doctor couldn't get them. People with plenty of experience like me should be at least be able to try. It's no difference in vet tech students in distance programs trying to attempt placing iv catheters. They need repetitive practice until they get it. Yes I was a vet tech student but stopped due to pregnancy before anyone jumps down my throat. If a doctor is assisting the vet tech student then they should do the same with an assistant WITH years of experience that can do other things like blood draws, cytologies, etc.

CommentID: 87659

Commenter: Heather Story, LVT

12/6/20 7:37 am

Against

As a recently graduated LVT who started first as an assistant, I saw the duties of both assistants and LVT's. While assistants are capable of learning HOW to do things, LVT's spent the time learning the WHY we do things. I am against the idea of assistants and unlicensed personal being allowed to placed IVC's. LVT's are already underpaid and underutilized. Taking one of our duties away and giving it to people who did not go to school to learn a specialized set of skills will not help that.

Heather Story, LVT

CommentID: 87660

Commenter: Jenn Hutchins, LVT

12/6/20 9:03 am

Against

I am against allowing unlicensed staff place catheters. Veterinarians should have to hire licensed personnel and this just gives them another reason not to. Veterinary support staff are already for the most part way underpaid. Allowing this rule to change just supports that.

CommentID: 87661

Commenter: Tyler Bailey, LVT

12/6/20 9:58 am

Against

Against

CommentID: 87662

Commenter: Brandon M

12/6/20 10:06 am

Allowing unlicensed vet techs to place IV catheters

Hello, I'm a veterinary technician in Washington DC, where licensing is not required to be a veterinary technician or to do many of the tasks necessary to ensure proper care of our patients. I do understand that licensing is the goal. On the other hand, I do believe and have seen that due to proper on-the-job education, training and supervision, some of the best veterinary technicians that I have encountered are not even licensed. Not to mention, not everyone has the resources to (or has the time and opportunity to) go through a licensing program, which usually at some point requires travel and volunteer time far away from home to farms and other facilities not immediately accessible to everyone. Helping patients with very basic tasks such as placing a catheter should not be a privilege when there are people that are perfectly capable of doing so that are unlicensed, like myself.

thank you

CommentID: 87663

Commenter: Christine Reid DVM, The CoVE (ER/ICU)

12/6/20 10:27 am

Support your LVTs!

I think it is extremely telling that there is not a single LVT this far (that has identified themselves) in support of this. So what are we saying to them if this is passed? How do you think they will feel? Do you think they will be encouraged to keep working hard? Do you think assistants will be inspired to go to tech school?

I realize there is a shortage, but we don't solve that problem by redistributing their duties to unlicensed staff. These folks have student loans to pay off and families to raise. The reason we have a shortage is because they can't pay off their loans. They can't buy a house or repair their car. They can't afford childcare. So they move to human medicine or another field entirely. They become stay at home parents. Or they avoid pursuing school and licensure all together. If we do this, it means that LVTs become less necessary....meaning there will be fewer jobs, less pay/benefits - guess what? That will make our shortage WORSE!

We fix this problem by encouraging new folks to join the field and go to school. We fix this problem by retaining our LVTs in our hospitals and our field! We don't fix this problem by saying that one of their skills can actually be done by anyone. We will make our problem worse if we pass this. Our LVTs are watching. We need to be paying them and respecting them like the professionals they are and NOT devaluing the time, money, dedication, and effort that went into their education.

This is a slippery slope. This is medicine. We don't fix shortages by just delivering the tasks to less trained people. Where does it stop?

CommentID: 87664

Commenter: Julie Meyer LVT

12/6/20 10:55 am

Against

Strongly against this. Proper education anatomy, phlebotomy, physiology is crucial. Understanding infection control is also vitally important. All things taught with licensing. Do not de-value our LVTs!!!

CommentID: 87665

Commenter: Anonymous

12/6/20 11:04 am

Strongly support this change even if temporary

We are asking for help. Encouraging people to become LVTs sure not fix the problem that there is a shortage. The argument here is why did we go to school then. Why don't we also look at all the veterinarians performing surgery, ultrasounds, chemotherapy, etc that have not done Internships and residencies. Those veterinarians "devalue" the others' education. The truth of the matter is there is not enough to go around so they are allowed to do those things under the practice act, which is far worse than showing a well trained veterinary assistant to put in a catheter. A veterinarian can teach an assistant aseptic technique and why you are doing what you are doing. The veterinarians are suffering because of the shortage with no end in sight. I also don't understand you can place an IV while in school but the minute you finish, pending the vtne, you cannot. A good compromise would be to allow VTNE eligible staff to perform these duties. They still went to school and have a degree in veterinary technology.

CommentID: 87666

Commenter: Rachel Raucci , current LVT student

12/6/20 11:23 am

Against non licensed personnel placing IV catheters

I am against non licensed personnel placing IV catheters. As a current LVT student I can attest to the many hours spent going over the procedure and practicing on models before I even attempted on a live patient. Even then, things can go wrong and there would be no repercussions if a non licensed person placed and IV catheters wrong. I have worked entirely too hard over the past 2 years to have something taken from me as a future LVT. There is a reason we go to school and must pass the tests and hands on skills that we do. Would you want to go to the hospital and have some random person that was "quickly taught on the job" place your IV catheter , or would you want a REGISTERED nurse placing your IV catheters ? I'm pretty sure almost everyone would vote for the RN. Our animals have feelings too and it is already scary for them because they cannot communicate like we can, so a smooth IV catheter process can really help build trust with our patients.

CommentID: 87667

Commenter: Anne Lindsay, RVT, CVPP

12/6/20 11:43 am

Allow

I graduated from the vet tech program at Northern Virginia Community College in 2010. While at the program for 2 years I never learned how to place IVCs. Everything I learned experience wise when it came to IVC and blood draws was on the job experience.

Some of the best experienced people in the field have been unlicensed.

Furthermore, there are not enough licensed techs in the state of VA. This will free up some of the LVTs time.. Obviously, training on the job will have to occur. But this pays off in the end.

CommentID: 87668

Commenter: Edgardo Delgado, DVM

12/6/20 12:21 pm

Agree with assistants placing catheters**Agree with vet assistants placing catheters**

CommentID: 87669

Commenter: Megan Wyszynski

12/6/20 12:40 pm

Opposed**Opposed**

CommentID: 87670

Commenter: Nadya Blow

12/6/20 1:01 pm

OPPOSED to unlicensed personnel placing Catheter

As a pet owner and a Licensed BSN, I am Opposed to an unlicensed individual placing IV catheters. It undermines the yrs and training VET Techs had to acquire, and puts our Pets at risk. Please Do NOT pass this amendment.

CommentID: 87671

Commenter: Linda Harris, LVT

12/6/20 2:02 pm

Strongly Opposed

As an LVT, I take offense to the fact that this is even a consideration. I spent years and thousands of dollars to better my education through a nationally certified program. The fact that you now suggest my education is equivalent to on the job training with an assistant is insulting. Assistants are an integral part of the field. Why is it necessary to take away my skills and belittle my education. In a busy field, placing an iv cath by an unlicensed person will NOT make things a move faster. Let's look at the underpayment, burnout, and obvious unappreciated response to vet medicine. I conclude that I am STRONGLY opposed.

CommentID: 87672

Commenter: Colleen Fox, DVM

12/6/20 4:28 pm

Opposed to unlicensed personnel placing IV catheters

Opposed to unlicensed personnel placing IV catheters

CommentID: 87673

Commenter: Elin Clark, LVT

12/6/20 4:34 pm

Opposed

Placement of an IVC is one of the most essential things we can do in veterinary medicine to ensure the health and healing of our patients. That is why it is so important that this skill be limited to licensed personnel with formal education.

CommentID: 87674

Commenter: Douglas, Vet Assistant

12/6/20 4:36 pm

Opposed to non-licensed personnel to place IV Catheters

I am a veterinary assistant, for the past 2.5 years, and I do not believe unlicensed personnel should not be allowed to place IV catheters. Licensed technicians and doctors only.

CommentID: 87675

Commenter: Veterinarian

12/6/20 4:51 pm

Support

Licensed veterinarian technicians are a very important part of our team, but in limited supply. 11.8 million new pets were taken into homes in the first 6 months of COVID. Our caseload is enormous. In order for us to accommodate a growing case volume, we should broaden the roles of our support staff. Placing an IV catheter is a skill that is easily taught/learned and would take a huge

burden off the licensed technicians - allowing them to focus on the higher-level treatments (NE tube placement, sampling lines, etc.) that they were trained for.

CommentID: 87676

Commenter: Claude Romeyer Dherbey

12/6/20 6:34 pm

Strongly opposed!!!

I am strongly opposed. We need competent professionals with credentials to take care of animals, especially when invasive procedures are concerned.

CommentID: 87677

Commenter: Robin Lester, LVT

12/6/20 10:38 pm

Strong opposed to non-licensed personnel placing IV catheters

Why are we as a profession trending backwards instead of progressing forward and providing the best care to the public and our four-legged patients? This is such a disservice to the public! I had to go to school, study, and pass exams to gain the privilege to do these tasks. I had to learn intense anatomy to understand the underlying structures (nerves, muscles, tendons) that could be damaged not only in the improper placement of an IV catheter but also the consequences if a substance were to go perivascular due to improper placement. I also had to learn sterile technique which is also an important process in the placement of an IV.

If a non-licensed person wishes to place IV catheters, there are plenty of schools available for them to do so in the state of Virginia—both in-class and online.

CommentID: 87678

Commenter: Anonymous

12/6/20 11:05 pm

Strongly against

Against

CommentID: 87679

Commenter: Crystal Galla, LVT

12/6/20 11:07 pm

Strongly AGAINST

I do not support this change.

CommentID: 87680

Commenter: Anonymous

12/7/20 1:25 am

Strongly agree to change

I believe this change should be instituted. At this time there is not enough LVTs in the state. There are very few states that have this requirement. I have worked in several facilities including universities that have non-LVTs place IV catheters and more. The care did not suffer. They are supervised by veterinarians and or LVTs. I believe it is elitist to think just because you require LVTs place catheters, you think your care is better because of it. You do not learn to place IVs in school. You learn in practice. You are taught how to prep for IV placement in practice. A veterinarian is more than capable to teach this skill in a practice/clinical setting to a skilled and advanced assistant. There is already a shortage of LVTs and during the current trying times it's even worse. Veterinarians cannot do everything during a shortage. We need help. If we can train a few assistants to place an IV catheter, it will greatly help in being able to treat patients.

CommentID: 87681

Commenter: K. Brooks

12/7/20 3:57 am

Against

Against

CommentID: 87682

Commenter: Anonymous

12/7/20 5:26 am

Strongly Against

Strongly Against

CommentID: 87683

Commenter: Sarah

12/7/20 7:50 am

Strongly against

To allow unlicensed/assistants to place IV catheters is a slap in the face to all the Licensed Veterinary Technicians that have gone to school, passed the boards and done the CE to maintain this license. We already don't get paid enough for all that we do. To allow anyone off the street to place venous access catheters is outrageous and can compromise patient care.

CommentID: 87686

Commenter: Janeen Schneid, LVT

12/7/20 9:30 am

Opposed

- **STRONGLY OPPOSED!**

CommentID: 87688

Commenter: Hannah O'Kelly, current LVT student

12/7/20 10:19 am

NO!

I am strongly against this proposition!

CommentID: 87689

Commenter: Rachel

12/7/20 11:03 am

Against unlicensed assistant in placing catheters

Unlicensed and uneducated assistants should not be placing IV catheters. If they have not gone to school and gone through the proper educational training they should not be placing or putting anything into any animal.

CommentID: 87690

Commenter: Beth Wallace

12/7/20 1:00 pm

Against allowing staff other than LVTs to place IV catheters

I am a concerned member of the public with 5 pets, several of whom have received ongoing critical care. I am strong against allowing standards to be lowered in order to allow assistants and staff other than LVTs to place IV catheters. I've seen the variation in training among assistants and "veterinary nurses". Frankly, I'd prefer no one place hands on my pet for any reason without a state certification.

CommentID: 87691

Commenter: Deanna Zielinski, LVT

12/7/20 2:38 pm

Against

I believe allowing unlicensed employees to take over LVT oriented tasks would take value away from the roles of the licensed tech. Many people don't take veterinary medicine seriously as it is, so we should not backtrack with the legality of what an LVT versus an assistant can do. I work closely alongside human medicine in my personal role, therefore, I personally see how they do not realize how serious vet medicine is. How are we to gain respect and support from our human counterpart, if we allow staff with no formal educational training to learn these invasive procedures on the job? CNAs cannot place IVs in human patients, that role is for the formally educated and licensed RN. This is also an excellent way to cause feelings of lack of appreciation for our technician jobs.

CommentID: 87693

Commenter: Michelle Gooden LVT

12/7/20 6:19 pm

Opposed to nonlicensed employees being allowed to place IV catheters

I strongly disagree with allowing non licensed employees place IV catheters. Invasive procedures should only be done by trained, credentialed licensed technicians for the best patient care.

CommentID: 87696

Commenter: Claire Webster, LVT, CVT, VTS ECC- Princess Anne Veterinary Hospital

12/7/20 7:43 pm

Opposed

Opposed to this change. You should not only have the appropriate training but also the education to back it. How about we start letting veterinary assistants perform complete scaling and polishing

of teeth to include under the gum line.

CommentID: 87697

Commenter: Lisa fens

12/7/20 9:00 pm

Disagree

I strongly disagree with this petition. Many folks can learn a task or skill but the KNOWLEDGE behind what you are doing matters. What size catheter should they use and WHY? WHERE to place the catheter and WHY? I know it seems simple enough but when dealing with IV anything it's important to know potential complications, why they happen and how to avoid them. This is a slippery slope so I say no, a license should be required.

CommentID: 87698

Commenter: Anonymous

12/7/20 9:52 pm

I'm In favor of change

I would be in favor of this change. Encouraging people to go to tech school doesn't fix the problem. You can encourage all you want it doesn't help. Its hard enough to encourage people to go to nursing school to fix the nursing shortage. I have worked with many talented assistants that either can't afford to go to tech school or can't travel for externships. One option would be to allow an alternative pathway to become licensed. Until there is a legitimate change in all of veterinary medicine, this stipulation only hinders veterinary hospitals in this state.

CommentID: 87700

Commenter: Anonymous

12/8/20 9:45 am

Temporary change

I think this change would be beneficial. Training on the job by a licensed veterinarian to this task could greatly relieve the strain on hospitals. The logic in this forum is flawed. The logic, education and training, presented by those opposed in this forum should also be applied to veterinarians. If applied this means no general practitioner should be performing any surgeries, treated anything endocrine related, dental extractions, chemotherapy, ultrasounds, etc. I favor this change if appropriate training is used in a controlled setting.

CommentID: 87703

Commenter: S. Eller

12/8/20 9:05 pm

I strongly oppose unlicensed staff placing IV catheter

I oppose unlicensed staff placing IV catheter

CommentID: 87712

Commenter: Steffany Swedberg LVT

12/8/20 9:11 pm

Against

Placement of IVC should be limited to licensed professionals

CommentID: 87713

Commenter: Lisa Johnson, LVT

12/8/20 10:09 pm

Strongly oppose non-licensed veterinary staff placing IV catheters

I strongly suggest that the placing of IV catheters remain solely in the hands of licensed veterinary professionals. The placing of an IVC is more than just a simple blood draw and is meant to remain in the patients for days at a time and medications, potentially dangerous ones such as chemotherapeutic agents will be delivered through the IV catheter. The safety of our patients is the number one priority and therefore, only licensed professionals should be performing such tasks. Thank you.

CommentID: 87714

Commenter: Sherry Neal Veterinary Assistant-Retired

12/8/20 10:22 pm

Against

Since personnel other than LVT's do not have the education, why would anyone allow non licensed personnel to place IVC's? I would not want a nursing assistant or an LPN to place a catheter in me.

CommentID: 87715

Commenter: Magan Glover

12/8/20 10:23 pm

OPPOSED

I am opposed to this change

CommentID: 87716

Commenter: Virgie, LVT

12/8/20 10:28 pm

OPPOSE:

I DO NOT believe veterinary assistants should be able to place intravenous catheters.

CommentID: 87717

Commenter: Melissa Mendoza, LVT

12/8/20 10:41 pm

Opposed

I oppose the proposition. Do not devalue our education or licenses by allowing unlicensed assistants to place IV catheters.

CommentID: 87718

12/8/20 11:32 pm

Commenter: Anonymous

frustrated vet

I hope my current state of mind is that I just might leave the industry and not do anything more drastic. We all talk about how important mental health and how real suicide is in this industry. But if someone asks for help, the response is met with we are being disrespectful and made to feel guilty for underappreciating our most valued colleagues (our technicians). The already high stress job of being a veterinarian has only escalated since the pandemic, with no end at sight. There is no solution being offered, only that we just have to wait until one day there is no longer a shortage in technicians, but no idea when (or if) that will ever happen.

I DO think this needs to happen. I don't understand why everybody keeps pretending like there isn't a pandemic happening and the case load of vet medicine these days has increased exponentially.

With all due respect, the narrative created by most of the people posting here is not correct. The intention is finding a way for us as a community to stay afloat during these trying times. This is not to devalue anyone's skill level or education.

The comments regarding safety- at this time, it's within the legal right of practice to allow an assistant to perform venipuncture, I assume assistants that are doing this are qualified assistants. There isn't a huge spike of venipuncture complication, so why would there be a huge spike in catheter related complication. Understand the difference, but a competent person able to consistently perform venipuncture should at least be given the opportunity to place catheters (with proper education). It's not uncommon for the assistant in some instances to be able to get blood when the technician is unable to. Everybody has bad days and it doesn't make sense that we are not allowed to have another avenue. Sure the vets can do this as well, but venipuncture and catheter placement is not a skill that is highly taught in vet school, so in terms of training for these skills- it really is on the job for at least vets.

In terms of devaluing a tech's skill set/education. Just for the sake of argument, how is it fair for a vet not to be able to do their job that he or she has went to school for (anywhere from 4 to 10 years post-graduate studies). With patients, the vet's job should be assessing the patient and formulating a treatment plan, communicating with the owner, promptly completing their medical records; not placing a catheter, obtaining pain medications or running anesthesia.

I'm frankly getting tired of consistently placing catheters, formulating an anesthetic plan, inducing anesthesia and then performing the procedure. It's not fair for us to do the work of 2-3 people consistently on a daily basis. I would love to hire more LVTs, we have ads placed for months and months and offer every incentive possible but there simply is a shortage. How is overworking vets, not able to provide care in a timely manner acceptable? How is that in the best interest of our patients.

This is not a change in the ruling system to make us go backwards, instead it's getting us to a more sustainable situation and practicing in a way that is set as "industry standard" for the rest of the country. Are we really saying that VA is better than the rest of the country by imposing stricter unrealistic rules, that cannot be met by the current personnel set to perform the procedures. If the supply of technicians doesn't meet the demand of the overall veterinary needs of the community, something has to change before the industry crumbles. Owners are getting tired of waiting 4-6 hours in the emergency room, they are getting tired of not being able to see their vet or a specialist for weeks and the overall confidence the public has of vet medicine is declining.

I don't think there will be any point of debate if there are enough LVTs, but we do not, and there is no predictable way of telling when the huge shortage will resolve. Maybe the shortage doesn't affect certain individuals, as staffing needs are met at your current practice, however this is not the case in many hospitals throughout the state and they are suffering on a daily basis.

CommentID: 87719

Commenter: Megan Howard, DVM

12/8/20 11:39 pm

Strongly against

Lowering the standards of care for our patients is an easy way for corporations and companies to get out of paying for a licensed technician by having laymen place IV catheters. While it saves a buck for companies, it puts our patients at risk. The training that LVTs acquire ensures their understanding of aseptic technique and all the things that can go wrong during placement. Technicians are vital to a veterinary practice. Without them, veterinarians would be bombarded with even more work which can also risk patient care. It is of utmost importance that money does not take charge in the standards of care involving medicine, whether that be for humans or our beloved furry/scaly/feathery family members.

CommentID: 87720

Commenter: Arienne Maloney

12/8/20 11:46 pm

Opposed

Only licensed personnel should be placing IV catheters.

CommentID: 87721

Commenter: Kathryn Hilliard

12/9/20 12:35 am

Yes 100 percent . Should be left up to the DVM'S discretion

There are a lot of Assistants out there that work very hard and are better at placing liv catheters then some techs . Of course LVT's are against this : Should be left up to the doctors discretion. If they feel their assistant is capable of placing them then why not . Even with a degree , this does not always mean your the best person for the job .

CommentID: 87722

Commenter: Madelaine, LVT

12/9/20 4:21 am

Against

Completely against this change

CommentID: 87723

Commenter: Yami Kangieser LVT

12/9/20 5:47 am

Against unlicensed personnel placing IV catheters

I am strongly against unlicensed personnel placing intravenous catheters.

CommentID: 87724

Commenter: Anonymous

12/9/20 6:30 am

Opposed to assistants placing IVC

Opposed

CommentID: 87725

Commenter: Pattie Seeger-LVT (Vet Tech Instructor)

12/9/20 6:45 am

Opposed

Placement of an IV catheter is an invasive procedure, that requires more than just the "ability to do it". It requires extensive knowledge of anatomy & physiology, as well as knowledge and training in advanced nursing skills.

Licensed veterinary technicians spend several years educating themselves in academic settings in order to not only possess the above skills, but to have a solid knowledge base which allows them to have exceptional understanding of the importance of not only correct placement, but asepsis and sterility, as well as maintenance, and long term care.

CommentID: 87726

Commenter: Brittany Krejcar, LVT

12/9/20 7:10 am

No, Hard Pass

I do not believe that anyone except licensed Veterinary Technicians should be placing IV catheters in patients. It may seem like such a simple minute aspect in the grand scheme of things when it comes to patient care, but it supports so much more! Hydration, medications (some of which could be caustic to the patient if delivered outside of the vein), quick access in cases of emergency, and so forth. And to place one with good aseptic technique is also a task that I, as well as all of my fellow educated and licensed technicians, were taught to do. Allowing assistants to do this task would definitely be a mistake.

CommentID: 87727

Commenter: Charlene Stewart, LVT

12/9/20 8:03 am

Opposed

We are already under appreciated and underpaid. The only leg up we have for a decent living wage is our degree and trained skills. Plus animals deserve to have professional treatment the same as humans and that requires more than a high school diploma and OTJ training.

CommentID: 87728

Commenter: Veronica Lommler, DVM

12/9/20 8:27 am

Opposed

While assistants do play a vital role in our profession, there should be limitations on what you can and cannot do without a professional education, especially from a liability standpoint. Allowing assistants to place IVC will open those with a license to potential lawsuit if complications arise, which they can. It would also undervalue those who worked hard to obtain their LVT in order to do more with their careers. While I understand that there is a shortage of LVTs, I can see this leading to hiring assistants over LVTs now and in the future because assistants are slowly being allowed to do the same tasks without the hard work and education. It will motivate people to not pursue education which is vital to this profession. It will also ultimately end up placing more strain on

remaining LVTs and veterinarians in the future as they are asked to do tasks that are now limited to the few remaining in the field. Opposed.

CommentID: 87729

Commenter: Anonymous LVT

12/9/20 11:11 am

Opposed

LVTs should be more valued with their credentials. Clients also deserve the peace of mind that a licensed personnel ONLY should be performing IV cath placement. It may be a simple procedure but things can go wrong. In which a licensed person could be held accountable, you can't hold a staff member liable if they have no credentials confirming they know what they're doing to begin with.

CommentID: 87731

Commenter: Leza McLain LVT

12/9/20 1:38 pm

IVC placement

I am strongly opposed to this petition. Only licensed veterinary technicians or DVM should place Iv catheters.

CommentID: 87735

Commenter: Crystal Hoke, LVT

12/9/20 3:52 pm

100% Against

I am so Against letting Assistants Place IVCs.

I have experience working in a different state that allows them to do this, and it definitely lowers patient care. If we allow them to do this what else will be allowed later on.... now we would have people in veterinary medicine who are not in school and don't understand the in-depth information on the why and the how's. It's one thing if the person is in school and has learned about it, but just any assistance, no absolutely not.

This is one of many reasons why I don't work in states that allow this.

I really hope this doesn't get passed.

CommentID: 87741

Commenter: The COVE

12/9/20 4:24 pm

IVC assistants/ AS,BS, CVT,LVT

Against

CommentID: 87743

Commenter: Melissa Brown, LVT

12/9/20 4:39 pm

Against

Completely against devaluing our profession.

CommentID: 87744

Commenter: Sheryl J Flory, LVT

12/9/20 8:19 pm

LVT

Against

CommentID: 87746

Commenter: Sheryl J Flory,LVT

12/9/20 8:22 pm

AGAINST

AGAINST

CommentID: 87747

Commenter: Carmen Soffel, graduating as an LVT in May 2021

12/9/20 9:19 pm

Opposed

Opposed!

CommentID: 87748

Commenter: Veterinarian

12/9/20 10:17 pm

support change

Support this change. Assistants are not allowed to place IVC, unless they are in school. They are allowed to place IVC when they are in school. Now let's fast forward to when they graduate from school, guess what ... they can't place IV's anymore because they are not in school anymore. They went to school to learn the anatomy, physiology and advanced skill of placing IV, so why can't they continue to use that skill? What if they do not pass the test the first time, they continue to not use the skill that they have learned.

CommentID: 87749

Commenter: Ann

12/9/20 10:56 pm

Against!

I believe that unlicensed assistants, other than LVT/Veterinarian Students (in training, pending licensure, in an approved/accredited program) should not be allowed to place IVCs. Licensed individuals have gone through rigorous training and education in order to take on the responsibility of placing indwelling IVCs... drugs and fluids, even chemotherapy are all administered through

these IVCs. I'm definitely aware that there is a shortage of LVTs in Virginia, and everywhere, truly. At what point will there be a line between licensed technician duties, versus assistant duties? If laws allowing assistants to complete tasks that LVTs once needed training for, what will be the incentive to put in the dedication and hard work go to school and get a degree (plus licensure), if assistants are becoming hired in place of technicians?

CommentID: 87750

Commenter: Anonymous

12/9/20 11:35 pm

What ARE assistants allowed to do???

Im confused about how it was decided what duties are delegated as duties an assistant vs technician can perform. By the logic of what a lot of people are posting, including "just letting someone off the street to place catheters", then why are there no lawful restrictions on other duties that assistants are currently performing such as radiographs, blood draws, administering medications (other to chemo or controlled substances).. basically why are assistants allowed to do anything other than restraint???

As much as people want to discount on the job training, this line of work heavily depends on on the job training. Without assistants handling much of the support staff responsibilities, we cannot realistically get through our day.

There are some tasks that everybody would agree on (or I hope) that LVTs should be the one like central lines, art lines, NG tubes, anesthesia, etc. Because there isnt a surplus of LVTs, an EXPERIENCED assistant should be trained in helping with these duties. LVTs would be the one training these staff members. I do think that proper education prior to placing catheters is extremely important, but why does the source of education ONLY come from tech school? Why is not acceptable that we cant education our staff, have them be able to demonstrate proficiency prior to doing them routinely?

Most of the US has figured this out, with most licensed techs in these states not being upset about delegating duties such as IV catheters to their experienced assistants. Many large referral practices in the country are able to practice high quality medicine because they have duties carefully delegating between techs and assistants (with proper training of the assistants). If all of the sudden these rules were applied everywhere, most of these hospitals would have major difficult with keeping up with the case load.

CommentID: 87751

Commenter: LVT

12/10/20 5:53 am

Opposed

As an LVT, I am completely opposed to non licensed personnel being allowed to place IV catheters in patients. The placement, care and maintenance of peripheral and central venous catheters is something that licensed technicians are trained for and is also something that is very important in hospitalized patients. Improperly or inappropriately placed catheters can cause localized or systemic harm to the patient and that is something that should be done by someone who can be held accountable for that action. Someone who is not licensed has nothing to lose if their lack of training or attention to detail causes harm to that patient.

CommentID: 87752

Commenter: Ashley Rippey

12/10/20 6:53 am

Opposed

I believe only LVT should place IV catheters

CommentID: 87753

Commenter: Kristina Byrd, LVT

12/10/20 8:53 am

100% AGAINST

100% against IV catheter placement by individuals who are not licensed veterinary technicians.

CommentID: 87754

Commenter: Veterinarian

12/10/20 8:57 am

Support Change for Duties of a veterinary assistant

Vote in Support. As a previous LVT, I would love to oppose this ruling and I can understand why many LVT's are concerned with the change. As a veterinarian, the current requirement is an obstacle to productivity for practices who are not "fortunate" enough to employ LVTs. As I read through the posted comments, I see many familiar names. Those opposed to this change appear to be mostly LVTs or veterinarians who work within large and/or specialty practices where LVTs abound. The REAL issue is not one of training or position but rather what is the best temporary or permanent solution which will allow all practices to function when LVTs are scarce. Why are some practices allowed to have 30 or more LVTs and yet practices without are expected to abide by the same level of regulation? I would love to employ an LVT but have been unsuccessful in hiring one in my area. Whatever the board's decision, I will continue to provide my patients with outstanding care. But to those opposed to the amendment need to understand while they can delegate those tasks to an LVT, I must perform all those duties myself plus see a standard case load of patients which means when a patient needs an IV, another patients care goes on hold.

CommentID: 87755

Commenter: Anonymous

12/10/20 9:05 am

If trained properly, support. They already draw blood

If trained properly, support. They already draw blood from animals that aren't sedated. Why would we allow assistants to draw from jugulars but not place IV catheters if they have the proper training. It would save time for LVTs, as they have a lot they have to do already. If they are trained step by step by LVTs and monitored until proficient it could be beneficial.

CommentID: 87756

Commenter: Katy Melton Simpson, LVT

12/10/20 9:32 am

Opposed

I am opposed to allowing unlicensed personnel to place intravenous catheters (IVCs). Improperly placed IVCs can damage vessels, allow drugs to be extravasated, or lead to infection. There is not a shortage of licensed personnel, there is a shortage of decent paying jobs. Many skilled, educated persons leave the field due to work hours and wages. Allowing untrained and unlicensed personnel to perform additional tasks does nothing to improve the field of veterinary medicine or fix the problem and only makes it less safe for patients and clients. Although this may appear as a reasonable stopgap measure, it will only make things worse in the long run. There may be some

highly experienced and capable assistants but opening up IVCs to unlicensed personnel does not include only those with the skills, but every single untrained person who walks into a clinic. The reasoning from unlicensed personnel that drawing blood is the same as placing an IVC makes it clear that they do not fully understand the ramifications of what they are asking to do. The veterinary oath includes to protect animal health and welfare and allowing unlicensed persons to place IVCs is not doing that.

CommentID: 87757

Commenter: Megan

12/10/20 1:16 pm

Disagree

Disagree

CommentID: 87758

Commenter: Alex Miles, LVT

12/10/20 1:39 pm

Against

I am against this change. Ivc placement is a skill that's taught in school, there are multiple factors to consider when placing. In school we learned aseptic techniques as well as anatomy, both of which are important for ivc placement. There are several complications that can occur due to ivc placement and those are taught in school as well. This formal education gives a firm grasp on this skill set. Allowing unlicensed assistants place iv catheters also means lvts are utilized less.

CommentID: 87759

Commenter: Heather Jones, DVM

12/10/20 1:40 pm

Opposed

As so many DVM, LVTs and pet parents have already so eloquently defined, the risks FAR outweigh the perceived benefits of this proposed amendment. The answer to our LVT shortage (AND the answer to being overworked/burnout by DVMs) is NOT to degrade our LVTs and the amount of time, effort and finances they put into their career.

Strong NO!

CommentID: 87760

Commenter: Ariana,LVT

12/10/20 2:37 pm

Catheters

While there are many LVT's who are amazing at placing catheters, there are still plenty who are NOT, especially in emergency situations. Why is that? I am not for allowing newly hired assistants or those who are not in tech school to place catheters but I am not so high up on my horse that I would turn my nose up to teaching my experienced assistants how to safely and efficiently place IVC's for emergency purposes or euthanasia only! After all, these are the people I trust with protecting me from teeth and nails all day long. The ones who perform CPR alongside me and help me get through the craziest of days when I'm the only LVT on the floor for 12 hours. I'd much rather have an amazingly trained assistant with me than an unhelpful LVT to try to place a catheter during a code all day everyday!

CommentID: 87761

Commenter: Megan McMillion, LVT

12/10/20 3:02 pm

Opposed

Against unlicensed assistants placing iv catheters.

CommentID: 87762

Commenter: Gabby Stone, LVT Student

12/10/20 3:49 pm

Opposed

Allowing an individual without licensure to place an IVC is not only dangerous for our patients, but takes away duties of a trained LVT. Our patients aren't going to request credentials from their veterinary nurse, but our DVM should. Understaffing of LVT's is prevalent among VA, but this isn't the answer to being more efficient. Just as in human medicine, a CNA isn't going to place an IVC, your licensed nurse is. There is no gray area for this discussion.

CommentID: 87763

Commenter: Dominique

12/10/20 3:58 pm

Opposed!!!

I am signing this petition to oppose a new law to allow veterinary assistants be able to do the duties of a licensed veterinary technician.

CommentID: 87764

Commenter: Tanya Hoopsick

12/10/20 5:11 pm

Opposed

Stripping away the responsibilities of an LVT and distributing the task to more personnel does NOT create a higher level of excellence in health care for our patients. Licensed Veterinary Technicians have spent countless hours not only learning the task of placing IV catheters, but also learning anatomy and proper safe guards. More intricate skills such as placing IV catheters require more than just the understanding of "how-to". Ultimately, I ask that you consider our patients - the ones that cannot speak for themselves. Our patients deserve the utmost excellence in patient care, care that takes not just hands on experience to obtain but a complete education of patient health care.

CommentID: 87765

Commenter: Aly Vermillion

12/10/20 5:56 pm

Opposed

Opposed!

CommentID: 87766

12/10/20 6:26 pm

Commenter: Rachael Stone

Opposed

opposed!

CommentID: 87767

Commenter: Holly Moody, LVT

12/10/20 6:41 pm

Oppose

Oppose

CommentID: 87768

Commenter: Kasey, LVT student

12/10/20 6:54 pm

Opposed

I think that I may be skilled enough to place catheters after proper training but not some assistants. If one assistant is allowed to place and others not, that isn't fair. It needs to be the same across the board. Also, yes, some assistants may be very skilled and intelligent, maybe even better than some LVTs, but techs work so hard to get that degree. It just wouldn't be right, which is why I am opposing.

CommentID: 87769

Commenter: Lauren

12/10/20 7:07 pm

Opposed

Opposed

CommentID: 87770

Commenter: Alex Nixon, LVT student

12/10/20 7:09 pm

opposed

Opposed

CommentID: 87771

Commenter: Anonymous

12/10/20 7:13 pm

Opposed

Only drs and lvs should be able to do.

CommentID: 87772

Commenter: Anonymous

12/10/20 8:11 pm

Greatly in favor of this change

If everyone would take a minute to look into the human medicine by comparison, RN are not the only hospital staff that can place an IV catheter. LPN's, even though not trained to do this for school, can place IV catheters if trained by a registered nurse. The RN and/doctor are responsible for this. They are not taught this at all in school, but on the job. LPNs go to school for 9-18 months. LPNs are limited in what they can do because they must be supervised by either a registered nurse or a doctor. If the board can define veterinary assistants roles and allowances this could be implemented in veterinary medicine. If everyone claiming we need to be more like human medicine, then take a look at how human medicine works rather than just assume that only RNs do everything. The leadership roles and potential earnings are more for RNs than LPNs but this is very similar to veterinary assistants and technicians. We need to think how to better veterinary medicine and I think defining assistants roles and allowing certain things while a veterinarian or LVT is present is a step in the right direction.

CommentID: 87774

Commenter: Ryan, Veterinary Assistant

12/10/20 9:18 pm

Opposed

People do not require schooling to become assistants, and for those that choose to attend an assistant program, there is no training for IV catheter placement. It is simply not in the assistant's job description.

CommentID: 87775

Commenter: Linda Wilkinson, pet owner and foster

12/10/20 9:19 pm

Strongly Opposed

40+ years ago I was a part-time vet tech while pre-med in college. Not sure how many tech schools there were, we all had OJT. Although I did IV procedures on my own animals after training, I would never have dreamed of doing such to a client's pet. Nor am I willing to let an unlicensed technician perform an IV or more complicated procedure on my animals. Should this pass, I would end up giving any vet hospital the 3rd degree before any procedure to ensure only LVTs are working on my pet. Owners should absolutely not have to do this to ensure their pets are being treated by qualified personnel.

CommentID: 87776

Commenter: Natalie LVT student

12/10/20 9:38 pm

Against**Against**

CommentID: 87777

Commenter: Jacqueline Snyder

12/10/20 10:33 pm

Strongly opposed!!

Strongly opposed

CommentID: 87778

Commenter: Anonymous

12/11/20 1:09 am

YES, PLEASE

Sticking up for my amazing assistants! This isn't meant to throw shade at my amazing technicians, however many of the comments made make it sound like assistants are completely uneducated or given an easy way out to not get their licensure. Every single person is vital for a successful practice, from the receptionist, kennel tech, administrative/management team, in addition to technicians. When there's a shortage of technicians, we have to re distribute SOME of their duties so our patients don't suffer. When I asked technicians about this in other states, literally nobody had an issue (didn't feel degraded, undervalued or threatened with job security). In fact, most techs commented that they would be easily overwhelmed if they were not allowed to train qualified assistants for placing peripheral catheters (most said that they would prefer central lines to be limited to LVTs).

If what we truly want is higher standard of care, then why is it that a DVM can take a weekend course in ultrasound or orthopedic surgery and now is allowed to do these at his or her practice. A family practioners in human medicine would never do surgery, or a dentist would not do most oral surgical procedures. Or why is it allowed for any DVM to practice vet medicine in any capacity (especially emergency medicine) without an internship? So we cannot always apply whats done in human medicine to vet med, in fact even family practice requires a residency but even an internship isn't required in vet med.

I think we can all agree that 2020 has changed the world, including vet med- I don't see this as lowering our standards, but rather re-distributing the work load to prevent people from burning out and in a way actually improving our patient care. Its great have licensed professional do everything, but its unrealistic.

I love my techs and assistants, but I also want what's best for my patients. Redistributing the work load to take some of the burden off the techs to qualified assistants is the way to go.

CommentID: 87779

Commenter: Jane Gray

12/11/20 3:51 am

Against allowing veterinary assistants placing IV catheters.

I believe that only licensed veterinary technician and veterinary technician students should only be allowed to place IV catheters.

CommentID: 87780

Commenter: Kim

12/11/20 4:47 am

agree

I agree this should pass this is a skill set that can be learned just the same as a blood draw, and not compromise patient care as long as it is a well trained assistant.

CommentID: 87781

Commenter: Anonymous

12/11/20 7:28 am

Opposed

Opposed

CommentID: 87782

Commenter: Anonymous

12/11/20 8:17 am

Agree

It should be up to individual clinics as to whether a vet assistant has shown competency in placing IV catheters. It can save lives when a LVT is not immediately available in emergency situations. This is especially important in clinics that have a small staff. Even if they are not considered an ER vet clinic, they will still have situations arise.

CommentID: 87783

Commenter: Kerry

12/11/20 8:31 am

Opposed

Opposed, should be a huge liability for the practice allowing unlicensed workers to stick any animals

CommentID: 87784

Commenter: Sarah Wilkes LVT

12/11/20 8:41 am

Opposed

While I appreciate a need to more hands on the floor in these times where licensed LVT's are in short supply, I definitely oppose. Would you want an unlicensed individual placing an IVC in your child or grandparent? People today consider their pets family members, and they expect a level of training to go along with that. I trained in MD and NY with 2 very different requirements. I was also trained by licensed vs unlicensed Veterinary techs. While I learned some great skills from both, the Licensed techs knew WHY they were doing what they were doing. I don't think we should discount the ability of assistants, but we should be encouraging them to go to school to be licensed, with better pay and education opportunities.

CommentID: 87785

Commenter: Violeta Martinez

12/11/20 9:15 am

Oppose

Only licensed personnel should be allowed to perform such duty.

CommentID: 87787

12/11/20 11:04 am

Commenter: Anonymous

Support with DVM approval

There are many "career" assistants who are NOT idiots as stated in some comments. Shame on you. We are a VITAL part of the Veterinary practice.

I feel it should be at the discretion of the DVM. There are many DVM's, that for whatever reason, are not afforded the luxury of a licensed tech. Allowing that DVM to appoint a "vetted" assistant with *proven* proper knowledge & skills to place IVCs in my humble opinion would streamline patient care.

CommentID: 87789

Commenter: Courtney Pugh

12/11/20 12:56 pm

Oppose

I think only a LVT should be allowed to place IV catheters. We as LVT's go through training and schooling to properly learn how to do this procedure along with many others. Assistants are wonderful and do a great job but this is not one that I would just give to anyone.

CommentID: 87791

Commenter: LVT

12/11/20 2:26 pm

Support

As an LVT, I support allowing thoroughly trained and competent veterinary assistants to place an IVC. I got into this field because of my love for animals and my desire to help them. If the quality of care goes up because more people are trained to place an IVC, the better. I worked at a small veterinary practice for 6 years, and at times we were short-handed. The patients still received quality care as best as could be provided, but at times they had to wait longer than they should have. At times, an LVT may not be available or a practice may not have an LVT on the payroll and the vet(s) may be tied up with another patient. If an animal needs an IVC and someone who has been trained to place it, but is not necessarily licensed, is available, I am all for it, as long as the assistant has DVM approval.

CommentID: 87792

Commenter: LVT

12/11/20 4:36 pm

Opposed

Opposed. Pay your licensed techs their worth. They worked hard to get where they are and deserve the recognition they don't get. They studied hard and wrk to keep their licenses up. It feels like a downgrade to your techs. Train your assistants to do their full job and do it well. Train your techs to do their jobs to their full extent and treat all your employees well!

CommentID: 87793

Commenter: Anonymous

12/11/20 8:31 pm

Opposed

Opposed

CommentID: 87794

Commenter: Neurology LVT

12/11/20 8:39 pm

AGAINST

If you want the advantage and Privledge to learn the skill, go to school like the rest of us who earned it

CommentID: 87795

Commenter: Brenda Chapman, LVT

12/11/20 8:46 pm

Strongly opposed to unlicensed personnel placing IV catheters

This is not the first time this issue has been brought up in the 36 years that I have been licensed by the state of Virginia to practice Veterinary Technology, and nothing has changed since the last time the motion was defeated. Catheter placement is still just as invasive as it has ever been, and should not be attempted by those who are not licensed to do so.

CommentID: 87796

Commenter: Amanda LVT

12/11/20 9:20 pm

Against

Against the petition, IV catheters should be placed by a licensee (LVT or DVM) only.

CommentID: 87797

Commenter: Gayla Deibert

12/11/20 10:46 pm

Oppose

Strongly oppose!

CommentID: 87798

Commenter: Anonymous

12/11/20 11:27 pm

Oppose

If unlicensed personnel are allowed to place catheters it greatly devalues the licensed veterinary technician. Another problem is they are not educated in anatomy or trained in proper placement which can cause irreparable damage. I first hand have seen unlicensed personnel attempting to obtain blood from a patient with very little success or care for what damage they are causing with every mistake. If you were seeing your doctor would you let a car mechanic draw your blood or do you prefer licensed, educated nurses?? You said the nurse I'm sure. Animals deserve the same.

CommentID: 87799

Commenter: Raven, LVT

12/12/20 9:00 pm

Against

Against unlicensed personnel placing IVC

CommentID: 87801

Commenter: Tracie Jones, LVT

12/13/20 3:01 pm

Approval for placement of IV catheters by veterinary assistants

I feel that jugular and urinary catheters should remain a duty of licensed veterinary technicians and veterinarians but that cephalic and saphenous IV catheters should be open, with limitations to veterinary assistants. Assistants who have experience in the field should be allowed to place cephalic and saphenous IV catheter and flush them, as long as they have been properly trained to do so and have an LVT or veterinarian on the premises. I am the only LVT in our busy clinic and there have been many times that having another assistant be able to place a catheter would have taken a huge burden off of myself and the doctors. On the days I am not there, this would not only increase efficiency, but in emergency cases it would allow the doctors to focus on the actual case rather than stop to perform a technical skill.

CommentID: 87803

Commenter: Samantha Williams

12/13/20 3:10 pm

IV Catheters**Strongly agree!!!**

CommentID: 87804

Commenter: Anonymous

12/13/20 3:24 pm

Support

Strongly support. I was a previous LVT student and I was trained to place IV catheters. Since I did not finish school I can not place them. Even though I have the skill, I can not help my fellow LVT and DVM. This makes it hard when our only LVT is not there and the DVM is having trouble with a catheter. We recently had a case where a patient was prepped for surgery and doctor and LVT could not get a catheter and I was not able to step in and help. This is tough and the patient ended up not being able to have his procedure. Who suffered here? Everyone did, even the patient. I do feel that there should be training provided, DVM and LVT should be primarily placing IV catheters, etc. But in emergency , if LVT not there.

CommentID: 87805

Commenter: Elsie Powell

12/13/20 3:29 pm

Agree, should be allowed based on dvm discretion

There is no reason a skilled assistant should not be able to place an iv catheter. The assistants placing these in no way takes away from a LVT but allows for LVTs to do other things that are needed. We all need to work together in the best way to treat pets especially in these trying times.

CommentID: 87806

Commenter: Kayla; Assistant

12/13/20 4:45 pm

Oppose

I am against assistants placing IV catheters.

CommentID: 87807

Commenter: Julianne, Pending LVT

12/14/20 3:58 pm

Opposed

Licensed personnel or LVT students under mentor should place IVC.

CommentID: 87812

Commenter: Tabitha Varvaro

12/15/20 3:39 pm

Opposed

I'm sorry only a licensed technician will be placing an IV in my fur babies: Are you going to the doctor and allowing the receptionist to place your IV? I strongly believe only license personnel should be placing an IV.

CommentID: 87813

Commenter: Kimberly, LVT

12/15/20 4:06 pm

Strongly oppose

Strongly oppose veterinary assistants placing IVC. Protect the duties of a credentialed technician to improve morale and decrease burnout. We went to school for this and are held accountable.

CommentID: 87814

Commenter: Deborah Adwell, dvm

12/15/20 5:19 pm

OPPOSE

"I am against the proposal to allow unlicensed veterinary staff to place intravenous catheters"

To do correctly, without potentially hurting the patient, a thorough understanding of animal anatomy and behavior as well as an ability to problem solve should difficulties arise is incredibly important. And the consequences for needing but not being able to achieve vascular access can be life threatening a patient. If only licensed persons are allowed to place an IV catheter, then that standard will always be met.

CommentID: 87815

Commenter: Erica

12/15/20 6:05 pm

Vet Asst approval for IV Catheter

Oppose

CommentID: 87816

Commenter: Erica

12/15/20 6:07 pm

Oppose Vet Asst placing IV catheter

Oppose

CommentID: 87817

Commenter: Angela Hughes, LVT, VTS (ECC)

12/15/20 6:14 pm

Strongly opposed

Placement of intravenous catheters should be limited to licensed personnel. Education and training surrounding anatomy, physiology, nosocomial infections, etc should be obtained in an academic setting rather than on the job training, which is not regulated in any capacity. We should not cheapen our profession; this type of deregulation is a large contributing factor when it comes to veterinary medicine not receiving the same level of respect as human medicine.

CommentID: 87818

Commenter: JJ Towler

12/15/20 9:12 pm

Absolutely NOT!!!!

This is a treatment that should only be performed by qualified, licensed LVTs!

CommentID: 87819

Commenter: Lucretia Keane, BAS, LVT

12/16/20 9:51 am

Oppose, AGAIN

Just like the many, many other times someone has made this proposal, I OPPOSE

Don't go down this slippery slope.

CommentID: 87820

Commenter: Lindsey, LVT

12/16/20 2:08 pm

Opposed

Opposed to unlicensed persons placing IVC. It's a small part of our responsibilities as licensed techs but if we drop the standard of care with such tasks where will it end?

CommentID: 87823

Commenter: LVT student

12/16/20 4:53 pm

Against

Against this proposal. Unlicensed assistants should NOT be able to place IVC.

CommentID: 87824

Commenter: Shelby Race, LVT

12/19/20 4:36 pm

Against

I worked very hard to become licensed and I feel that taking the tasks that I had to earn the right to perform and letting unlicensed personnel take them on devalues the work I did to become licensed. I would also agree with many other commentators that it's a slippery slope to go down allowing unlicensed individuals to take on the tasks assigned to licensed individuals. Leaving the decision up to DVM discretion makes me nervous too because there's no one but that specific doctor to determine who is or is not qualified among their staff – there's no regulation or oversight. Please don't misunderstand me, I know many intelligent and competent assistants, I'm not trying to demean them in any way, I just think it would be better to keep this task in the hands of licensed personnel.

CommentID: 87862

Commenter: Teri Frank, LVT

12/20/20 10:47 pm

IV Cath Placement

- Opposed!!!

CommentID: 87864

Commenter: Teri Frank, LVT

12/20/20 10:49 pm

Opposed!!!

Opposed!!!

CommentID: 87865

Commenter: Patty Utterback

12/21/20 8:06 pm

Oppose

Strongly oppose allowing unlicensed 'techs' or assistant to place IV catheters.

CommentID: 87872

Commenter: Dj Cannon, LVT, MPH Organization: VALVT

12/23/20 12:13 am

On behalf of the VALVT- Strongly Oppose

On behalf of the Virginia Association of Licensed Veterinary Technicians (VALVT), we oppose the petition to allow unlicensed veterinary assistants to place an intravenous catheter. We believe this would enable incompetent patient care practices without direct accountability, increase hospital-acquired infections (HAI), complicate infection control practices that minimize our patients and public risk from emerging infections, and undermine the value of education strengthening our standard of practice long-established in Virginia.

The VALVT believes that IV catheter placement and care must apply to qualified licensed personnel only. Other objections have been raised to the availability of Licensed Veterinary

Technicians, however; a new program in the Tidewater region of Virginia has recently been accredited by the rigorous standards of the American Veterinary Medical Associations Committee on Veterinary Technician Education and Activities (CVTEA) making up three programs in total throughout the state that have traditional programs and hybrid options producing qualified individuals consistently for practices to recruit.

We request to honor the long-standing trust our clients have placed in us, the exceptional standard of care that Virginia is known for, the importance of education, and the value of competence leading to successful outcomes in patient care and patient safety and the Virginia Board of Veterinary Medicine decline this petition and strengthen the current regulations.

Sincerely,

The Virginia Association of Licensed Veterinary Technicians (VALVT)

CommentID: 87883

Commenter: Tammy Weatherly, LVT

12/23/20 3:08 am

Opposed

I am very opposed to having unlicensed people placing IV catheter. IF DVM's are concerned of LVT shortages now, not requiring a license to place IVC will cut the amount of people applying to Veterinary Tech schools.

CommentID: 87884

Commenter: jason Bollenbeck

12/23/20 5:16 pm

Support

As a licensed veterinarian I believe that trained, licensed medical professionals is always best. The reason I support allowing unlicensed assistants to place IV in some fashion is not because I think proper training isn't best but because of the current status of veterinary medicine in Virginia and the US. Unfortunately we have a severe shortage of LVTs and though not as severe also a shortage DVMs/VMDs. The Covid-19 pandemic has magnified this shortage. My concern is availability of care. The standard of veterinary care is rising and the demand for care is also rising. With emergency clinics having 6-12 hour waits or even turning away patients, we are dealing with a crisis of providing care to pets in Virginia. If placing a catheter is left only in the hands of DVMs or LVTs then patients may not receive basic supportive care in a timely manner because there are not enough licensed hands to place them at that time. I have been a huge supporter of expanding what LVTs can do in practice. We need more LVTs - need to pay them more AND give them the job satisfaction they deserve. It is unfortunate this debate comes down to IV catheters when really we should be debating how we can expand the role of LVTs in practice so more of people want to go into the profession and less leave. However, even if we stop the loss to day and fill more seats with more qualified students in LVT programs tomorrow, it is still 2 years before we see the fruits of that effort. As veterinarians our job is to do no harm. The job of the board of veterinary medicine is to protect the public (and our patients). I am concerned that the demand placed on us to provide care while we face of shortage of licensed individuals makes serving our patients very difficult. I would encourage the board to consider a limited provision with an expiration date that allowed unlicensed assistants with approved training to place IV catheters under the direction and supervision of a licensed individual when a licensed individual is not available to place the catheter. I know this topic is a hot issue but I know that everyone on both sides of this issue really have their patients at heart.

CommentID: 87889

Commenter: Ashley Haney

| 12/23/20 8:10 pm |

Stringless Opposed

I strongly oppose this amendment. For the health and safety of our patients we all (LVTs and DVMs) took a oath to protect our patients and do no harm. Allowing assistants to place IV catheters becomes a slippery slope of pushing boundaries and guidelines we all swore to uphold to protect our patients. In a majority of the comments people have voiced supporting this if proper training was done. My question is who would monitor that the training? Veterinarians who say they are already strapped for time so when would that training be done? All it takes is one patient to have a critical issue with a misplacement and/or complication post catheterization for things to become catastrophic. Which would cause a ripple affect of ramifications from the head of the profession (veterinarians) down to their supportive staff which included licensed veterinary technicians. Not only that but this will also begin to devalue current and future licensed veterinary technicians which are priceless.

Reading through all the comments that are supporting this amendment I find a common thread that there are not enough LVTs. This should be a big flag to the veterinarians and veterinary community! Everyone should be asking why this is and how do we break the cycle? Granted this is not the space to debate this issue but it should be a discussion for every veterinarian association to ponder.

CommentID: 87892

Commenter: Jenny Packard, LVT

| 12/23/20 10:00 pm |

I oppose

placing an iv catheter is a skill set for a licensed veterinary technician to perform and not for the unlicensed.

CommentID: 87894

Commenter: Kaylyn

| 12/23/20 10:06 pm |

Oppose

Times are definitely changing, this pandemic has run us all to our absolute last cell of energy and optimism. And with licensed technicians few and far between we are becoming an endangered species. But the level of care our clients expect and patients deserve has never changed. Unlicensed personnel should not be allowed to place IV catheters. Sure, you can be "taught" to do just about anything this doesn't mean you should. You are giving an enclosed living system access to the outside world and if it is done wrong, can have catastrophic and painful consequences. In the veterinary technician oath it states " providing excellent care and service to animals by alleviating suffering." Allowing unlicensed staff to place IV catheters goes against this. There is a reason you become licensed and that is to prove you were properly trained and proven capable of performing specific tasks. For the patients and their families I implore you to oppose this motion. The risks far outweigh the benefits.

CommentID: 87895



December 21, 2020

Virginia Board of Veterinary Medicine
Leslie L. Knachel, Executive Director
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

Dear Ms Knachel and members of the VA BVM,

Regarding the proposed changes to the Virginia Board of Veterinary Medicine to amend subsection B of section 172 to allow unlicensed assistants to place intravenous (IV) catheters, the National Association of Veterinary Technicians in America (NAVTA) makes the following statement:

NAVTA understands that there are many areas of the country that are experiencing a lack of credentialed technicians and accommodations need to be made to ensure quality patient care. That said, NAVTA opposes the current suggested amendment. Further, NAVTA feels that making this change puts the profession of licensed veterinary technicians at risk. NAVTA is working hard to advance the profession of veterinary technology. This amendment sets our profession back and sets the precedent to authorize non-credentialed individuals to perform the skills we have been formally trained to perform. NAVTA would much rather see an effort to promote the role of the licensed veterinary technician to bring more qualified individuals into the Virginia workforce.

We do understand the current reality and see the possible need for a measure like this. However, the current petition is severely lacking in protecting the public and their pets. Should this change move forward, we would encourage the Virginia BVM to pursue the following:

1. Research a way to preserve the role of the veterinary technician. Perhaps there is a process for giving this amendment an end date or for incorporating an additional change to establish new avenues for increasing LVTs in VA. In truth, the root of this change starts with veterinarians and practice owners—encouraging assistants to become LVTs, helping these individuals with school when able, and supporting the advancement of the profession by paying LVTs a wage commensurate with their education and training.

2. This petition provides no recommendation for oversight or training guidelines for individuals who are not licensed. There should be clear rules regarding what training needs to happen before an unlicensed individual may be allowed to place an IV catheter. Additionally, these individuals should only be allowed to place an IV catheter under the direct supervision of a licensed veterinary technician or veterinarian.
3. Clarify that this is peripheral catheters only. The general term IV catheter could be construed to include central line or even arterial catheters. These should absolutely not be performed by unlicensed individuals.

Again, it is NAVTA's opinion that no change should be made to the current rules and regulations. Focusing on bringing in and keeping more licensed veterinary technicians in the profession should be the main focus over one where their education and skill set is shifted to those who do not have any formal training.

Thank you for your time and consideration.

Sincerely,

The NAVTA Executive Board



Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: comment for vet petition

1 message

Knachel, Leslie <leslie.knachel@dhp.virginia.gov>
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

Sun, Nov 29, 2020 at 1:06 PM

Her is a comment for the vet med petition for rulemaking.

Leslie

----- Forwarded message -----

From: <annewortinger@aol.com>
Date: Sun, Nov 29, 2020, 9:42 AM
Subject:
To: <leslie.knachel@dhp.virginia.gov>

Hello Leslie,

As a credentialed veterinary technician, I am against allowing uncredentialed/OJT personnel to legally place intravenous catheters.

I do not understand allowing untrained personnel to further expand what they can legally do, when this level of practice in untrained/uncredentialed human practioners would not be allowed.

Best regards,

Ann Wortinger BIS, LVT, VTS (ECC)(SAIM)(Nutrition), Elite FFCP



Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Veterinary assistant duties

1 message

Knachel, Leslie <leslie.knachel@dhp.virginia.gov>
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

Sun, Nov 29, 2020 at 1:08 PM

Another comment for vet med petition for rulemaking.

Leslie

----- Forwarded message -----

From: Karen Grove <ccrp2017@icloud.com>
Date: Sun, Nov 29, 2020, 11:15 AM
Subject: Veterinary assistant duties
To: <leslie.knachel@dhp.virginia.gov>

I do not believe that assistants should be allowed to place catheters. Their training is very limited & does not cover more than basic understanding of anatomy with only minimal discussion of venous or arterial vasculature. Should they want to become technicians, they may then pursue either a 2 or 4 year degree & learn the necessary requirements for placing a catheter. What instances they should be placed, sizes & emergency placement locations. Thank you for your time. I have been practicing for over 30 years, & plan to continue in specialty practice for years to come.

Karen Grove, LVT, CCRP
Veterinary Referral & Critical Care
1596 Hockett rd
Manakin-Sabot, VA. 23103
804-784-8722



Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

FW: IVC placement

1 message

Leslie Knachel <leslie.knachel@dhp.virginia.gov>
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

Mon, Dec 7, 2020 at 10:55 AM

Comment for vet med petition.

Leslie

—Original Message—

From: BETTY JOHNSON <yellowrosefarms@verizon.net>
Sent: Saturday, December 5, 2020 7:31 AM
To: leslie.knachel@dhp.virginia.gov
Cc: Allison Rye <allisonrye@baybeachvets.com>
Subject: IVC placement

As a technician, licensed in the state of VA since 1980 and consistently employed as such, I have to totally disagree with the idea of unlicensed personnel taking over tasks such as catheter placement. I, or my employer spend many hours and funds each year making sure that I, as a technician am familiar with and practice the very best techniques and safety measures associated with such "simple" tasks.

I'm sure this petition is sponsored by someone who either wants to circumvent the entire education process, or has a specific OJT trained person in mind.

If you are not willing to go to a hospital and have your IVC placed by a nurses' aid, then IVC placement in the veterinary hospital should remain in the realm of the LVT only.

Regards,
Betty Johnson

Sent from my iPhone

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 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 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.

C. Tasks that may be delegated by a licensed veterinarian to a properly trained assistant include:

1. Grooming;
2. Feeding;
3. Cleaning;
4. Restraining;
5. Assisting in radiology;
6. Setting up diagnostic tests;
7. Prepping a patient or equipment 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.

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.

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

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

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Licenses and Registrations - All Establishments		Result	Response	Notes
1	<p>18VAC150-20-30(A)</p> <p>All licenses and registrations issued by the board shall be posted in a place conspicuous to the public or available at the establishment where veterinary services are being provided. Licensees who do relief work in an establishment shall carry a license with them or post at the establishment. Ambulatory veterinary practices that do not have an office accessible to the public shall carry their licenses and registrations in their vehicles.</p> <p><u>Guidance:</u> A license or registration is considered to be in a "place conspicuous to the public" when it is hung in an area that is easily accessed by the public for review . The original license or registration (not a photocopy) should be posted or available for inspection. Duplicate copies of a license can be obtained through the Board of Veterinary Medicine's offices for a small fee.</p> <p><u>Violation:</u> Minor - 1 point</p>	NC		Corrected at the time of inspection.
2	<p>§ 54.1-3805</p> <p>No person shall practice veterinary medicine or as a veterinary technician in this Commonwealth unless such person has been licensed by the Board.</p> <p><u>Violation:</u> Major - 5 points</p>			
3	<p>18VAC150-20-70(A)</p> <p>Failure to renew an individual license shall cause a license to lapse and become invalid, and practice with a lapsed license may subject the licensee to disciplinary action by the board.</p> <p><u>Guidance:</u> All individual licenses must be current. An expired license will be reported as a violation and documentation of practicing without a valid license will be obtained.</p> <p><u>Violation:</u> Major - 5 points</p>			
4	<p>18VAC150-20-185(B)</p> <p>All veterinary establishment registrations are current. Failure to renew a veterinary establishment permit shall cause the permit to lapse and become invalid.</p> <p><u>Guidance:</u> An expired registration will be reported as a violation and documentation of practicing without a valid registration will be obtained. Reinspection required after registration has been expired for more than 30 days.</p> <p><u>Violation:</u> Major - 5 points</p>			

Veterinarian-in-Charge (VIC)		Result	Response	Notes
5	<p>18VAC150-20-180(A)</p> <p>Every veterinary establishment shall have a veterinarian-in-charge (VIC) who is registered with the Board in order to operate.</p> <p><u>Guidance:</u> When there is a change in the VIC, an application for a new permit, naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new permit naming a new veterinarian-in-charge shall be filed as soon as possible but no more than 10 days after the change. Days are counted as calendar days.</p> <p><u>Violation:</u> Major - 5 points</p>	NC	Proof of Corrective Action	
6	<p>18VAC150-20-181(A)(1)</p> <p>Veterinarian-in-Charge is responsible for regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.</p> <p><u>Violation:</u> Major - 5 points</p>			
7	<p>18VAC150-20-181(B)(4)</p> <p>Prior to opening of the business, on the date of the change of VIC, the new VIC shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.</p> <p><u>Violation:</u> Major - 5 points</p>	NC	Written Response	
Requirements for drug storage, dispensing, destruction, and records for all veterinary establishments.		Result	Response	Notes
8	<p>18VAC150-20-190(A)</p> <p>All drugs shall be maintained, administered, dispensed, prescribed and destroyed in compliance with state and federal laws, which include § 54.1-3303 of the Code of Virginia, the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), applicable parts of the federal Food, Drug, and Cosmetic Control Act (21 USC § 301 et seq.), the Prescription Drug Marketing Act (21 USC § 301 et seq.), and the Controlled Substances Act (21 § 801 et seq.) as well as applicable portions of Title 21 of the Code of Federal Regulations.</p> <p><u>Guidance:</u> This regulation incorporates by reference all applicable laws and regulations related to drug storage, dispensing, destruction, and records. It is not cited as a violation if there is a specific violation identified in this section of the inspection report form.</p> <p><u>Violation:</u> Major - 5 points</p>			



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

www.dhp.virginia.gov/Boards/VetMed/
law.lis.virginia.gov/vacode/

Inspection Summary

FACILITY NAME Anywhere Animal Hospital	FACILITY PERMIT NUMBER 0000-000000	PERSON IN CHARGE Jane Doe, DVM
PHYSICAL ADDRESS 1234 Street St. Anywhere, VA 00000	EMAIL ADDRESS emailaddress@example.com	INSPECTION DATE February 26, 2021

Your written response to the deficiencies noted in this Inspection Summary should be submitted to the following Board within 14 days of the inspection.

Board of Veterinary Medicine

EMAIL vetbd@dhp.virginia.gov

PHONE (804) 597-4133

FAX (804) 527-4471

THE DEFICIENCIES CITED AND RELATED LAWS / REGULATIONS HAVE BEEN FULLY EXPLAINED TO THE RECIPIENT AND A COPY OF THIS INSPECTION SUMMARY WILL BE PROVIDED. INSPECTION SUMMARIES ARE NOT CONSIDERED COMPLETE UNTIL ALL MATERIALS ARE REVIEWED BY THE BOARD.

LAW / REGULATION: 18VAC150-20-30(A)

DEFICIENCY

The license of Dr. Jane Doe, DVM, was not conspicuously posted. This deficiency was corrected at the time of inspection. Dr. Doe was advised a response to the Board regarding this deficiency is not needed.



LAW / REGULATION: 18VAC150-20-180(A)

DEFICIENCY

Dr. Doe stated she is the Veterinarian-In-Charge, but has not provided the Board with the appropriate application and fee. The Board still lists Dr. John Smith, DVM, as the Veterinarian-In-Charge.



LAW / REGULATION: 18VAC150-20-181(B)(4)

DEFICIENCY

Dr. Doe stated she became the Veterinarian-In-Charge on January 1, 2021, but failed to take an inventory of Sch II-V drugs on hand that day. The most recent inventory is dated 10/31/2020.



Wendy Ashworth, RDH Ashworth Wendy sqv38865 2021.03.01 08:09:17 -05'00' 02/26/2021

INSPECTOR DATE

THE DEFICIENCIES CITED AND RELATED LAWS/REGULATIONS HAVE BEEN FULLY EXPLAINED TO THE RECIPIENT AND A COPY OF THIS INSPECTION SUMMARY WAS LEFT WITH:

Jane Doe, DVM 02/26/2021

RECIPIENT'S NAME DATE

ONCE COMPLETED, PLEASE ENTER YOUR NAME & DATE OF COMPLETION, AND RETURN THIS COMPLETED FORM ELECTRONICALLY TO THE BOARD AT THE EMAIL ADDRESS LISTED ABOVE.

SENDER'S NAME DATE



Virginia Board of Veterinary Medicine

9960 Mayland Drive, Suite 300
Henrico, VA 23233

www.dhp.virginia.gov/vet
Email: vetbd@dhp.virginia.gov

Main: 804.367.4468
Fax: 804.527.4471

Registration Number:		Inspection Type:	
Name of Veterinary Establishment:		Inspection Results:	
Address:		Inspection Date:	
City:		Inspection Start Time and End Time: 24-hour format (13:00)	
State:		Inspector Name:	
Zip Code:		PMP Reporting Status:	
Establishment Hours of Operation:		Stationary:	
Establishment Phone Number:		Ambulatory:	
Establishment Fax Number:		Number of Mobile Units:	
Establishment Website:		Inspection Emailed To (person):	
Establishment Email:		Inspection Emailed To (email address):	
Veterinary-in-Charge:		Inspector Comments Below:	
Veterinary-in-Charge License Number:			
Veterinary-in-Charge Phone Number:			
Veterinary-in-Charge Email:			

Key			
C= Compliant	NC= Non Compliant	NC-R= Non Compliant Repeat Violation	NA= Not Applicable
"Written Response" details the steps taken to correct the deficiency			
"Proof of Correction Action" documents in the form of pictures, receipts for purchases, or written demonstration that corrective steps have been taken			
"Corrected on Site" does not require additional response			

Licenses and Registrations - All Establishments		Result	Response	Notes
1	<p>18VAC150-20-30(A)</p> <p>All licenses and registrations issued by the board shall be posted in a place conspicuous to the public or available at the establishment where veterinary services are being provided. Licensees who do relief work in an establishment shall carry a license with them or post at the establishment. Ambulatory veterinary practices that do not have an office accessible to the public shall carry their licenses and registrations in their vehicles.</p> <p><u>Guidance:</u> A license or registration is considered to be in a "place conspicuous to the public" when it is hung in an area that is easily accessed by the public for review . The original license or registration (not a photocopy) should be posted or available for inspection. Duplicate copies of a license can be obtained through the Board of Veterinary Medicine's offices for a small fee.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response	
2	<p>§ 54.1-3805</p> <p>No person shall practice veterinary medicine or as a veterinary technician in this Commonwealth unless such person has been licensed by the Board.</p> <p><u>Violation:</u> Major - 5 points</p>		Written Response	
3	<p>18VAC150-20-70(A)</p> <p>Failure to renew an individual license shall cause a license to lapse and become invalid, and practice with a lapsed license may subject the licensee to disciplinary action by the board.</p> <p><u>Guidance:</u> All individual licenses must be current. An expired license will be reported as a violation and documentation of practicing without a valid license will be obtained.</p> <p><u>Violation:</u> Major - 5 points</p>		Written Response	
4	<p>18VAC150-20-185(B)</p> <p>All veterinary establishment registrations are current. Failure to renew a veterinary establishment permit shall cause the permit to lapse and become invalid.</p> <p><u>Guidance:</u> An expired registration will be reported as a violation and documentation of practicing without a valid registration will be obtained. Reinspection required after registration has been expired for more than 30 days.</p> <p><u>Violation:</u> Major - 5 points</p>		Written Response	

Veterinarian-in-Charge (VIC)		Result	Response	Notes
5	<p>18VAC150-20-180(A)</p> <p>Every veterinary establishment shall have a veterinarian-in-charge (VIC) who is registered with the Board in order to operate.</p> <p><u>Guidance:</u> When there is a change in the VIC, an application for a new permit, naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new permit naming a new veterinarian-in-charge shall be filed as soon as possible but no more than 10 days after the change. Days are counted as calendar days.</p> <p><u>Violation:</u> Major - 5 points</p>		Proof of Corrective Action	
6	<p>18VAC150-20-181(A)(1)</p> <p>Veterinarian-in-Charge is responsible for regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.</p> <p><u>Violation:</u> Major - 5 points</p>		Written Response	
7	<p>18VAC150-20-181(B)(4)</p> <p>Prior to opening of the business, on the date of the change of VIC, the new VIC shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.</p> <p><u>Violation:</u> Major - 5 points</p>		Written Response	
<p>Requirements for drug storage, dispensing, destruction, and records for all veterinary establishments.</p>		Result	Response	Notes
8	<p>18VAC150-20-190(A)</p> <p>All drugs shall be maintained, administered, dispensed, prescribed and destroyed in compliance with state and federal laws, which include § 54.1-3303 of the Code of Virginia, the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), applicable parts of the federal Food, Drug, and Cosmetic Control Act (21 USC § 301 et seq.), the Prescription Drug Marketing Act (21 USC § 301 et seq.), and the Controlled Substances Act (21 § 801 et seq.) as well as applicable portions of Title 21 of the Code of Federal Regulations.</p> <p><u>Guidance:</u> This regulation incorporates by reference all applicable laws and regulations related to drug storage, dispensing, destruction, and records. It is not cited as a violation if there is a specific violation identified in this section of the inspection report form.</p> <p><u>Violation:</u> Major - 5 points</p>		Proof of Corrective Action	

9	18VAC150-20-190(B) § 54.1-3461 § 54.1-3462	
	Repackaged tablets and capsules dispensed for companion animals are in approved safety closure containers, except safety caps are not required when medication cannot be reasonably dispensed in such containers. A client requesting non-safety packaging shall be documented in the patient record.	Written Response
	<u>Guidance:</u> When drugs are taken from a stock bottle and put into another container at the time of dispensing, the drugs are considered to be repackaged. As provided in § 54.1-3300, the definition of “dispense” means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for delivery.	
	<u>Violation:</u> Minor - 1 point	
10	18VAC150-20-190(C) § 54.1-3410	
	All drugs dispensed for companion animals shall be labeled with the following:	Proof of Corrective Action
	<ol style="list-style-type: none"> 1. Name and address of the facility; 2. First and last name of owner; 3. Animal identification and species; 4. Date dispensed; 5. Directions for use; 6. Name, strength (if more than one dosage form exists) and quantity of the drug; and 7. Name of the prescribing veterinarian. <u>Guidance:</u> For drugs that do not have a pharmaceutical insert, consider providing information to clients about drug reactions, interactions and side effects. An uninformed client may receive misinformation from friends or the internet regarding a drug. <u>Violation:</u> Major - 5 points for no label; or 2 points for an incomplete label.	

11	18VAC150-20-190(D)(6)		Proof of Corrective Action	
<p>All veterinary establishment shall maintain drugs in a secure manner with precaution taken to prevent theft or diversion. Only the veterinarian, veterinary technician, pharmacist, or pharmacy technician shall have access to Schedule II through V drugs with the exception provided in subdivision 6 of this subsection.</p> <p>6. Access to drugs by unlicensed persons shall be allowed only under the following conditions:</p> <ol style="list-style-type: none"> Animal is being kept at the establishment outside of the normal hours of operation, and a licensed practitioner is not present in the facility; The drugs are limited to those dispensed to a specific patient; and The drugs are maintained separately from the establishment's general drug stock and kept in such a manner so they are not readily available to the public. <p><u>Guidance:</u> Only personnel designated in the subsection shall have access to Schedule II, III, IV and V drugs. Drug stocks in establishments where keys and lock combinations are accessible to staff or the public (i.e. keys left in the lock, on a counter, hung on a hook; or combinations widely distributed or posted) are not considered secure. If the key or the combination is not secure, the drugs are not secure. The veterinary establishment may want to ask self-assessment questions such as the following:</p> <ul style="list-style-type: none"> • Do procedures cover securing drugs from arrival at the establishment until administration to the patient or distribution to the client? • Are drugs that must be maintained in a secure manner ever stored in an unlocked refrigerator? • Are blank prescription pads lying around the office where anyone could tear one or more off? <p>An unlicensed person may receive and open packages with unknown contents that may potentially contain drugs. However, once it is determined that the contents include Schedule II, III, IV or V drugs, the handling of the package contents must be turned over to the veterinarian, veterinary technician, pharmacist or pharmacy technician.</p> <p><u>Violation:</u> Major - 5 points</p>				
12	18VAC150-20-190(D)(1)		Proof of Corrective Action	
<p>In a stationary establishment, the general stock of Schedule II through V drugs shall be stored in a securely locked cabinet or safe that is not easily movable.</p> <p><u>Violation:</u> Major - 5 points</p>				
13	18VAC150-20-190(D)(2)		Written Response	
<p>The establishment may also have a working stock of Schedules II through V drugs that shall be kept in (i) a securely locked container, cabinet, or safe when not in use or (ii) direct possession of a veterinarian or veterinary technician. A working stock shall consist of only those drugs that are necessary for use during a normal business day or 24 hours, whichever is less.</p> <p><u>Guidance:</u> Working stock that is in use during a procedure or treatment must remain within eyesight and supervision of a veterinarian or veterinary technician at all times.</p>				
<p><u>Violation:</u> Major - 5 points</p>				

14	18VAC150-20-190(D)(3)			
Whenever the establishment is closed, all general and working stock of Schedules II through V drugs and any dispensed prescriptions that were not delivered during normal business hours shall be securely stored as required for the general stock.			Written Response	
<u>Violation:</u> Major - 5 points				
15	18VAC150-20-190(D)(4)			
Prescriptions that have been dispensed and prepared for delivery shall be maintained under lock or in an area that is not readily accessible to the public and may be delivered to an owner by an unlicensed person, as designated by the veterinarian.			Written Response	
<u>Violation:</u> Major - 5 points				
16	18VAC150-20-190(D)(5)			
§ 54.1-3404(E)				
Whenever a theft of or any unusual loss of Schedule II through V drugs is discovered the VIC, or in his absence, his designee, shall immediately report such theft or loss to the Board of Veterinary Medicine and the Board of Pharmacy and to the DEA. The report to the boards shall be in writing and sent electronically or by regular mail. The report the DEA shall be in accordance with 21 CFR 1301.76(b). If the VIC is unable to determine the exact kind and quantity of the drug loss, he shall immediately take a complete inventory of all Schedules II through V drugs.			Proof of Corrective Action	
<u>Guidance:</u> Whenever a theft or any other unusual loss of a controlled substance is discovered, the veterinarian-in-charge is required by state and federal laws and/or regulations to immediately report such theft or loss to all of the following: 1. Virginia Board of Veterinary Medicine; 2. Virginia Board of Pharmacy; and 3. U.S. Drug Enforcement Administration. The Boards of Veterinary Medicine and Pharmacy request written notification sent via email or letter. The Board of Veterinary Medicine recommends contacting local law enforcement. Reports to the DEA must be made in accordance with 21 C.F.R. § 1301.76(b). <u>Violation:</u> Major - 3 points				

17	18VAC150-20-190(E)	<p>Schedules II through V shall be destroyed by (i) transferring the drugs to another entity authorized to possess or provide for proper disposal of such drugs or (ii) destroying the drugs in compliance with applicable local, state and federal laws and regulations. If Schedules II through V drugs are to be destroyed, a DEA drug destruction form shall be fully completed and used as the record of all drugs to be destroyed. A copy of the destruction form shall be retained at the veterinary practice site with other inventory records.</p>		<p>Written Response</p>	
	<p><u>Guidance:</u> Inspectors will verify that Schedule II, III, IV and V drugs are properly destroyed in accordance with DEA requirements available at http://www.deadiversion.usdoj.gov/drug_disposal/index.html</p> <p>Disposal of Controlled Substances</p> <p>A practitioner may dispose of out-of-date, damaged, or otherwise unusable or unwanted controlled substances, including samples, by transferring them to a registrant who is authorized to receive such materials. These registrants are referred to as "Reverse Distributors." The practitioner should contact the local DEA field office for a list of authorized Reverse Distributors. Schedule I and II controlled substances should be transferred via the DEA Form 222, while Schedule III–V compounds may be transferred via invoice. The practitioner should maintain copies of the records documenting the transfer and disposal of controlled substances for a period of two years. It is recommended that Schedule VI drugs be destroyed in the same manner as Schedule III-V drugs. Expired drugs may be considered adulterated drugs, may not be transferred or donated, and must be destroyed as required by federal/state laws and regulations.</p> <p><u>Violation:</u> Major - 2 points</p>				
18	18VAC150-20-190(F)	<p>The drug storage area has appropriate provision for temperature control for all drugs and biologics. If drugs requiring refrigeration are maintained at the facility, they shall be kept in a refrigerator with interior thermometer maintained between 36°F and 46°F. If a refrigerated drug is in Schedules II through V, the drug shall be kept in a locked container secured to the refrigerator, or the refrigerator shall be locked. Drugs stored at room temperature are maintained between 59°F and 86°F.</p> <p><u>Violation:</u> Major - 5 points</p>		<p>Proof of Corrective Action</p>	

19	<p>18VAC150-20-190(G)</p> <p>The stock of drugs shall be reviewed frequently, and expired drugs shall be removed from the working stock of drugs at the expiration date and shall not be administered or dispensed.</p> <p><u>Guidance:</u> The expiration date on all drugs, including prepackaged stock, should be regularly checked and drugs that are expired shall be separated from working stock. A drug expires on the month, day and year listed on the container. If only a month and year are provided, drug expires on the last day of the month listed on container.</p> <p>Pursuant to the Code of Virginia, § 54.1-3401 defines “drug” to mean (i) articles or substances recognized in the official United States Pharmacopoeia National Formulary or official Homeopathic Pharmacopoeia of the United States, or any supplement to any of them; (ii) articles or substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; (iii) articles or substances, other than food, intended to affect the structure or any function of the body of man or animals; (iv) articles or substances intended for use as a component of any article specified in clause (i), (ii), or (iii); or (v) a biological product. A vaccine is considered to be a drug and should be removed from working stock once expired.</p> <p><u>Violation:</u> Major - 5 points for 6 or more expired drugs; or 4 points for 1-5 drugs expired 60 days or more; or 3 points for 1-5 drugs expired less than 60 days. If expired drugs are found in both less than 60 days or more than 60 day categories, the higher point value of 4 is assigned.</p>		Written Response
20	<p>18VAC150-20-190(H)</p> <p>§ 54.1-3404</p> <p>A distribution record shall be maintained in addition to the patient’s record, in chronological order, for the administering and dispensing of Schedules II through V drugs. The distribution record shall include the following:</p> <ol style="list-style-type: none"> 1. Date of transaction. 2. Drug name, strength, and the amount dispensed, administered and wasted. 3. Owner and animal identification; and 4. Identification of the veterinarian authorizing the administration or dispensing of the drug. <p><u>Guidance:</u> The veterinarian’s initials are acceptable to meet the requirement of “identification of the veterinarian.”</p> <p>When a veterinarian with a veterinary establishment registration uses the surgery facilities of another veterinary establishment, the drug distribution log(s) must clearly show whose controlled substances were used for what purpose. If the facility’s stock is used, the hospital log must show that the surgery was performed by a visiting veterinarian who has the patient record and a record of administration shall be maintained at the facility. If the visiting veterinarian uses his own stock of drugs, he must make entries in his own log and patient records and shall leave a copy of the record at the veterinary establishment where the surgery was performed.</p> <p><u>Violation:</u> Major - 5 points for no record; or 3 points for incomplete record or records not maintained in chronological order.</p>		Proof of Corrective Action
21	<p>18VAC150-20-190(I)</p> <p>§ 54.1-3404</p> <p>Original invoices for all Schedules II through V drugs received shall be maintained in chronological order on the premises where the stock of drugs is held and the actual date of receipt shall be noted. All drug records shall be maintained for a period of three years from the date of transaction.</p>		Written Response

	<p><u>Guidance:</u> The original invoices, not copies, need to be filed in chronological order. Do not file the invoices by supplier, by drug or any other filing method other than in chronological order.</p> <p><u>Violation:</u> Major - 5 points for no record; or 3 points for an incomplete record or a record not maintained for three years.</p>			
22	<p>18VAC150-20-190(J)</p> <p>§ 54.1-3404</p> <p>A complete and accurate inventory of all Schedules II through V drugs shall be taken, dated, and signed on any date which is within two years of the previous biennial inventory.</p> <p>The biennial inventory:</p> <ol style="list-style-type: none"> 1. Must have the drug strength specified. 2. Shall indicate if it was taken at the opening or closing of business. 3. Shall be maintained on premises where the drugs are held for two years from the date of taking the inventory. 		Written Response	
	<p><u>Guidance:</u> The inventory must be taken on any date which is within two year of the previous inventory, but may be taken more often. The purpose of indicating whether the biennial inventory was taken at the opening or closing of business is to determine whether the drugs received or used on the day of the inventory should be counted, if a drug audit is conducted. Expired Schedule II through V drugs that are removed from working stock but still on premises during a biennial inventory must be counted. The performance of the biennial inventory may be delegated to another licensee, provided the VIC signs and dates the inventory and remains responsible for its content and accuracy.</p> <p><u>Violation:</u> Major - 5 points if inventory not done within two years of the previous inventory and/or is missing required information; or 3 points if the inventory is only missing required information.</p>			
23	<p>18VAC150-20-190(K)</p> <p>Inventories and records, including original invoices, of Schedule II drugs shall be maintained separately from all other records, and the establishment shall maintain a continuous inventory of all Schedule II drugs received, administered, or dispensed, with reconciliation at least monthly. Reconciliation requires an explanation noted on the inventory for any difference between the actual physical count and the theoretical count indicated by the distribution records. A continuous inventory shall accurately indicate the physical count of each Schedule II drug in the general and working stocks at the time of performing the inventory.</p> <p><u>Violation:</u> Major - 5 points if inventory not done monthly and/or is missing required information; or 3 points if the inventory is only missing required information.</p>		Written Response	
24	<p>18VAC150-20-190(L)</p> <p>Every veterinary establishment licensed by the Board of Veterinary Medicine shall maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.</p> <p><u>Violation:</u> Major - 5 points for no record; or 3 points for incomplete record(s). Requirement for the dispensing records is new; non-compliance will be noted, but no violation will be cited for failure to maintain the required records until July 1, 2020.</p>		Written Response	

25	18VAC150-20-190(N)			
<p>If a limited stationary or ambulatory practice uses the facilities of another veterinary establishment, the drug distribution log shall clearly reveal whose Schedules II through V drugs were used. If the establishment's drug stock is used, the distribution record shall show that the procedure was performed by a visiting veterinarians who has the patient record. If the visiting veterinarian uses his own stock of drugs, he shall make entries in his own distribution record and in the patient record and shall leave a copy of the patient record at the other establishment.</p> <p><u>Violation:</u> Major - 5 points for no record; or 3 points for incomplete record(s).</p>			Written Response	
Bulk Reconstitution of Injectable, Bulk Compounding or Prepackaging		Result	Response	Notes
26	18VAC150-20-190(M)			
<p>Veterinary establishments in which bulk reconstitution of injectable, bulk compounding or the prepackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration, whichever is greater.</p>			Written Response	
<p>Reconstitution, compounding and prepackaging records shall show the following:</p>				
<ol style="list-style-type: none"> 1. Name of the drugs used; 2. Strength, if any; 3. Date repackaged; 4. Quantity prepared; 5. Initials of the veterinarian verifying the process; 6. Assigned lot or control number; 7. Manufacturer's or distributor's name and lot or control number; and 8. Expiration date. 				
<p><u>Guidance:</u> When drugs are taken from a stock bottle and put into another container prior to prescribing in anticipation of future dispensing, the drugs are considered to be prepackaged. Dispensing, labeling and recordkeeping requirements must be followed when prepackaging drugs.</p>				
<p>Transferring drugs to another container can affect the stability of the product. Expiration dates play an important role in maintaining the stability of a drug. The expiration date for a drug prepackaged is the same as the original stock bottle or is one year from the date of transfer whichever is less. It is best practice to store drugs under conditions which meet the United States Pharmacopeia and the National Formulary (USP-NF) specifications or manufacturers' suggested storage for each drug.</p> <p><u>Violation:</u> Major - 2 points</p>				
Patient/Medical Recordkeeping		Result	Response	Notes
27	18VAC150-20-200(A)(6)(f)			
<p>All veterinary establishments must have storage for records.</p>			Written Response	
<p><u>Violation:</u> Major - 2 points</p>				

28	18VAC150-20-195(A)							
	<p>A legible, daily record of each patient treated shall be maintained at the veterinary establishment and shall include at a minimum:</p> <ol style="list-style-type: none"> 1. Name of the patient and the owner; 2. Identification of the treating veterinarian and of the person making the entry (Initials may be used if a master list that identifies the initials is maintained.); 3. Presenting complaint or reason for contact; 4. Date of contact; 5. Physical examination findings; 6. Tests and diagnostics performed and results; 7. Procedures performed, treatment given, and results; 8. Drugs administered, dispensed or prescribed, including quantity, strength and dosage, and route of administration. For vaccines identification of the lot and manufacturer shall be maintained; 9. Radiographs or digital images clearly labeled with identification of the establishment the patient name, date taken, and anatomic specificity. If an original radiograph or digital image is transferred to another establishment or released to the owner, a records of this transfer or release shall be maintained on or with the patient's records; and 10. Any specific instructions for discharge or referrals to other practitioners. <p><u>Guidance:</u> A medical record should allow any veterinarian, by reading the record, to proceed with the proper treatment and care of the animal and allow the Board or other agency to determine the advice and treatment recommended and performed by the practitioner.</p> <p>The use of preprinted forms, stamps, or stickers is encouraged. Standardized medical abbreviations may be used to make recordkeeping. Handwritten records must be legible to be useful. If the veterinarian discovers that the record is incomplete or in error, the veterinarian may amend the record, being sure to date and initial when the amendment was made. Each record entry should be dated and identify the person making the entry.</p> <p><u>Violation:</u> 5 points for no records; or 3 points for only missing required information.</p>	<table border="1"> <tr> <td data-bbox="1209 82 1381 185"></td> <td data-bbox="1381 82 1591 185">Written Response</td> </tr> <tr> <td data-bbox="1209 185 1381 686"></td> <td data-bbox="1381 185 1591 686"></td> </tr> <tr> <td data-bbox="1209 686 1381 979"></td> <td data-bbox="1381 686 1591 979"></td> </tr> </table>		Written Response				
	Written Response							
29	18VAC150-20-195(B)							
	<p>An individual record shall be maintained on each patient, except that records for economic animals or litters of companion animals under the age of four months may have records maintained on a per owner basis. Patient records, including radiographs or digital images, shall be kept for a period of three years following the last office visit or discharge of such animal from a veterinary establishment.</p> <p><u>Violation:</u> 3 points if individual records not maintained on each patient; and/or 1 point if records not maintained for required time period.</p>	<table border="1"> <tr> <td data-bbox="1209 1011 1381 1159"></td> <td data-bbox="1381 1011 1591 1159">Written Response</td> </tr> <tr> <td data-bbox="1209 1159 1381 1230"></td> <td data-bbox="1381 1159 1591 1230"></td> </tr> </table>		Written Response				
	Written Response							
30	18VAC150-20-195(C)							
	<p>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."</p> <p><u>Violation:</u> Major - 2 points</p>	<table border="1"> <tr> <td data-bbox="1209 1263 1381 1365"></td> <td data-bbox="1381 1263 1591 1365">Proof of Corrective Action</td> </tr> <tr> <td data-bbox="1209 1365 1381 1411"></td> <td data-bbox="1381 1365 1591 1411"></td> </tr> </table>		Proof of Corrective Action				
	Proof of Corrective Action							

All Veterinary Establishments		Result	Response	Notes
31	<p>18VAC150-20-130(C)</p> <p>When there is a veterinary preceptee or extern practicing in the establishment, the supervising veterinarian shall disclose such practice to owners. The disclosure shall be by signage clearly visible to the public or by inclusion on an informed consent form.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response	
All Stationary Veterinary Establishments		Result	Response	Notes
32	<p>18VAC150-20-200(D)</p> <p>A separate establishment registration is required for separate practices that share the same location.</p> <p><u>Violation:</u> Major - 5 points</p>		Written Response	
Establishments Performing Surgery		Result	Response	Notes
33	<p>18VAC150-20-200(A)(2)(c)</p> <p>The areas within the facility shall include a room that is reserved only for surgery and used for no other purpose.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response	
34	<p>18VAC150-20-200(A)(2)(c)(1)</p> <p>The surgery room shall have walls constructed of nonporous material and extending from the floor to ceiling.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	
35	<p>18VAC150-20-200(A)(2)(c)(2)</p> <p>The surgery room shall be of a size adequate to accommodate a surgical table, anesthesia support equipment, surgical supplies, and all personnel necessary for safe performance of the surgery.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	
36	<p>18VAC150-20-200(A)(2)(c)(3)</p> <p>The surgery room shall be kept so that storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures.</p> <p><u>Guidance:</u> Items that are not normally related to surgery may not be stored in the surgery room. Dentistry can include surgical procedures (for example: extractions, fistula repair, subgingival cleaning, etc.) Therefore, dental units may be stored and used in a surgery room.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	

37	18VAC150-20-200(A)(2)(c)(4)					
	<p>The surgery room shall have a surgical table made of non-porous material.</p> <p><u>Violation:</u> Minor - 1 point</p>	<table border="1"> <tr> <td data-bbox="1209 94 1381 185"></td> <td data-bbox="1381 94 1591 185">Proof of Corrective Action</td> </tr> <tr> <td data-bbox="1209 185 1381 232"></td> <td data-bbox="1381 185 1591 232"></td> </tr> </table>		Proof of Corrective Action		
	Proof of Corrective Action					
38	18VAC150-20-200(A)(2)(c)(5)					
	<p>The surgery room shall have surgical supplies, instruments, and equipment commensurate with the kind of services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>	<table border="1"> <tr> <td data-bbox="1209 272 1381 363"></td> <td data-bbox="1381 272 1591 363">Proof of Corrective Action</td> </tr> <tr> <td data-bbox="1209 363 1381 410"></td> <td data-bbox="1381 363 1591 410"></td> </tr> </table>		Proof of Corrective Action		
	Proof of Corrective Action					
39	18VAC150-20-200(A)(2)(c)(6)					
	<p>The surgery room shall surgical and automatic emergency lighting to facilitate performance of procedures.</p> <p><u>Guidance:</u> Section 150-20-10 of the Regulations Governing the Practice of Veterinary Medicine defines “automatic emergency lighting” to mean lighting which is powered by battery, generator, or alternate power source other than electrical power, is activated automatically by electrical power failure, and provides sufficient light to complete surgery or to stabilize the animal until surgery can be continued or the animal moved to another establishment.</p> <p><u>Violation:</u> Minor - 1 point</p>	<table border="1"> <tr> <td data-bbox="1209 451 1381 542"></td> <td data-bbox="1381 451 1591 542">Proof of Corrective Action</td> </tr> <tr> <td data-bbox="1209 542 1381 751"></td> <td data-bbox="1381 542 1591 751"></td> </tr> </table>		Proof of Corrective Action		
	Proof of Corrective Action					
40	18VAC150-20-200(A)(2)(c)(7)					
	<p>The surgery room for establishments that perform surgery on small animals, have a door to close off the surgery room from other areas of the practice.</p> <p><u>Violation:</u> Minor - 1 point</p>	<table border="1"> <tr> <td data-bbox="1209 792 1381 883"></td> <td data-bbox="1381 792 1591 883">Proof of Corrective Action</td> </tr> <tr> <td data-bbox="1209 883 1381 930"></td> <td data-bbox="1381 883 1591 930"></td> </tr> </table>		Proof of Corrective Action		
	Proof of Corrective Action					
41	18VAC150-20-180(A)(3)					
	<p>Any addition or renovation of a stationary establishment or ambulatory establishment that involves changes to the structure or composition of a surgery room shall require reinspection by the board and payment of the required fee prior to use.</p> <p><u>Violation:</u> Minor - 1 point</p>	<table border="1"> <tr> <td data-bbox="1209 971 1381 1062"></td> <td data-bbox="1381 971 1591 1062">Written Response</td> </tr> <tr> <td data-bbox="1209 1062 1381 1109"></td> <td data-bbox="1381 1062 1591 1109"></td> </tr> </table>		Written Response		
	Written Response					

Laboratory		Result	Response	Notes
42	<p>18VAC150-20-200(A)(3)</p> <p>The veterinary establishment shall have, at a minimum, proof of use of either in-house laboratory service or outside laboratory services for performing lab tests, consistent with appropriate professional care for the species being treated.</p> <p><u>Guidance:</u> Stationary facilities open 24 hours a day are required to have onsite laboratory services. For all other veterinary establishments which may opt to use an outside laboratory service, a letter, email, or invoice may serve as documentation for compliance purposes.</p> <p><u>Violation:</u> Major - 5 points</p>		Proof of Corrective Action	
Housing		Result	Response	Notes
43	<p>18VAC150-20-200(A)(4)(a)</p> <p>For housing animals, the establishment shall provide an animal identification system at all times when housing an animal.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response	
44	<p>18VAC150-20-200(A)(4)(b)</p> <p>For housing animals, the establishment shall provide accommodations of appropriate size and construction to prevent residual contamination or injury.</p> <p><u>Guidance:</u> A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	
45	<p>18VAC150-20-200(A)(4)(c)</p> <p>For housing animals, the establishment shall provide accommodations allowing for the effective separation of contagious and noncontagious patients.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	
46	<p>18VAC150-20-200(A)(4)(d)</p> <p>For housing animals, the establishment shall provide exercise areas that provide and allow effective separation of animals or walking the animals at medically appropriate intervals.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response	

Radiology		Result	Response	Notes
47	<p>18VAC150-20-200(A)(5)</p> <p>A veterinary establishment shall either have radiology service in-house or documentation of outside service for obtaining diagnostic-quality radiographs.</p> <p><u>Guidance:</u> Stationary facilities open 24 hours a day are required to have onsite radiology/imaging services. For all other veterinary establishments which may opt to use an outside radiology/imaging service, a letter, email, or invoice may serve as documentation for compliance purposes.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	
48	<p>18VAC150-20-200(A)(5)(a)</p> <p>If radiology is in-house, the establishment shall document that radiographic equipment complies with Part VI (12VAC5-481-1581 et seq.), Use of Diagnostic X-Rays in the Healing Arts, of the Virginia Radiation Protection Regulations of the Virginia Department of Health.</p> <p><u>Guidance:</u> Dental units are considered to be radiographic equipment.</p> <p><u>Violation:</u> Major - 5 points</p>		Proof of Corrective Action	
49	<p>Proof of Corrective Action</p> <p>If radiology is in-house, maintain and utilize lead aprons and gloves and individual radiation exposure badges for each employee exposed to radiographs.</p> <p><u>Guidance:</u> A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.</p> <p><u>Violation:</u> Major - 5 points</p>		Proof of Corrective Action	

Minimum Equipment		Result	Response	Notes
50	18VAC150-20-200(A)(6)(a)			
	Minimum equipment in the establishment shall include an appropriate method of sterilizing instruments.		Proof of Corrective Action	
	<u>Guidance:</u> Veterinary establishments must have an appropriate method of sterilizing instruments. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.			
	<u>Violation:</u> Minor - 1 point			
51	18VAC150-20-200(A)(6)(b)			
	Minimum equipment in the establishment shall include internal and external sterilization monitors.		Proof of Corrective Action	
	<u>Guidance:</u> Veterinary establishments must have an appropriate method for internal and external sterilization monitoring. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.			
	<u>Violation:</u> Minor - 1 point			
52	18VAC150-20-200(A)(6)(c)			
	Minimum equipment in the establishment shall include a stethoscope.		Written Response	
	<u>Violation:</u> Minor - 1 point			
53	18VAC150-20-200(A)(6)(e)			
	Minimum equipment in the establishment shall include adequate means of determining patient's weight.		Written Response	
	<u>Guidance:</u> Veterinary establishments must have an appropriate method of determining a patient's weight. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.			
	<u>Violation:</u> Minor - 1 point			

Stationary Veterinary Establishments - Open 24 hours/day		Result	Response	Notes
1	18VAC150-20-200(B)(1)			
	A stationary establishment that is open to the public 24 hours a day shall have licensed personnel on premises at all times and shall be equipped to handle emergency critical care and hospitalization. The establishment shall have radiology/imaging and laboratory services available on site. <u>Violation:</u> Major - 5 points		Written Response	
Buildings and Grounds		Result	Response	Notes
2	18VAC150-20-200(A)(1)			
	Buildings and ground must be maintained to provide sanitary facilities for the care and medical well-being of patients. <u>Violation:</u> Major - 2 points		Written Response	
3	18VAC150-20-200(A)(1)(a)			
	Temperature, ventilation, and lighting must be consistent with the medical well-being of patients. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point		Written Response	
4	18VAC150-20-200(A)(1)(b)(1)			
	There shall be on premises hot and cold running water of drinking quality, as defined by the Virginia Department of Health. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point		Written Response	

5	<p>18VAC150-20-200(A)(1)(b)(2)</p> <p>There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response	
6	<p>18VAC150-20-200(A)(1)(b)(3)</p> <p>There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	
7	<p>18VAC150-20-200(A)(1)(c)</p> <p>Sanitary toilet and lavatory shall be available for personnel and owners.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response	
8	<p>18VAC150-20-200(A)(2)(a)</p> <p>The areas within the facility shall include a reception area separate from other designated rooms.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	
9	<p>18VAC150-20-200(A)(2)(b)</p> <p>The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces.</p> <p><u>Guidance:</u> A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	

Minimum Equipment		Result	Response	Notes
10	<p>18VAC150-20-200(A)(6)(d)</p> <p>Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes.</p> <p><u>Guidance:</u> Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	

Stationary Veterinary Establishments - Open < 24 hours/day		Result	Response	Notes
1	<p>18VAC150-20-200(B)(2) § 54.1-3806.1</p> <p>A stationary establishment that is not open to the public 24 hours a day shall have licensed personnel available during its advertised hours of operation and shall disclose to the public that the establishment does not have continuous staff, in compliance with § 54.1-3806.1 of the Code of Virginia.</p> <p><u>Guidance:</u> The Disclosure form cannot be printed on the front or back of another document. It can be smaller than a standard piece of paper.</p> <p><u>Violation:</u> 3 points for missing form; and/or 1 point if form not compliant.</p>		Written Response	
Buildings and Grounds		Result	Response	Notes
2	<p>18VAC150-20-200(A)(1)</p> <p>Buildings and ground must be maintained to provide sanitary facilities for the care and medical well-being of patients.</p> <p><u>Violation:</u> Major - 2 points</p>		Written Response	
3	<p>18VAC150-20-200(A)(1)(a)</p> <p>Temperature, ventilation, and lighting must be consistent with the medical well-being of patients.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response	
4	<p>18VAC150-20-200(A)(1)(b)(1)</p> <p>There shall be on premises hot and cold running water of drinking quality, as defined by the Virginia Department of Health.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response	

5	<p>18VAC150-20-200(A)(1)(b)(2)</p> <p>There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response	
6	<p>18VAC150-20-200(A)(1)(b)(3)</p> <p>There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	
7	<p>18VAC150-20-200(A)(1)(c)</p> <p>Sanitary toilet and lavatory shall be available for personnel and owners.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response	
8	<p>18VAC150-20-200(A)(2)(a)</p> <p>The areas within the facility shall include a reception area separate from other designated rooms.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	
9	<p>18VAC150-20-200(A)(2)(b)</p> <p>The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces.</p> <p><u>Guidance:</u> A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	

Minimum Equipment		Result	Response	Notes
10	<p>18VAC150-20-200(A)(6)(d)</p> <p>Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes.</p> <p><u>Guidance:</u> Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action	

Stationary Veterinary Establishments - Limited		Result	Response	Notes
1	18VAC150-20-200(C)			
	When the scope of practice is less than full service, a specifically limited [stationary] establishment registration shall be required. Such establishments shall have posted in a conspicuous manner the specific limitations on the scope of practice on a form provided by the board.		Written Response	
	<u>Guidance:</u> The registration will include any limitations and will be considered the “form provided by the board.” A registration is considered to be in a “place conspicuous to the public” when it is hung in an area that is easily accessed and read by the public. The original license or registration (not a photocopy) should be posted or available for inspection. Duplicate copies of a registration can be obtained through the Board of Veterinary Medicine’s office for a small fee. Any license or registration that is expired will be reported and documentation of practicing without a valid license or permit will be obtained.			
	<u>Violation:</u> Minor - 1 point			
2	18VAC150-20-200(B)(2) § 54.1-3806.1			
	A stationary establishment that is not open to the public 24 hours a day shall have licensed personnel available during its advertised hours of operation and shall disclose to the public that the establishment does not have continuous staff, in compliance with § 54.1-3806.1 of the Code of Virginia.		Written Response	
	<u>Guidance:</u> The Disclosure form cannot be printed on the front or back of another document. It can be smaller than a standard piece of paper.			
	<u>Violation:</u> 3 points for missing form; and/or 1 point if form not compliant.			
Buildings and Grounds		Result	Response	Notes
3	18VAC150-20-200(A)(1)			
	Buildings and ground must be maintained to provide sanitary facilities for the care and medical well-being of patients.		Written Response	
	<u>Violation:</u> Major - 2 points			

4	18VAC150-20-200(A)(1)(a)			
	Temperature, ventilation, and lighting must be consistent with the medical well-being of patients. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point		Written Response	
5	18VAC150-20-200(A)(1)(b)(1)			
	There shall be on premises hot and cold running water of drinking quality, as defined by the Virginia Department of Health. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point		Written Response	
6	18VAC150-20-200(A)(1)(b)(2)			
	There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point		Written Response	
7	18VAC150-20-200(A)(1)(b)(3)			
	There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point		Proof of Corrective Action	
8	18VAC150-20-200(A)(1)(c)			
	Sanitary toilet and lavatory shall be available for personnel and owners. <u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided. <u>Violation:</u> Minor - 1 point		Written Response	

9	18VAC150-20-200(A)(2)(a)			
	The areas within the facility shall include a reception area separate from other designated rooms.		Proof of Corrective Action	
	<u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.			
	<u>Violation:</u> Minor - 1 point			
10	18VAC150-20-200(A)(2)(b)			
	The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces.		Proof of Corrective Action	
	<u>Guidance:</u> A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.			
	<u>Violation:</u> Minor - 1 point			
Minimum Equipment		Result	Response	Notes
11	18VAC150-20-200(A)(6)(d)			
	Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes.		Proof of Corrective Action	
	<u>Guidance:</u> Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.			
	<u>Violation:</u> Minor - 1 point			

Ambulatory Veterinary Establishments - Agricultural and Equine Establishments		Result	Response	Notes
1	18VAC150-20-201(A)			
	An agricultural or equine ambulatory establishment is a mobile practice in which health care is performed at the location of the animal. Surgery may be performed as part of an agricultural or equine ambulatory practice provided the establishment has surgical supplies, instruments, and equipment commensurate with the kind of surgical procedures performed. <u>Violation:</u> Major - 5 points		Written Response	
Ambulatory Veterinary Establishments - House Call or Proceduralist Establishment		Result	Response	Notes
2	18VAC150-20-200(B)			
	A house call or proceduralist establishment is an ambulatory practice in which health care of small animals is performed at the residence of the owner of the small animal or another establishment registered by the board. A veterinarian who has established a veterinarian-owner-patient relationship with an animal at the owner's residence or at another registered veterinary establishment may also provide care for that animal at the location of the animal. <u>Violation:</u> Major - 5 points		Written Response	
3	18VAC150-20-200(B)(1)			
	A house call or proceduralist practice may only perform surgery in a surgical suite at a registered establishment that has passed inspection. However, surgery requiring only local anesthetics may be performed at a location other than in a surgical suite. <u>Guidance:</u> The locations where surgeries are performed should be maintained for the inspector's review. The house call or proceduralist practice is compliant if the surgery suite used was inspected and part of another registered veterinary establishment. <u>Violation:</u> Major - 5 points		Written Response	

Ambulatory Veterinary Establishments - Mobile Service		Result	Response	Notes
18VAC150-20-201(C)				
A mobile service establishment is a veterinary clinic or hospital that can be moved from one location to another and from which veterinary services are provided. A mobile service establishment shall meet all the requirements of a stationary establishment appropriate for the services provided.			Written Response	
<u>Violation:</u> Major - 5 points				
Buildings and Grounds		Result	Response	Notes
1 18VAC150-20-200(A)(1)				
Buildings and ground must be maintained to provide sanitary facilities for the care and medical well-being of patients.			Written Response	
<u>Violation:</u> Major - 2 points				
2 18VAC150-20-200(A)(1)(a)				
Temperature, ventilation, and lighting must be consistent with the medical well-being of patients.			Written Response	
<u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.				
<u>Violation:</u> Minor - 1 point				
3 18VAC150-20-200(A)(1)(b)(1)				
There shall be on premises hot and cold running water of drinking quality, as defined by the Virginia Department of Health.			Written Response	
<u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.				
<u>Violation:</u> Minor - 1 point				

4	18VAC150-20-200(A)(1)(b)(2)		
	<p>There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response
5	18VAC150-20-200(A)(1)(b)(3)		
	<p>There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action
6	18VAC150-20-200(A)(1)(c)		
	<p>Sanitary toilet and lavatory shall be available for personnel and owners.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Written Response
7	18VAC150-20-200(A)(2)(a)		
	<p>The areas within the facility shall include a reception area separate from other designated rooms.</p> <p><u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action
8	18VAC150-20-200(A)(2)(b)		
	<p>The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces.</p> <p><u>Guidance:</u> A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		Proof of Corrective Action

Minimum Equipment		Result	Response	Notes
9	<p>18VAC150-20-200(A)(6)(d)</p> <p>Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes.</p> <p><u>Guidance:</u> Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.</p> <p><u>Violation:</u> Minor - 1 point</p>		<p>Proof of Corrective Action</p>	

Pictures

Veterinary Establishment:

Date:

VIRGINIA BOARD OF VETERINARY MEDICINE

Guidance on Expanded Duties for Licensed Veterinary Technicians

Q: Does the extraction of single rooted teeth by a licensed veterinary technician LVT, allow the extraction of a multi-rooted tooth that has been sectioned (by the supervising veterinarian) into single-rooted portions?

R: The Board determined that once the tooth has been sectioned by the veterinarian, then it would be considered routine and would be acceptable for an LVT to extract.

Q: Since many veterinarians do not use skin sutures and close the skin with a subcuticular pattern and possible surgical adhesive, does the suturing of skin include subcuticular closure as an allowable duty for an LVT?

R: The Board determined that routine closure is limited to the skin and that subcuticular closure would not be permissible for an LVT to perform.

Q: Are LVT's allowed to place indwelling subcutaneous catheters and suture them in place? General anesthesia and a small incision similar to a cut down sometimes used for venipuncture are necessary for the placement.

R: The Board's answer to this question is no. An LVT may not place indwelling subcutaneous catheter and suture them in place.

Q: May an LVT perform cystocentesis?

R: The Board's answer to this question is yes. An LVT may perform Cystocentesis.

Q: May an LVT perform home treatments prescribed more than 36 hours previously by a veterinarian within the practice that an LVT is employed?

R: The Board determined that home therapies performed by an LVT based on an order or a prescription written by a veterinarian meets the requirements of the 36 hours because the veterinarian has made the diagnosis and ordered or prescribed that the patient needs ongoing treatment.

Q: May an LVT perform a simple, single layer closure of a previously created gingival flap?

R: Per the definition of surgery found in the *Regulations Governing the Practice of Veterinary Medicine*, surgery does not include skin closures performed by an LVT. The Board determined that oral mucosa is not skin, therefore, an LVT would not be permitted to perform closure of a previously created gingival flap.

Q: May an LVT perform fine needle aspirants or biopsies?

GUIDANCE DOCUMENT 150-2

Revised: February 19, 2015
Reaffirmed: October 24, 2017

R: Fine Needle Aspirants – The Board determined that fine needle aspirants may or may not meet the definition of surgery depending on the location and circumstances of aspirant. Therefore, the performance of fine needle aspirants by an LVT is left up to the professional judgment of the veterinarian. **Biopsies** – The Board determined that biopsies meet the definition of surgery. Therefore, biopsies may not be performed by an LVT.

Guidance document: 150-3

Revised: October 25, 2017

VIRGINIA BOARD OF VETERINARY MEDICINE

Preceptorships and Externships for Veterinary Technician Students

Applicable Laws and Regulations

§ 54.1-3804. Specific powers of Board.

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

2. To establish and monitor programs for the practical training of qualified students of veterinary medicine or veterinary technology in college or university programs of veterinary medicine or veterinary technology.

18VAC150-20-10. Definitions.

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

"Preceptorship or externship" means a formal arrangement between an AVMA accredited college of veterinary medicine or an AVMA accredited veterinary technology program and a veterinarian who is licensed by the board and responsible for the practice of the preceptee. A preceptorship or externship shall be overseen by faculty of the college or program.

18VAC150-20-130. Requirements for practical training in a preceptorship or externship.

A. The practical training and employment of qualified students of veterinary medicine or veterinary technology shall be governed and controlled as follows:

2. A veterinary technician student who is enrolled and in good standing in a veterinary technology program accredited or approved by the AVMA may be engaged in a preceptorship or externship. A veterinary technician preceptee or extern may perform duties that constitute the practice of veterinary technology for which he has received adequate instruction by the program and only under the on-premises supervision of a licensed veterinarian or licensed veterinary technician.

Guidance

Q: How does an individual qualify for a preceptorship/externship in Virginia?

A: In order to be considered a veterinary technician preceptee or extern (VTP/E), an individual must be enrolled and in good standing in a campus or distance learning veterinary technology program accredited or approved by the American Veterinary Medical Association (AVMA).

Guidance document: 150-3

Revised: October 25, 2017

Q: What duties may a VTP/E perform during a veterinary technology preceptorship/externship?

A: A VTP/E may perform duties that constitute the practice of veterinary technology for which he has received adequate instruction by the program and under the on-premises supervision prior to receiving a license from the Virginia Board of Veterinary Medicine.

Q: May a VTP/E have access to Schedule II through V drugs?

A: The Regulations specifically state that only the veterinarian, veterinary technician, pharmacist, or pharmacy technician shall have access to Schedule II through V drugs. Therefore, students may not have access (keys, combinations, etc.) to Schedule II through V drugs.

Q: May a VTP/E administer rabies vaccinations?

A: Pursuant to Virginia Code § 3.2-6521, a rabies vaccination is to be administered by a licensed veterinarian or licensed veterinary technician who is under the immediate and direct supervision of a licensed veterinarian on the premises. A VTP/E is unlicensed and may not administer a rabies vaccination.

Q: What are the supervision requirements for a VTP/E?

A: Duties may only be performed under the on-premises supervision of a licensed veterinarian or licensed veterinary technician. It is the responsibility of the supervising licensed veterinarian or licensed veterinary technician and the VTP/E to obtain information from the campus or distance learning program to determine whether the preceptee or extern has received adequate instruction by the program.

Q: What does “formal arrangement” found in the definition of preceptorship and externship mean?

A: A licensed veterinarian or veterinary technician may provide on-premises supervision of a VTP/E. However, a licensed veterinarian who is assuming the overall responsibility of assuring appropriate supervision of a VTP/E must have a formal arrangement with the faculty of a campus or distance learning program. A formal arrangement is a written document/arrangement that includes, but is not limited to, supervision expectations. The supervising veterinarian and the VTP/E are jointly responsible for obtaining the necessary oversight by faculty of the campus or distance program. The lack of documentation related to a preceptorship or externship may result in disciplinary action.

Q: May a veterinary technology student continue to do activities that constitute the practice of veterinary technology after conclusion of a preceptorship/externship.

A: A veterinary technology student may continue to do activities that constitute the practice of veterinary technology if the following conditions are met:

- Must be enrolled and in good standing in a campus or distance learning veterinary technology program accredited or approved by AVMA;
- Have a supervising veterinarian who has a formal arrangement with the faculty of the campus or distance learning program; and

Guidance document: 150-3

Revised: October 25, 2017

- Have received adequate instruction by the program prior to performing the activity.

Q: May a graduate of a veterinary technology campus or distance learning program perform duties that constitute the practice of veterinary technology if the requirements of the supervising veterinarian are met.

A: Once a student has graduated, the “enrolled and in good standing” requirement cannot be satisfied. Therefore, the graduate of a veterinary technology program may not perform activities that constitute the practice of veterinary technology in Virginia until properly licensed.

Q: Will the Virginia Board of Veterinary Medicine allow a veterinary technology student to take the Veterinary Technician National Exam (VTNE) prior to graduation?

A: The Virginia Board of Veterinary Medicine will approve students enrolled and in good standing in a Virginia veterinary technology program or a resident of Virginia to take the VTNE prior to graduation.

Q: May a veterinary technology student submit an application for licensure prior to having received school transcripts and national examination scores?

A: The Board of Veterinary Medicine will accept applications for licensure submitted prior to receipt of transcripts and national examination scores. Following the receipt of all required documents and the application is deemed complete, a license is generally issued within 24 hours.

Adopted: October 18, 2011

Revised: May 17, 2012; February 7, 2013; October 25, 2017

Guidance document: 150-6

Revised: October 25, 2017

Virginia Board of Veterinary Medicine

Ambulatory Mobile Service Establishments – Change of Location without Inspection

Question: Is an inspection required when an ambulatory mobile service establishment changes location?

Answer: The *Regulations Governing the Practice of Veterinary Medicine* states the following:

18VAC150-20-180. Requirements to be registered as a veterinary establishment.

A. Every veterinary establishment shall apply for registration on a form provided by the board and submit the application fee specified in 18VAC150-20-100. The board may issue a registration as a stationary or ambulatory establishment. Every veterinary establishment shall have a veterinarian-in-charge registered with the board in order to operate.

2. An application for registration must be made to the board 45 days in advance of opening or changing the location of the establishment or requesting a change in the establishment category listed on the registration.

Minutes from December 19, 1996, meeting and subsequent revisions on November 14, 2007 and October 24, 2017, reflect that the Board determined ambulatory mobile service establishment are allowed to change location without an inspection, but the establishment must inform the Board within 30 days if there is any change in the address of record pursuant to the following regulation:

18VAC150-20-30. Posting of licenses; accuracy of address.

B. It shall be the duty and responsibility of each licensee, registrant, and holder of a registration to operate a veterinary establishment to keep the board apprised at all times of his current address of record and the public address, if different from the address of record. All notices required by law or by this chapter to be mailed to any veterinarian, veterinary technician, registered equine dental technician, or holder of a registration to operate a veterinary establishment shall be validly given when mailed to the address of record furnished to the board pursuant to this regulation. All address changes shall be furnished to the board within 30 days of such change.

Guidance Document: 150-7

Adopted: March 7, 2019
Effective: May 2, 2019

Virginia Board of Veterinary Medicine

Guidance for Disposition of Cases Involving Failure of Veterinarian-in-Charge to Notify Board of Veterinary Establishment Closure

Guidance

Q: What will the Board accept as notification of closure?

A: Notification must be in writing, and the Board must be notified 10 days prior to closure. Notification may be sent via email or mail. The [Notification for Closure of Veterinary Establishment](#) form is available to utilize to notify the Board of the closure of a veterinary establishment.

Board Action for Non-Compliance

The Board adopted the following guidelines for resolution of cases of non-compliance by a veterinarian-in-charge's failure to provide prior notification to the Board of a veterinary establishment's closure in accordance with 18VAC150-20-181:

Veterinarian-in-Charge

Cause	Possible Action
First offense: 90 days or less after closure	Advisory Letter
First offense: 91 days or more	Confidential Consent Agreement
Second offense	Consent Order; Reprimand

Applicable Law, Regulation and Guidance

Code of Virginia

§ 54.1-3804. Specific powers of Board.

In addition to the powers granted in § [54.1-2400](#), the Board shall have the following specific powers and duties:

3. To regulate, inspect, and register all establishments and premises where veterinary medicine is practiced.

§ 54.1-2405. Transfer of patient records in conjunction with closure, sale, or relocation of practice; notice required.

A. No person licensed, registered, or certified by one of the health regulatory boards under the Department shall transfer records pertaining to a current patient in conjunction with the closure,

Guidance Document: 150-7

Adopted: March 7, 2019

Effective: May 2, 2019

sale or relocation of a professional practice until such person has first attempted to notify the patient of the pending transfer, by mail, at the patient's last known address, and by publishing prior notice in a newspaper of general circulation within the provider's practice area, as specified in § 8.01-324.

The notice shall specify that, at the written request of the patient or an authorized representative, the records or copies will be sent, within a reasonable time, to any other like-regulated provider of the patient's choice or provided to the patient pursuant to § 32.1-127.1:03. The notice shall also disclose whether any charges will be billed by the provider for supplying the patient or the provider chosen by the patient with the originals or copies of the patient's records. Such charges shall not exceed the actual costs of copying and mailing or delivering the records.

B. For the purposes of this section:

"Current patient" means a patient who has had a patient encounter with the provider or his professional practice during the two-year period immediately preceding the date of the record transfer.

"Relocation of a professional practice" means the moving of a practice located in Virginia from the location at which the records are stored at the time of the notice to another practice site that is located more than 30 miles away or to another practice site that is located in another state or the District of Columbia.

[Regulations Governing the Practice of Veterinary Medicine](#)

18VAC150-20-181. Requirements for veterinarian-in-charge.

A. The veterinarian-in-charge of a veterinary establishment is responsible for:

- 1. Regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.*
- 2. Maintaining the facility within the standards set forth by this chapter.*
- 3. Performing the biennial controlled substance inventory and ensuring compliance at the facility with any federal or state law relating to controlled substances as defined in § 54.1-3404 of the Code of Virginia. The performance of the biennial inventory may be delegated to another licensee, provided the veterinarian-in-charge signs the inventory and remains responsible for its content and accuracy.*
- 4. Notifying the board in writing of the closure of the registered facility 10 days prior to closure.*
- 5. Notifying the board immediately if no longer acting as the veterinarian-in-charge.*
- 6. Ensuring the establishment maintains a current and valid registration issued by the board.*

Guidance Document: 150-7

Adopted: March 7, 2019
Effective: May 2, 2019

B. Upon any change in veterinarian-in-charge, these procedures shall be followed:

- 1. The veterinarian-in-charge registered with the board remains responsible for the establishment and the stock of controlled substances until a new veterinarian-in-charge is registered or for five days, whichever occurs sooner.*
- 2. An application for a new registration, naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new registration naming a new veterinarian-in-charge shall be filed as soon as possible, but no more than 10 days, after the change.*
- 3. The previous establishment registration is void on the date of the change of veterinarian-in-charge and shall be returned by the former veterinarian-in-charge to the board five days following the date of change.*
- 4. Prior to the opening of the business, on the date of the change of veterinarian-in-charge, the new veterinarian-in-charge shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.*

C. 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.*



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
<https://www.dhp.virginia.gov/Boards/VetMed/>

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Virginia Board of Veterinary Medicine

Controlled Substances (Schedule II-VI) in Veterinary Practice

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

Veterinary prescriptions

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

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

Commented [KL(1)]: Question wording updated due to Code change for terminology.

Commented [KL(2)]: Question added



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
<https://www.dhp.virginia.gov/Boards/VetMed/>

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1. What authority does a veterinarian have to prescribe?

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

§ 54.1-3409. Professional use by veterinarians.

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

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

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of ... veterinary medicine... shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter...

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

A. A prescription for a controlled substance may be issued only by a practitioner of . . . veterinary medicine who is authorized to prescribe controlled substances...

B. A prescription shall be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship.

For purposes of this section, a bona fide veterinarian-client-patient relationship is one in which a veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom he is consulting has assumed the responsibility for making medical judgments regarding the health of and providing medical treatment to an animal as defined in § 3.2-6500, other than an equine as defined in § 3.2-6200, a group of agricultural animals as defined in § 3.2-6500, or bees as defined in § 3.2-4400, and a client who is the owner or other caretaker of the animal, group of agricultural animals, or bees has consented to such treatment and agreed to follow the instructions of the veterinarian. Evidence that a veterinarian has assumed responsibility for making medical judgments regarding the health of and providing medical treatment to an animal, group of agricultural animals, or bees shall include evidence that the veterinarian (A) has sufficient knowledge of the animal, group of agricultural animals, or bees to provide a general or



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
<https://www.dhp.virginia.gov/Boards/VetMed/>

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preliminary diagnosis of the medical condition of the animal, group of agricultural animals, or bees; (B) has made an examination of the animal, group of agricultural animals, or bees, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically or has become familiar with the care and keeping of that species of animal or bee on the premises of the client, including other premises within the same operation or production system of the client, through medically appropriate and timely visits to the premises at which the animal, group of agricultural animals, or bees are kept; and (C) is available to provide follow-up care.

~~It should be noted that the pharmacist who fills the prescription must determine if the prescription is valid, and part of this determination involves establishing that a bona fide practitioner-patient-client-pharmacist relationship exists as provided in § 54.1-3303.~~

Commented [KL(3)]: This was in italics and does not appear to be actually stated in the Code. Not sure if it should be removed.

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

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

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

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

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

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

§ 54.1-3408.01. Requirements for prescriptions.

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

The written prescription shall contain the first and last name of the patient for whom the drug is prescribed. The address of the patient shall either be placed upon the written prescription by the prescriber or his agent, or by the dispenser of the prescription...If not otherwise prohibited by law, the dispenser may record the address of the patient in an electronic prescription dispensing record

Commented [KL(4)]: This section now contains information about expedited partner therapy which I does not apply to veterinarians



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
<https://www.dhp.virginia.gov/Boards/VetMed/>

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for that patient in lieu of recording it on the prescription. Each written prescription shall be dated as of, and signed by the prescriber on, the day when issued. The prescription may be prepared by an agent for the prescriber's signature.

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

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

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

§ 54.1-3409. Professional use by veterinarians.

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

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

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

§ 54.1-3411. When prescriptions may be refilled.

Prescriptions may be refilled as follows:

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

§ 54.1-3408.02. Transmission of prescriptions.

B. Any prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription.

C. The requirements of subsection B shall not apply if:

5. *The prescription is issued by a licensed veterinarian for the treatment of an animal;*

Commented [KL(5)]: Added Code citation



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
<https://www.dhp.virginia.gov/Boards/VetMed/>

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

Commented [KL(6)]: Link and information no longer valid per DEA. Question #19 added to provide DEA guidance documents.

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

What does this rule allow a practitioner to do?

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

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

What is the effective date of the rule change?

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

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

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

Is post-dating of multiple prescriptions allowed?

What is expected of the pharmacist?

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

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

§ 54.1-3408.02. Transmission of prescriptions.

A. Consistent with federal law and in accordance with regulations promulgated by the Board, prescriptions may be transmitted to a pharmacy as an electronic prescription or by facsimile machine and shall be treated as valid original prescriptions.

B. Any prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription.

C. The requirements of subsection B shall not apply if:

5. The prescription is issued by a licensed veterinarian for the treatment of an animal;

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

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



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
<https://www.dhp.virginia.gov/Boards/VetMed/>

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

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

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

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

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

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

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

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

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

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

Commented [KL(7)]: Expedited partner therapy was added to which not applicable to veterinarians.

Commented [KL(8)]: Expedited partner therapy section to code but not applicable to veterinarians.

Commented [KL(9)]: Expedited partner therapy added to Code and not applicable to veterinarians .



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
<https://www.dhp.virginia.gov/Boards/VetMed/>

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

E. A dispenser who receives a non-electronic prescription for a controlled substance containing an opioid is not required to verify that one of the exceptions set forth in § [54.1-3408.02](#) applies and may dispense such controlled substance pursuant to such prescription and applicable law.

Commented [KL(10)]: This section was added from the Code.

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

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

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

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

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

The meaning of “donation” in this context refers to the transferring of controlled substances without a prescription. A veterinarian may opt to not charge for a properly dispensed controlled substance. **Expired Schedule II – VI Controlled Substances.** There is no authority to donate expired substances because they may be considered adulterated and must be destroyed in accordance with federal and state laws and regulations.

Unexpired Schedule II-VI Controlled Substances

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

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

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



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
<https://www.dhp.virginia.gov/Boards/VetMed/>

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

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

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

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

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

B. The Board of Pharmacy shall promulgate regulations to establish a Prescription Drug Donation Program for accepting unused previously dispensed prescription drugs that meet the criteria set forth in subdivision A 2, for the purpose of re-dispensing such drugs to indigent patients, either through hospitals, or through clinics organized in whole or in part for the delivery of health care services to the indigent. Such program shall not authorize the donation of Schedule II-V controlled substances if so prohibited by federal law. No drugs shall be re-dispensed unless the integrity of the drug can be assured. Such program shall accept eligible prescription drugs from individuals, including those residing in nursing homes, assisted living facilities, or intermediate care facilities established for individuals with intellectual disability (ICF/IID), licensed hospitals, or any facility operated by the Department of Behavioral Health and Developmental Services. Additionally, such program shall accept eligible prescription drugs from an agent pursuant to a power of attorney, a decedent's personal representative, a legal guardian of an incapacitated person, or a guardian ad litem donated on behalf of the represented individual.

Commented [KL(11)]: Updated Code added to this section

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

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

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

F. In the absence of bad faith or gross negligence, no person that donates, accepts, or dispenses unused prescription drugs in accordance with this section and Board regulations shall be subject to criminal or



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
<https://www.dhp.virginia.gov/Boards/VetMed/>

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civil liability for matters arising from the donation, acceptance, or dispensing of such unused prescription drugs.

Commented [KL(12)]: Code section added

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

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

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

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

Commented [KL(13)]: Question wording updated due to Code change for terminology.

14. May a veterinarian issue a written certification for cannabis oil?

Pursuant to the Code of Virginia, a veterinarian is not included in the definition of a “practitioner” who is authorized to issue written certification for possession and use of cannabidiol oil or THC-A oil.

In 2018, legislation was passed amending §§ 54.1-3408.3 and 18.2-250.1, relating to cannabidiol oil or THC-A oil and possession of marijuana.

§ 54.1-3408.3. Certification for use of cannabis oil for ~~treatment~~.

Commented [KL(14)]: Updated code added

A. As used in this section:

“Cannabis oil” means any formulation of processed Cannabis plant extract, which may include oil from industrial hemp extract acquired by a pharmaceutical processor pursuant to § [54.1-3442.6](#), or a dilution of the resin of the Cannabis plant that contains at least five milligrams of cannabidiol (CBD) or tetrahydrocannabinolic acid (THC-A) and no more than 10 milligrams of delta-9-tetrahydrocannabinol per dose. “Cannabis oil” does not include industrial hemp, as defined in § [3.2-4112](#), that is grown, dealt, or processed in compliance with state or federal law, unless it has been acquired and formulated with cannabis plant extract by a pharmaceutical processor.



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
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"Practitioner" means a practitioner of medicine or osteopathy licensed by the Board of Medicine, a physician assistant licensed by the Board of Medicine, or a nurse practitioner jointly licensed by the Board of Medicine and the Board of Nursing.

"Registered agent" means an individual designated by a patient who has been issued a written certification, or, if such patient is a minor or an incapacitated adult as defined in § 18.2-369, designated by such patient's parent or legal guardian, and registered with the Board pursuant to subsection G.

B. A practitioner in the course of his professional practice may issue a written certification for the use of cannabis oil for treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use. The practitioner shall use his professional judgment to determine the manner and frequency of patient care and evaluation and may employ the use of telemedicine consistent with federal requirements for the prescribing of Schedule II through V controlled substances.

~~§ 18.2-250.1. Possession of marijuana unlawful.~~

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

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

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

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

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

Commented [KL(15)]: This section is not needed for the practice of veterinary medicine



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
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~~Commonwealth, such written certification shall be prima facie evidence that such oil was possessed pursuant to a valid written certification.~~

15. May a veterinarian prescribe opioids?

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

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

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

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

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

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

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

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

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

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

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

D. Continuation of treatment with controlled substances shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the veterinarian shall assess the



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
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appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

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

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

The 2018 General Assembly passed [SB226](#) requiring all veterinarians to report the dispensing of covered substances for a course of treatment to last more than seven days. The 2019 Virginia General Assembly passed [SB1653](#), amending the PMP exemption from reporting to include dispensing of feline buprenorphine and canine butorphanol. Please review Guidance Document [150-21 Frequently asked questions about reporting to the Prescription Monitoring Program](#) for more information on reporting requirements.

17. Are there special recordkeeping requirements for feline buprenorphine and canine butorphanol?

SB1653 of the 2019 General Assembly included an enactment clause that states the following:

2. That every veterinary establishment licensed by the Board of Veterinary Medicine shall maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.

The [Regulations Governing the Practice of Veterinary Medicine](#) state the following:

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

L. Veterinary establishments shall (i) maintain records of the dispensing of feline buprenorphine and canine butorphanol, (ii) reconcile such records monthly, and (iii) make such records available for inspection upon request.

The enactment clause requires each veterinary establishment to maintain records of the dispensing of feline buprenorphine (Schedule III) and canine butorphanol (Schedule IV) and reconcile such records monthly as of [July 1, 2019](#). In the [Regulations Governing the Practice of Veterinary Medicine](#), there is a similar requirement for Schedule II controlled substances which states the following:

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

K. Inventories and records, including original invoices, of Schedule II drugs shall be maintained separately from all other records, and the establishment shall maintain a continuous inventory of all Schedule II drugs received, administered, or dispensed, with reconciliation at least monthly. Reconciliation requires an

Commented [KL(16)]: Regulatory citation added

Commented [KL(17)]: Statement no longer needed.



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
<https://www.dhp.virginia.gov/Boards/VetMed/>

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explanation noted on the inventory for any difference between the actual physical count and the theoretical count indicated by the distribution record. A continuous inventory shall accurately indicate the physical count of each Schedule II drug in the general and working stocks at the time of performing the inventory.

Although the requirements are similar, the regulations state that Schedule II records shall be maintained separately. Therefore, the reconciliation records for feline buprenorphine (Schedule III) and canine butorphanol (Schedule IV) cannot be combined with the Schedule II records.

18. What schedule is gabapentin?

The 2019 Virginia General Assembly passed [HB2557](#) which classified gabapentin as a Schedule V controlled substance as of July 1, 2019. Until then, gabapentin was a Schedule VI controlled substance but was a drug of concern, reportable to the PMP.

As of July 1, 2019, veterinary establishments that possess or dispense gabapentin must comply with board regulations in [18VAC150-20-190](#) for a Schedule V controlled substance.

As of July 1, 2019, pharmacies dispensing and refilling gabapentin are required to comply with the requirements of the *Regulations Governing the Practice of Pharmacy*, [18VAC110-20-320](#), which provide that a Schedule V controlled substance cannot be dispensed or refilled more than six months after the date on which such prescription was issued, nor may it be refilled more than five times. Active prescriptions on file with a dispenser that have a date of issuance greater than six months or that have been refilled five times or more will be considered expired. After July 1, 2019, if a pharmacist receives a prescription authorizing more than five refills, the prescription will still expire six months after the date of issuance or after five refills, whichever occurs first.

This scheduling action occurred under Virginia law; the Drug Enforcement Administration (DEA) has not yet scheduled gabapentin. Therefore, a prescriber is not required to hold a DEA registration in order to possess or prescribe gabapentin.

19. Does the Drug Enforcement Administration (DEA) have guidance documents?

[DEA Guidance Documents](#) are available for review on its [website](#).

Commented [KL(18)]: Question added

Guidance document: 150 -16

Adopted November 9, 2005

Revised: October 25, 2017

VIRGINIA BOARD OF VETERINARY MEDICINE

Protocol to follow upon discovery of a loss or theft of drugs

Guidance:

Whenever a theft or any other unusual loss of any controlled substance is discovered, the Veterinarian-in-Charge, or in his absence his designee, shall immediately report such theft or loss to all of the following:

1. Virginia Board of Veterinary Medicine in writing;
2. Virginia Board of Pharmacy in writing; and
3. U.S. Drug Enforcement Agency

The Boards of Veterinary Medicine and Pharmacy request written notification be sent via email, FAX or postal carrier. The Board recommends contacting local law enforcement. Reports to the DEA must be made in accordance with 21 C.F.R. § 1301.76(b).

If the Veterinarian-in-Charge is unable to determine the exact kind and quantity of the drug loss, he shall immediately make a complete inventory of all Schedules II through V drugs.

Reference

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

5. Whenever a theft or any unusual loss of Schedules II through V drugs is discovered, the veterinarian-in-charge, or in his absence, his designee, shall immediately report such theft or loss to the Board of Veterinary Medicine and the Board of Pharmacy and to the DEA. The report to the boards shall be in writing and sent electronically or by regular mail. The report to the DEA shall be in accordance with 21 CFR 1301.76(b). If the veterinarian-in-charge is unable to determine the exact kind and quantity of the drug loss, he shall immediately take a complete inventory of all Schedules II through V drugs.



Perimeter Center
9960 Mayland Drive, Suite
300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
<https://www.dhp.virginia.gov/Boards/VetMed/>

Guidance document: 150-23

Revised: October 25, 2017

VIRGINIA BOARD OF VETERINARY MEDICINE

Disposal of Deceased Animals

A veterinary establishment is required to have an acceptable method for disposal of deceased animals. Refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more is required. Disposal of a deceased animal must also be compliant with all local ordinances.

When a deceased animal is to be returned to its owner, the veterinarian or his/her designee should discuss with the owner preferences for the return of the animal to include type of container and/or wrapping.

In addition, the U.S. Fish and Wildlife Service's [Secondary Pentobarbital Poisoning of Wildlife](#) fact sheet provides information on which animals are affected, how to prevent accidental poisoning, and penalties for noncompliance. Questions on secondary poisoning of wildlife should be directed to the U.S. Fish and Wildlife Service, Office of Law Enforcement Resident Agent in Charge, at the Richmond District Office at 804-771-2883.

References

[Regulations Governing the Practice of Veterinary Medicine](#)

18VAC150-20-200. Standards for veterinary establishments.

A. Stationary establishments. A stationary establishment shall provide surgery and encompass all aspects of health care for small or large animals, or both. All stationary establishments shall meet the requirements set forth in this subsection:

1. Buildings and grounds must be maintained to provide sanitary facilities for the care and medical well-being of patients.

a. Temperature, ventilation, and lighting must be consistent with the medical well-being of the patients.

b. There shall be on-premises:

(1) Hot and cold running water of drinking quality, as defined by the Virginia Department of Health;

(2) An acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations; and

(3) Refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.

Other

Please review the Department of Environmental Quality's guidance documents at www.deq.virginia.gov related to the following:

- [Waste Guidance Memo No. 03-2009: On-Site Burial of Routine Animal Mortality](#)
- [Waste Guidance Memo No. 02-2009: On-Site Composting of Routine Animal Mortality](#)

Commented [KL(1)]: Links and statement updated with statement on next page



Perimeter Center
9960 Mayland Drive, Suite
300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website:
<https://www.dhp.virginia.gov/Boards/VetMed/>

Guidance document: 150-23

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Please review the [Department of Environmental Quality's](#) information on animal carcasses at [animal carcasses](#) related to the following:

Guidance document: 150-XX

Adopted: XXX XX, XXXX

Virginia Board of Veterinary Medicine

Veterinary Establishments

1. Are veterinary establishments required to be registered with the Board?
2. What types of veterinary establishments may be registered?
3. Who may own a veterinary establishment?
4. How does an individual or a business entity apply for a veterinary establishment registration?
5. May two veterinary establishments share the same space?
6. What are the inspection requirements for a new or existing veterinary establishment?
7. What are the responsibilities of a veterinarian-in-charge?
8. Will an inspection proceed if the veterinarian-in-charge is not present during an inspection of a veterinary establishment?
9. Is there an inspection form used during an inspection?
10. Where may a veterinarian-in-charge find information on controlled substances and the Prescription Monitoring Program?
11. What is veterinary establishment required to do if deficiencies are found during an inspection?
12. What type of board action may be taken against a veterinarian-in-charge and veterinary establishment for deficiencies found during a routine inspection?
13. What is the process for closing a veterinary establishment?

1. Are veterinary establishments required to be registered with the Board?

Yes, veterinary medicine may only be practiced out of a registered stationary or ambulatory veterinary establishment.

[Regulations Governing the Practice of Veterinary Medicine](#) state the following:

18VAC150-20-180. Requirements to be registered as a veterinary establishment.

A. Every veterinary establishment shall apply for registration on a form provided by the board and submit the application fee specified in 18VAC150-20-100. The board may issue a registration as a stationary or ambulatory establishment. Every veterinary establishment shall have a veterinarian-in-charge registered with the board in order to operate.

1. Veterinary medicine may only be practiced out of a registered establishment except in emergency situations or in limited specialized practices as provided in 18VAC150-20-171. The injection of a microchip for identification purposes shall only be performed in a veterinary establishment, except personnel of public or private animal shelters may inject animals while in their possession.

Guidance document: 150-XX

Adopted: XXX XX, XXXX

2. An application for registration must be made to the board 45 days in advance of opening or changing the location of the establishment or requesting a change in the establishment category listed on the registration.

3. Any addition or renovation of a stationary establishment or an ambulatory establishment that involves changes to the structure or composition of a surgery room shall require reinspection by the board and payment of the required fee prior to use.

2. What types of veterinary establishments may be registered?

[Regulations Governing the Practice of Veterinary Medicine](#) define a veterinary establishment to be the following:

18VAC150-20-10. Definitions.

"Veterinary establishment" or "establishment" means any stationary or ambulatory practice, veterinary hospital, animal hospital, or premises wherein or out of which veterinary medicine is being conducted.

To review the regulations for each veterinary establishment type, go to:

[Stationary Veterinary Establishments](#)

[Ambulatory veterinary establishments](#)

3. Who may own a veterinary establishment?

The laws and regulations are silent as to who may own a veterinary establishment. The Board does not collect or maintain information on ownership of a veterinary establishment.

4. How does an individual or a business entity apply for a veterinary establishment registration?

Complete the [Application and Change Request for a Veterinary Establishment](#) form and submit with required fee to the Board by postal mail.

[Regulations Governing the Practice of Veterinary Medicine](#) state the following:

18VAC150-20-180. Requirements to be registered as a veterinary establishment.

B. A veterinary establishment will be registered by the board when:

1. It is inspected by the board and is found to meet the standards set forth by 18VAC150-20-190 and 18VAC150-20-200 or 18VAC150-20-201 where applicable. If, during a new or routine inspection, violations or deficiencies are found necessitating a reinspection, the prescribed reinspection fee will be levied. Failure to pay the fee shall be deemed unprofessional conduct and, until paid, the establishment shall be deemed to be unregistered.

Guidance document: 150-XX

Adopted: XXX XX, XXXX

2. A veterinarian currently licensed by and in good standing with the board is registered with the board in writing as veterinarian-in-charge and ensures that the establishment registration fee has been paid.

5. May two veterinary establishments share the same space?

Yes, separate veterinary establishments may share the same location. However, separate veterinary establishments are required to have separate veterinary establishment registrations. Please note that a stationary establishment may have an ambulatory component to the practice without maintaining separate registrations.

[Regulations Governing the Practice of Veterinary Medicine](#) state the following:

18VAC150-20-200. Standards for stationary veterinary establishments.

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

18VAC150-20-201. Standards for ambulatory veterinary establishments.

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

6. What are the inspection requirements for a new or existing veterinary establishment?

Prior to Opening a New Veterinary Establishment

A new veterinary establishment, stationary or ambulatory, must be inspected and issued a registration prior to opening. Submission of an application is not sufficient to begin providing veterinary services.

Complete the [Application and Change Request for a Veterinary Establishment](#) form and submit with required fee at least 45 days in advance to ensure an inspection can be completed prior to the desired opening date. Upon the Board's receipt, a veterinary establishment application is forwarded to the assigned inspector. The inspector will contact the applicant to schedule an inspection appointment. The inspector determines whether the inspection will occur virtually or in-person.

Change of Location

Stationary Establishments

Complete the [Application and Change Request for a Veterinary Establishment](#) form and submit with required fee at least 45 days in advance to ensure an inspection can be completed prior to desired opening date at the new location. Upon the Board's receipt, a veterinary establishment application is forwarded to the assigned inspector. The inspector will contact the applicant to schedule an inspection appointment. The inspector determines whether the inspection will occur virtually or in-person.

Guidance document: 150-XX

Adopted: XXX XX, XXXX

Ambulatory

Complete the [Application and Change Request for a Veterinary Establishment](#) form and submit. No inspection or fee is required for an ambulatory veterinary establishment to change location.

Minutes from the December 19, 1996, board meeting and subsequent revisions on November 14, 2007 and October 24, 2017, reflect that the Board determined an ambulatory veterinary establishment is allowed to change location without an inspection, but the establishment must inform the Board within 30 days if there is any change in the address of record pursuant to the [Regulations Governing the Practice of Veterinary Medicine](#), which state the following: [comment to be deleted – if this guidance document is adopted by the Board and becomes effective, [150-6 Ambulatory Mobile Service Establishments – Change of Location without Inspection](#) may be deleted as the information in the guidance document is covered above.]

18VAC150-20-30. Posting of licenses; accuracy of address.

B. It shall be the duty and responsibility of each licensee, registrant, and holder of a registration to operate a veterinary establishment to keep the board apprised at all times of his current address of record and the public address, if different from the address of record. All notices required by law or by this chapter to be mailed to any veterinarian, veterinary technician, registered equine dental technician, or holder of a registration to operate a veterinary establishment shall be validly given when mailed to the address of record furnished to the board pursuant to this regulation. All address changes shall be furnished to the board within 30 days of such change.

Prior to Use of a New or Remodeled Surgical Suite

Complete the [Application and Change Request for a Veterinary Establishment](#) form and submit with required fee at least 45 days in advance to ensure an inspection can be completed prior to desired use of the new or remodeled surgical unit. Upon the Board's receipt, a veterinary establishment application is forwarded to the assigned inspector. The inspector will contact the applicant to schedule the inspection appointment. The inspector determines whether the inspection will occur virtually or in person.

[Regulations Governing the Practice of Veterinary Medicine](#) state the following:

18VAC150-20-180. Requirements to be registered as a veterinary establishment.

A. Every veterinary establishment shall apply for registration on a form provided by the board and submit the application fee specified in 18VAC150-20-100. The board may issue a registration as a stationary or ambulatory establishment. Every veterinary establishment shall have a veterinarian-in-charge registered with the board in order to operate.

3. Any addition or renovation of a stationary establishment or an ambulatory establishment that involves changes to the structure or composition of a surgery room shall require reinspection by the board and payment of the required fee prior to use.

Routine Inspections

Guidance document: 150-XX

Adopted: XXX XX, XXXX

Inspections of stationary and ambulatory veterinary establishments occur on a routine basis approximately every three years. The inspection cycle may vary based on the number of deficiencies found during an inspection. For more information, please review Guidance Document [150-15 Disposition of routine inspection violations](#)

Discipline/Compliance Related

An inspection occurring as the result of a disciplinary or compliance case will have an associated Board Order which will determine the timing for the inspection.

Change in Ownership

If the name of the veterinary establishment remains the same, there is no notification or inspection requirement.

Change in Veterinarian-in-Charge

Complete the [Change in Veterinarian-in-Charge](#) form and submit with required fee via postal mail. There is no inspection requirement.

18VAC150-20-181. Requirements for veterinarian-in-charge.

A. The veterinarian-in-charge of a veterinary establishment is responsible for:

- 5. Notifying the board immediately if no longer acting as the veterinarian-in-charge.*
- 6. Ensuring the establishment maintains a current and valid registration issued by the board.*

B. Upon any change in veterinarian-in-charge, these procedures shall be followed:

- 1. The veterinarian-in-charge registered with the board remains responsible for the establishment and the stock of controlled substances until a new veterinarian-in-charge is registered or for five days, whichever occurs sooner.*
- 2. An application for a new registration, naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new registration naming a new veterinarian-in-charge shall be filed as soon as possible, but no more than 10 days, after the change.*
- 3. The previous establishment registration is void on the date of the change of veterinarian-in-charge and shall be returned by the former veterinarian-in-charge to the board five days following the date of change.*
- 4. Prior to the opening of the business, on the date of the change of veterinarian-in-charge, the new veterinarian-in-charge shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.*

Guidance document: 150-XX

Adopted: XXX XX, XXXX

7. What are the responsibilities of a veterinarian-in-charge?

[Regulations Governing the Practice of Veterinary Medicine](#) state the following:

18VAC150-20-181. Requirements for veterinarian-in-charge.

A. *The veterinarian-in-charge of a veterinary establishment is responsible for:*

- 1. Regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.*
- 2. Maintaining the facility within the standards set forth by this chapter.*
- 3. Performing the biennial controlled substance inventory and ensuring compliance at the facility with any federal or state law relating to controlled substances as defined in § 54.1-3404 of the Code of Virginia. The performance of the biennial inventory may be delegated to another licensee, provided the veterinarian-in-charge signs the inventory and remains responsible for its content and accuracy.*
- 4. Notifying the board in writing of the closure of the registered facility 10 days prior to closure.*
- 5. Notifying the board immediately if no longer acting as the veterinarian-in-charge.*
- 6. Ensuring the establishment maintains a current and valid registration issued by the board.*

B. *Upon any change in veterinarian-in-charge, these procedures shall be followed:*

- 1. The veterinarian-in-charge registered with the board remains responsible for the establishment and the stock of controlled substances until a new veterinarian-in-charge is registered or for five days, whichever occurs sooner.*
- 2. An application for a new registration, naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new registration naming a new veterinarian-in-charge shall be filed as soon as possible, but no more than 10 days, after the change.*
- 3. The previous establishment registration is void on the date of the change of veterinarian-in-charge and shall be returned by the former veterinarian-in-charge to the board five days following the date of change.*
- 4. Prior to the opening of the business, on the date of the change of veterinarian-in-charge, the new veterinarian-in-charge shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.*

C. *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.*

Guidance document: 150-XX

Adopted: XXX XX, XXXX

8. Will an inspection proceed if the veterinarian-in-charge is not present during an inspection of a veterinary establishment?

There is no requirement for the veterinarian-in-charge to be present during an inspection. Per the regulations, only an authorized person may access Scheduled II –V Controlled Substances.

The veterinary establishment and veterinarian-in-charge may be subject to disciplinary action if the inspector is denied access to the veterinary establishment to conduct the inspection. [Regulations Governing the Practice of Veterinary Medicine](#) state the following:

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

D. All veterinary establishments shall maintain drugs in a secure manner with precaution taken to prevent theft or diversion. Only the veterinarian, veterinary technician, pharmacist, or pharmacy technician shall have access to Schedules II through V drugs, with the exception provided in subdivision 6 of this subsection.

6. 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.*

18VAC150-20-210. Revocation or suspension of a veterinary establishment registration.

The board may revoke or suspend or take other disciplinary action deemed appropriate against the registration of a veterinary establishment if it finds the establishment to be in violation of any provision of laws or regulations governing veterinary medicine or if:

- 1. The board or its agents are denied access to the establishment to conduct an inspection or investigation;*

9. Is there an inspection form used during an inspection?

Guidance Document [76-21.2.1 Veterinary Establishment Inspection Report](#) is available under [Form Section](#) on the Board's website. The form may be used by a veterinary establishment to conduct a self-evaluation inspection.

Guidance document: 150-XX

Adopted: XXX XX, XXXX

10. Where may a veterinarian-in-charge find information on controlled substances and the Prescription Monitoring Program?

[Drug Laws for Practitioners](#) is available for review on the Board's [website](#). Additional information is available for review by accessing the following guidance documents:

- [150-13](#) **Controlled Substances (Schedule II-VI) in Veterinary Practice**
- [150-21](#) **Frequently asked questions about reporting to the Prescription Monitoring Program**

11. What is veterinary establishment required to do if deficiencies are found during an inspection?

Regardless of the type of inspection, the veterinarian-in-charge is responsible for ensuring the submission of responses to *all* deficiencies noted on the Inspection Summary. The response must be submitted within 14 days unless an extension is granted by the Board. Failure to respond may result in disciplinary action. [Regulations Governing the Practice of Veterinary Medicine](#) state the following:

18VAC150-20-140. Unprofessional conduct.

Unprofessional conduct as referenced in subdivision 5 of § 54.1-3807 of the Code of Virginia shall include the following:

- 18. Failure to submit evidence of correction resulting from a violation noted in an inspection or reported by another agency within 14 days, unless an extension is granted by the board.*

Deficiencies require a written response or *Proof of Corrective Action* which will be identified on the inspection report, unless corrected on-site and noted by the inspector in the report. A written response details the steps taken to correct each deficiency and *Proof of Correction Action* includes documentation in the form of pictures, receipts for purchases, or written demonstration that corrective steps have been taken. Responses, written or *Proof of Corrective Action*, may be submitted by email, fax, or postal carrier.

Deficiencies from Initial and Prior to Use of a New or Remodeled Surgical Suite Inspections

Written responses or *Proof of Corrective Action* (as noted on the inspection report) for all deficiencies must be documented prior to the issuance of the initial veterinary establishment registration or use of a new or remodeled surgical suite.

Deficiencies from Routine and Discipline/Compliance Related Inspections

Written responses or *Proof of Corrective Action* (as noted on the inspection report) must be documented and received by the Board within 14 days, unless an extension is granted by the Board. To request an extension, send request via one of the following methods:

- Email: vetbd@dhp.virginia.gov
 - Subject line: Correction Action Extension for [Name of Veterinary Establishment]

Guidance document: 150-XX

Adopted: XXX XX, XXXX

- Body of email include: Establishment name, Registration number, Type of Inspection and reason for extension request
- Fax: (804) 527-4471
- Mail: Board of Veterinary Medicine, 9960 Mayland Drive, Suite 300, Henrico, VA 23233-1463

The inspection report and summary of deficiencies are two separate documents that are sent to the veterinary establishment via email after the inspection is completed. The summary of deficiencies may be electronically completed and submitted.

Steps taken to correct inspection deficiencies may be submitted to the Board of Veterinary Medicine via one of the following methods:

- Email: vetbd@dhp.virginia.gov
- Fax: (804) 527-4471
- Mail: Board of Veterinary Medicine, 9960 Mayland Drive, Suite 300, Henrico, VA 23233-1463

If submitting documents via email (see example below):

- On subject line include:
 - Establishment name, Registration number, Type of Inspection
- Body of email include:
 - Purpose (e.g. Submitting responses to inspection deficiency)
 - Any questions or concerns
- Attachments:
 - Inspection Summary/Written Response to *all* deficiencies
 - *Proof of Corrective Action* for the deficiencies that require additional documentation

To: vetboard@dhp.virginia.gov

Subject: Establishment Name, Registration Number and Type of Inspection

Content: Attached are the [written responses and/or Proof of Correction Action] for the deficiencies noted during the inspection at [veterinary establishment name] conducted on [date of inspection].

Signature

Contact Phone Number

12. What type of board action may be taken against a veterinarian-in-charge and veterinary establishment for deficiencies found during a routine inspection?

The Board's authority to take action against a licensee or registrant for a violation of a law or regulation is provided in the [laws and regulations governing the practice of veterinary medicine](#).

Guidance document: 150-XX

Adopted: XXX XX, XXXX

§ 54.1-3807. Refusal to grant and to renew; revocation and suspension of licenses and registrations.

The Board may refuse to grant or to renew, may suspend, or may revoke any license to practice veterinary medicine or to practice as a veterinary technician or registration to practice as an equine dental technician if such applicant or holder:

5. Is guilty of unprofessional conduct as defined by regulations of the Board;

18VAC150-20-140. Unprofessional conduct.

Unprofessional conduct as referenced in subdivision 5 of § 54.1-3807 of the Code of Virginia shall include the following:

6. Violating any state law, federal law, or board regulation pertaining to the practice of veterinary medicine, veterinary technology or equine dentistry.

Guidance Document [150-15](#) **Disposition of routine inspection violation** provides additional information for both the veterinarian-in-charge and the veterinary establishment on board actions related to routine inspections.

18VAC150-20-181. Requirements for veterinarian-in-charge.

A. The veterinarian-in-charge of a veterinary establishment is responsible for:

- 1. Regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.*
- 2. Maintaining the facility within the standards set forth by this chapter.*

18VAC150-20-210. Revocation or suspension of a veterinary establishment registration.

The board may revoke or suspend or take other disciplinary action deemed appropriate against the registration of a veterinary establishment if it finds the establishment to be in violation of any provision of laws or regulations governing veterinary medicine or if:

- 1. The board or its agents are denied access to the establishment to conduct an inspection or investigation;*
- 2. The holder of a registration does not pay any and all prescribed fees or monetary penalties;*
- 3. The establishment is performing procedures beyond the scope of a limited stationary establishment registration; or*
- 4. The establishment has no veterinarian-in-charge registered with the board.*

Guidance document: 150-XX

Adopted: XXX XX, XXXX

13. What is the process for closing a veterinary establishment?

Complete the [Notification for Closure of Veterinary Establishment](#) form and submit to the Board via fax, email or postal mail. In addition, please review Guidance Document [150-7](#) Disposition of Cases Involving Failure of Veterinarian-in-Charge to Notify Board of Veterinary Establishment Closure.

18VAC150-20-181. Requirements for veterinarian-in-charge.

C. 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.*

Working Draft 03.11.2021

Veterinary Technician Terminology

The Board **approved** the position statement on Veterinary Technician Terminology as noted below at its April 2018 meeting:

“The AVMA recognizes efforts by the National Association of Veterinary Technicians in America and others to use the term “veterinary nurse” in place of veterinary technician within the profession and in criteria for credentialing purposes. The AVMA further recognizes ongoing efforts to promote adoption of the term “nurse” in state practice acts. The AVMA will continue to use the term veterinary technician in its policies and communications, but will recognize credentialed veterinary nurses as being equivalent to credentialed veterinary technicians.”

Excerpt from the [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 licensee 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 AAVSB.

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 14 days of receiving notification of the audit unless an extension is granted by the board.
7. Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.
8. Up to two hours of the 15 hours required for annual renewal of a veterinarian license and up to one hour of the eight hours required for annual renewal of a veterinary technician license may be satisfied through delivery of veterinary services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.
9. Falsifying the attestation of compliance with continuing education on a renewal form or failure to comply with continuing education requirements may subject a licensee to disciplinary action by the board, consistent with § 54.1-3807 of the Code of Virginia.

C. A licensee who has requested that his license be placed on inactive status is not authorized to perform acts that 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 and this section equal to the number of years in which the license has not been active for a maximum of two years.

Virginia Department of Health Professions
Cash Balance
As of January 31, 2021

	106- Veterinary Medicine
Board Cash Balance as June 30, 2020	\$ 1,320,216
YTD FY21 Revenue	1,140,110
Less: YTD FY21 Direct and Allocated Expenditures	<u>571,204</u>
Board Cash Balance as January 31, 2021	<u><u>\$ 1,889,122</u></u>

Veterinary Medicine Monthly Snapshot for January 2021

Veterinary Medicine has received more cases in January than closed. Veterinary Medicine has closed 8 patient care cases and 7 non-patient care cases for a total of 15 cases.

Cases Closed	
Patient Care	8
Non-Patient Care	7
Total	15

Veterinary Medicine has received 8 patient care cases and 11 non-patient care cases for a total of 19 cases.

Cases Received	
Patient Care	8
Non-Patient Care	11
Total	19

As of January 31, 2021 there were 204 patient care cases open and 144 non-patient care cases open for a total of 348 cases.

Cases Open	
Patient Care	204
Non-Patient Care	144
Total	348

There are 8,087 Veterinary Medicine licensees as of February 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Equine Dental Technician	22
Veterinarian	4,421
Veterinary Establishment – Ambulatory	293
Veterinary Establishment – Stationary	882
Veterinary Faculty	76
Veterinary Intern/Resident	58
Veterinary Technician	2,335
Total for Veterinary Medicine	8,087

There were 28 licenses issued for Veterinary Medicine for the month of January. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
Veterinarian	14
Veterinary Establishment – Ambulatory	1
Veterinary Establishment – Stationary	1
Veterinary Intern/Resident	1
Veterinary Technician	11
Total for Veterinary Medicine	28



Virginia Department of Health Professions

Cases Received, Open & Closed Agency Summary Quarter 1 – Fiscal Year 2021

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

		Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	CURRENT Q1 2021
Social Work	Number of Cases Received	14	27	15	34	35	25	33	39	27	31	28	25	20
	Number of Cases Open	39	48	52	71	93	95	97	90	88	100	95	53	49
	Number of Cases Closed	15	19	11	18	13	23	31	48	30	19	33	68	24
Veterinary Medicine	Number of Cases Received	52	51	63	51	76	67	51	53	138	204	62	59	82
	Number of Cases Open	230	240	235	198	205	230	231	241	311	288	306	319	358
	Number of Cases Closed	57	41	70	91	62	42	30	47	68	221	45	47	39



Virginia Department of Health Professions

Cases Received, Open & Closed Agency Summary Quarter 2 – Fiscal Year 2021

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

		Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	CURRENT Q2 2021
Social Work	Number of Cases Received	14	27	15	34	35	25	33	39	27	31	28	25	20	15
	Number of Cases Open	39	48	52	71	93	95	97	90	88	100	95	53	49	40
	Number of Cases Closed	15	19	11	18	13	23	31	48	30	19	33	68	24	25
Veterinary Medicine	Number of Cases Received	52	51	63	51	76	67	51	53	138	204	62	59	82	60
	Number of Cases Open	230	240	235	198	205	230	231	241	311	288	306	319	358	343
	Number of Cases Closed	57	41	70	91	62	42	30	47	68	221	45	47	39	78

Leslie Knachel

From: Chrissy Bagby <cbagby@aavsb.org> on behalf of Chrissy Bagby
Sent: Thursday, December 17, 2020 2:03 PM
To: leslie.knachel@dhp.virginia.gov
Subject: AAVSB Develops Model Regulation for the Scope of Practice for Veterinary Technicians and Veterinary Technologists



AAVSB® Develops Model Regulation for the Scope of Practice for Veterinary Technicians and Veterinary Technologists

The American Association of Veterinary State Boards (AAVSB) is pleased to announce the development of [Model Regulation - Scope of Practice for Veterinary Technicians and Veterinary Technologists](#). Model regulations are developed by the AAVSB Regulatory Policy Task Force to serve as a resource for all of the AAVSB Member Boards when considering changes to rules or regulations.

"The AAVSB's [Practice Act Model](#) already defines supervision-related terms," shares Cathy Kirkpatrick, Chair, AAVSB Regulatory Policy Task Force. "What this new model regulation provides is the desired distinction of which allowable animal healthcare tasks credentialed Veterinary Technicians/Nurses and Veterinary Technologists may perform within each level of veterinary supervision – immediate, direct, and indirect."

The document, *Model Regulation – Scope of Practice for Veterinary Technicians and Veterinary Technologists*, is a model for states and provinces to consider and should be used in conjunction with the AAVSB's *Practice Act Model*. Ultimately, all AAVSB Member Boards make their own regulatory decisions pursuant to their own state or provincial laws.

[About the AAVSB](#): The American Association of Veterinary State Boards (AAVSB) is a 501(c)(3) nonprofit corporation headquartered in Kansas City, Missouri. We are an association of veterinary medicine regulatory boards whose membership includes licensing bodies in 62 jurisdictions, including all of the United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and nine Canadian provinces: Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, and Saskatchewan.

Connect with us



American Association of Veterinary State Boards | 380 West 22nd Street, Suite 101, Kansas City, MO 64108

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AAVSB
AMERICAN ASSOCIATION OF
VETERINARY STATE BOARDS

MODEL REGULATIONS – SCOPE OF PRACTICE FOR VETERINARY TECHNICIANS AND VETERINARY TECHNOLOGISTS

As recommended by the AAVSB Regulatory Policy Task Force in December 2020

LOCATED AT

380 West 22nd Street
Suite 101
Kansas City, MO 64108

CONTACT US AT

P | 1.877.698.8482
P | 1.816.931.1504
F | 1.816.931.1604

FIND US AT

www.aavsb.org
aavsb@aavsb.org
@AAVSB

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Introduction

These Model Regulations are meant to support the statutory language that can be found in the AAVSB Practice Act Model (PAM) for Jurisdictions that regulate Veterinary Technicians and Veterinary Technologists. Each model regulation from the AAVSB is presented separately for ease of use for the AAVSB Member Boards as a model in developing regulations or rules specific to targeted topics. The AAVSB Regulatory Policy Task Force will continue to develop Model Regulations to address pressing issues in the regulation of Veterinary Medicine.

Revisions

Created 2020

Structure and Format

The AAVSB Model Regulations have been structured to allow Member Boards to develop new regulations or rules within their Jurisdiction to address the specific language that can be found in the Jurisdiction's existing statute or bylaws. It has been formatted to include the model language with corresponding commentary. To provide the rationale and thought processes behind the Model Regulations, readers are encouraged to read the commentary as well as the Regulation to receive a complete perspective. Commentary follows each section if appropriate.

Scope of Practice for Veterinary Technicians and Veterinary Technologists

Model Regulation.

A Veterinary Technician may be allowed to perform the following acts under the direction, supervision, and responsibility of a Veterinarian, who has established the Veterinarian-Client-Patient Relationship (VCPR). The Veterinarian and Veterinary Technician shall comply with the record keeping rule established by the Board.

Commentary

Section 106. Practice of Veterinary Technology in the AAVSB PAM encourages The Board to promulgate regulations establishing Animal health care tasks and an appropriate degree of Supervision required for those tasks that may be performed only by a Veterinary Technician/Nurse, Veterinary Technologist, or a Veterinarian. For common terminology for this scope of practice, Veterinary Technician is used to identify a credentialed Veterinary Technician/Nurse or Veterinary Technologist.

Definitions.

As there have been statute changes in at least one Jurisdiction to recognize the education difference between a Veterinary Technician (2-year degree) and a Veterinary Technologist (4 -year degree), the AAVSB believes it will be helpful for Boards to define the distinction.

At its June 2006 meeting, the AVMA Executive Board approved a recommendation that the AVMA recommends that veterinary technician credentialing (i.e., licensing, registration, or certification) entities in the US recognize graduates of Canadian Veterinary Medical Association (CVMA)-accredited veterinary technology programs as eligible for credentialing. In turn, the CVMA recommends that Canadian provincial licensing bodies recognize graduates of AVMA CVTEA (Committee on Veterinary Technician, Education, and Activities)-accredited veterinary technology/nursing programs as being eligible for licensure. As always, eligibility for licensure/registration/certification of veterinary technicians is the purview of each state and provincial credentialing agency.

The AAVSB strongly believes there should be uniform degrees and titles for Veterinary Technicians. Regardless, in all cases, Jurisdictions are strongly encouraged to specify the roles of each designated title (in the rules), recognizing that all veterinary employees must be Supervised by a Veterinarian.

Commentary (cont.)

Definitions for levels of supervision, etc, can be found in the AAVSB PAM, Section 104. X, 1-4:

Supervision-related terms are defined as follows:

- (1) Supervising Veterinarian means a Veterinarian who assumes responsibility for the veterinary care given to a Patient by an individual working under his or her direction. The Supervising Veterinarian must have examined the Patient pursuant to currently acceptable standards of care.
- (2) Immediate Supervision means the Supervising Veterinarian is in the immediate area and within audible and visual range of the Patient and the individual treating the Patient.
- (3) Direct Supervision means the Supervising Veterinarian is readily available on the Premises where the Patient is being treated.
- (4) Indirect Supervision means a Supervising Veterinarian need not be on the Premises but has given either written or oral instructions for the treatment of the Patient and is readily available for communication.

Qualifications for Licensure by Examination can be found in the AAVSB PAM.

Licensure Transfer means the method whereby a Veterinarian or a Veterinary Technician currently licensed in another Jurisdiction can also become licensed as a Veterinarian or Veterinary Technician in this Jurisdiction.

Some Jurisdictions may recognize credentialed Veterinary Technicians who are not graduates of accredited veterinary technology/nursing programs through endorsement or reciprocity.

The AAVSB Regulatory Policy Task Force advises the term "treated" in the current AAVSB PAM definition of Direct Supervision implies the inclusion of diagnostic collection and sampling. The AAVSB Regulatory Policy Task Force suggests that the definition of **Direct Supervision** be revised in the AAVSB PAM to the following: Direct Supervision means the Supervising Veterinarian is readily available on the Premises where the patient is located.

The AAVSB Regulatory Policy Task Force also suggests that the definition of **Indirect Supervision** be revised in the AAVSB PAM to the following: Indirect Supervision means a Supervising Veterinarian need not be physically on the Premises but has given either written or oral instructions for the treatment of the Patient and is readily available for communication either in person or through use of electronic information and communication technology.

Allowable Animal Healthcare Tasks

Section 1. Immediate Supervision.

- (1) Assisting the Veterinarian with surgical procedures
- (2) Placement of abdominal, thoracic, or percutaneous endoscopic gastrostomy (PEG) tubes

Section 2. Direct Supervision

- (1) General anesthesia and sedation, maintenance and recovery
- (2) Non-emergency endotracheal intubation
- (3) Regional anesthesia, including paravertebral blocks, epidurals, local blocks
- (4) Dental procedures including, but not limited to:
 - a. The removal of calculus, soft deposits, plaque, and stains;
 - b. The smoothing, filing, and polishing of teeth
 - c. Single root extractions not requiring sectioning of the tooth or sectioning of the bone.
- (5) Euthanasia
- (6) Blood or blood component collection, preparation, and administration for transfusion or blood banking purposes
- (7) Placement of tubes, including but not limited to, gastric, nasogastric, and nasoesophageal
- (8) Ear flushing with pressure or suction
- (9) Application of casts, splints, and slings for the immobilization of fractures
- (10) Fluid aspiration from a body cavity or organ (i.e., cystocentesis, thoracocentesis, abdominocentesis)
- (11) Suturing, stapling, and gluing of an existing surgical skin incision
- (12) Suturing a gingival incision
- (13) Placement of epidural, intraosseous, and nasal catheters

Section 3. Indirect Supervision

- (1) Administration, preparation, and application of treatments, including but not limited to, drugs, medications, controlled substances, enemas, biological and immunological agents, unless prohibited by government regulation
- (2) Intravenous catheterizations and maintenance of intra-arterial catheterizations
- (3) Imaging including, but not limited to, radiography, ultrasonography, computed tomography, magnetic resonance imaging, and fluoroscopy and the administration of radio-opaque agents/materials
- (4) Collection of blood except when in conflict with government regulations, (i.e., Coggins)
- (5) Collection and preparation of cellular, or microbiological samples by skin scrapings, impressions, or other non- surgical methods except when in conflict with government regulations
- (6) Collection of urine by bladder expression, catheterization (unobstructed) and insertion of an indwelling urinary catheter
- (7) Monitoring including, but not limited to, electrocardiogram (ECG), blood pressure, carbon dioxide (CO₂) and blood oxygen saturation
- (8) Clinical laboratory test procedures
- (9) Handling and disposal of biohazardous waste materials
- (10) Implantation of a subcutaneous microchip
- (11) Laser Therapy
- (12) Animal Rehabilitation Therapies
- (13) Ocular tonometry, Schirmer tear test, and fluorescein stain application
- (14) Suture and staple removal
- (15) Application of splints and slings for the temporary immobilization of fractures
- (16) Emergency animal patient care including, but not limited to:
 - a. Application of tourniquets and/or pressure procedures to control hemorrhage, application of appropriate wound dressings in severe burn cases, resuscitative oxygen procedures, anti-seizure treatment, and supportive treatment in heat prostration cases;

- b. Administration of a drug or controlled substance to manage and control pain, to prevent further injury, and prevent or control shock, including parenteral fluids, under direct communication with a Veterinarian or in accordance with written guidelines consistent with accepted standards of veterinary medical practice;
- c. Administration of a drug or controlled substance to prevent suffering of an animal, up to and including euthanasia, under direct communication with a Veterinarian; and
- d. Initiate and perform CPR, including administration of medication and defibrillation, and provide immediate post resuscitation care according to established protocols.

Commentary

Indirect Supervision

Jurisdictions may want to have a special exception to allow a Veterinary Technician to perform routine accepted livestock management practices, conduct pregnancy examination of food animals, with or without diagnostic equipment, rectal palpation, and artificial insemination. Jurisdictions may also want to exclude Veterinary Technicians from performing these duties at livestock auctions due to the lack of a VCPR and abundance of governmental regulatory requirements (i.e., interstate health certificates).

The AAVSB Regulatory Policy Task Forces suggests referring to the AAVSB PAM on special provisions concerning lab animal medicine and a Veterinary Technician tasks in Section 107. Special Provisions, (i): Any Persons engaged in scientific research that reasonably requires experimentation involving Animals and is conducted in a facility or with a company that complies with federal and Jurisdictional regulations regarding Animal welfare.

Leslie Knachel

From: Cathy Kirkpatrick, AAVSB Regulatory Policy Task Force Chair <aavsb@aavsb.org> on behalf of Cathy Kirkpatrick, AAVSB Regulatory Policy Task Force Chair
Sent: Friday, January 29, 2021 4:26 PM
To: leslie.knachel@dhp.virginia.gov
Subject: AAVSB Proposed CBD Guidelines Open for Comment



SUBMIT YOUR COMMENTS ON CANNABIDIOL GUIDELINES

The AAVSB Regulatory Policy Task Force (RPTF) has been working the past few months developing recommendations for the AAVSB Member Boards to provide guidance to veterinarians on the use of Cannabidiol (CBD) products. Throughout this process, the RPTF reviewed materials and data related to CBD products and drafted the attached guidance.

Your comment on the drafted guidance is the next critical step in the process.

**DRAFT - AAVSB RECOMMENDED GUIDELINES FOR CBD USE ON
COMPANION ANIMALS (Click here to access)**

[Please use the AAVSB Open Comment form to provide feedback on the draft guidelines. \(Click this link to access\)](#)

**Commentary must be received by the AAVSB no later than
Wednesday, May 5, 2021 to ensure its consideration in the finalization
of the Guidelines.**

Once finalized, this guidance may be used by AAVSB Member Boards as a reference when drafting or editing their own regulations and policies. Use of

these documents is a valuable resource for Member Boards and is completely optional and non-binding.

Respectfully,

Cathy Kirkpatrick
AAVSB Regulatory Policy Task Force Chair

[About the AAVSB](#): The American Association of Veterinary State Boards (AAVSB) is a 501(c)(3) nonprofit corporation headquartered in Kansas City, Missouri. We are an association of veterinary medicine regulatory boards whose membership includes licensing bodies in 62 jurisdictions, including all of the United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and nine Canadian provinces: Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, and Saskatchewan.

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[Unsubscribe leslie.knachel@dhp.virginia.gov](mailto:leslie.knachel@dhp.virginia.gov)

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RECOMMENDED GUIDELINES FOR CBD USE ON COMPANION ANIMALS

INTRODUCTION

The American Association of Veterinary State Boards (AAVSB) provides programs and services to its Member Boards through many vehicles. One such mechanism is through the development and continued review of Model documents and language, including model statutes and regulations/rules. With respect for the rights of the states to regulate the professions taking into consideration the needs of its constituents, the AAVSB promotes uniformity where appropriate and provides model language based upon the collective input and consensus achieved through AAVSB committee and task force efforts. The Regulatory Policy Task Force (RPTF) was charged with developing recommendations for Member Boards to help provide guidance to veterinarians on the use of Cannabidiol (CBD) products. In order to fulfill that charge, the RPTF reviewed materials and data related to CBD products and submits the following report.

In the U.S. Agriculture Improvement Act of 2018 (Farm Bill), hemp was removed as a Schedule 1 drug. This provided the opportunity for the development of two different types of CBD products: CBD derived from Cannabis and CBD derived from Hemp. What is consistent in both products is a low concentration of Tetrahydrocannabinol (THC). Products for animals that include therapeutic claims that have not been evaluated by the Federal Drug Administration (FDA) are unapproved animal drugs. The FDA has determined that CBD is an active ingredient in a drug product. Veterinary products are evaluated as a “drug” or “food” under the Federal Food, Drug, and Cosmetic Act (FDCA). As of this publication date, the FDA has not approved any form of CBD product for animals.

The rapidly changing information, research, and laws regarding CBD, in addition to Jurisdictions differing on how to regulate the use of CBD, further complicates the ability, at this time, to draft model language via statutes and/or regulations/rules. The AAVSB intends these Guidelines to be a fluid document that can change and be updated in a timely manner to address the ever-changing climate of this issue.

These Guidelines are not the standard of care for the use of CBD, but rather an outline of what must be considered on a case-by-case basis by the Member Board. The ultimate responsibility and liability of discussing the use of CBD lies with the licensee. As with any prescribed substances



or recommended product use, incorporating CBD products into a practice requires appropriate disclaimers and warnings, including risks/benefits information related to the treatment plan. And, of course, compliance with local, state, and federal laws related to the prescription and use of regulated products is mandated.

DEFINITIONS

For the purpose of these Guidelines the following definitions are provided:

CBD means Cannabidiols with very low concentrations of no more than 0.3 percent on a dry weight basis of THC.

THC means Delta-9-tetrahydrocannabinol, the primary psychoactive ingredient in marijuana.

Hemp means the plant species *Cannabis sativa* L. and any part of that plant, including the seeds and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9-tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis.

Marijuana means *Cannabis* that has a THC concentration exceeding 0.3 percent so remains classified as a Schedule I controlled substance regulated by the DEA (as of the date of this publication).

Cannabis means a genus of flowering plants in the family Cannabaceae, of which *Cannabis sativa* is a species, and *Cannabis indica* and *Cannabis ruderalis* are subspecies. *Cannabis* refers to any form of the plant for which the THC concentration on a dry weight basis has not yet been determined prior to further categorization as hemp or marijuana.

GUIDELINES FOR CBD USE ON COMPANION ANIMALS

In the interest of fulfilling the statutory mandate of protecting health, safety and welfare of the public and its companion animals through the regulation of the practice of veterinary medicine, the _____ Board of Veterinary Medical Examiners (Board) has issued the following guidelines for the use of CBD products in the practice of veterinary medicine. ***Licensees, clients, patients and the public must understand that these Guidelines are not legally binding and compliance with them is not a safe-harbor and does not necessarily constitute safe practice within applicable standards. Licensees must at all times adhere to the applicable standards of***

practice in their Jurisdiction. The intent of these Guidelines is to act as a resource for licensees and clients to refer to as a basis for the use of CBD products in a defined treatment plan.

1. Veterinarian-client discussions regarding the use of CBD must be undertaken as part of a treatment plan and within the veterinarian-client-patient relationship.
2. As with the discussion of treatment of any disease, the medical records related to the use of CBD products must reflect the diagnosis, treatment plan, safe dosage, and follow-up of the treatment to document the need for continued treatment or a change of the treatment plan.
3. All relevant treatment options must be considered as part of any discussion contemplating the use of CBD.
4. If a Veterinarian is recommending a specific CBD product it is the responsibility of the Veterinarian to verify that the product has been tested for safety and efficacy by an independent third-party laboratory accredited by the state/province/federal government if available.
5. If the Veterinarian is not recommending a specific CBD product, the Client should be encouraged to verify that the product they are using has been tested for safety and efficacy by an independent third-party laboratory accredited by the state/province/federal government if available.
6. The Veterinarian should explain possible adverse effects, including the symptoms of an overdose or toxicity.
7. The Veterinarian should explain the importance of safe storage to reduce the risk of unintended access.
8. A Veterinarian should not prescribe, dispense, or administer any CBD products unless approved by the FDA.



Instructions for Returning Commentary

Commentary must be received by the AAVSB no later than **Wednesday, May 5, 2021** to ensure its consideration in the finalization of the Guidelines.

To submit commentary, please utilize this online form: [Comment Submission – Draft AAVSB Recommended Guidelines for CBD Use on Companion Animals](#)

Or you may e-mail your commentary documentation to Sarah Easter, AAVSB Regulatory Policy Task Force (RPTF) Staff Liaison, at seaster@aavsb.org. All questions and/or requests for deadline extension should be directed to Sarah Easter at seaster@aavsb.org.

DRAFT

Leslie Knachel

From: Leslie Knachel <leslie.knachel@dhp.virginia.gov> on behalf of Leslie Knachel
Sent: Monday, March 1, 2021 3:30 PM
To: Leslie Knachel
Subject: FW: AAVSB Releases Standards & Policies for New PAVE for Veterinary Technicians



AAVSB® Releases Standards & Policies for New PAVE® for Veterinary Technicians

The American Association of Veterinary State Boards (AAVSB) is pleased to announce the completion of the [Standards & Policies for the forthcoming PAVE for Veterinary Technicians](#). PAVE is the Program for the Assessment of Veterinary Education Equivalence.

The purpose of PAVE for Veterinary Technicians will be to assess the education equivalence of international veterinary technician/nurse graduates on behalf of participating AAVSB Member Boards. The AAVSB expects to launch the PAVE for Veterinary Technicians and accept its first applicants in 2021.

AAVSB President Dr. Roger Redman remarked, "When the AAVSB first launched PAVE for Veterinarians in the early 2000's, it was a game changer for both our Member Boards and licensure applicants. In the past few years, our membership has made it clear the demand to expand PAVE into the veterinary technician/nurse profession is immense. Now, with PAVE for



GENERAL PAVE FOR VETERINARY TECHNICIANS INFORMATION

The Program for the Assessment of Veterinary Education Equivalence (PAVE) for Veterinary Technicians is operated by the American Association of Veterinary State Boards (AAVSB), a not-for-profit organization whose mission furthers public protection by providing services to its Member Boards, veterinary licensing authorities in the United States and Canada. The purpose of PAVE for Veterinary Technicians is to assess the education equivalence of international veterinary technician/nurse graduates on behalf of participating AAVSB Member Boards.

PAVE for Veterinary Technicians defines an "international veterinary technician/nurse graduate" as a veterinary technician/nurse whose degree was conferred outside of the United States and Canada by a recognized post-secondary, professional school of veterinary technology/nursing or equivalent program. A "recognized" school is one that is officially approved, and meets the educational requirements, for credentialing by the government of its country.

Graduates from a recognized post-secondary, professional school of veterinary technology/nursing or equivalent program outside the United States or Canada in non-American Veterinary Medical Association-Committee on Veterinary Technician Education and Activities (AVMA-CVTEA) or non-Canadian Veterinary Medical Association (CVMA) accredited programs are considered to be "international veterinary technician/nurse graduates." Graduates from AVMA-CVTEA or CVMA accredited programs within the United States or Canada will not be considered to be "international veterinary technician/nurse graduates" as defined by the AAVSB PAVE for Veterinary Technicians program.

The AAVSB provides the PAVE for Veterinary Technicians certificate as a means of documenting the equivalency of a candidate's veterinary technology/nursing education. In jurisdictions that accept the PAVE for Veterinary Technicians certificate, the PAVE for Veterinary Technicians Certificate is recognized as substantiating the educational requirements as one criterion toward credentialing eligibility. **The PAVE for Veterinary Technicians Certificate is not a credential to practice as a veterinary technician.** In order to be credentialed to practice, candidates who receive the PAVE for Veterinary Technicians Certificate must also meet additional statutory criteria, including successful completion of the Veterinary Technician National Examination (VTNE). Because the requirements vary from jurisdiction to jurisdiction, candidates should directly contact the specific veterinary board(s) in which they desire credentialing.

CREDENTIALS REGISTRATION

Application information to PAVE for Veterinary Technicians is also used to populate the AAVSB's Veterinary Information Verifying Agency (VIVA) database which provides a centralized, uniform process for jurisdictional licensing authorities to obtain a primary source record of a veterinary technician/nurse's credentials. The service maintains information about veterinary technicians/nurses in the areas listed below:

- Identifying Documents
- Education & Training Background
- English Language Proficiency
- Professional Examination History
- Employment History
- Credential History

ENROLLMENT

Photocopies and faxed applications will not be processed. Program applications are accepted only online via the AAVSB website. All applications must be complete and include full payment of the initial fee before they are processed. Visa, Mastercard, Discover and American Express or any other approved payment are accepted. Additional fees will be incurred at specific steps of the program including, but not limited to, transcript and credential evaluation requirements.

ENGLISH PROFICIENCY

PAVE for Veterinary Technicians candidates must substantiate English language proficiency when submitting a PAVE for Veterinary Technicians application. English language proficiency may be established through one of the two options listed below.

Option #1: Accepted English proficiency examinations:

- Completion of the **Test of English as a Foreign Language Internet (TOEFL iBT)** with minimum section scores as follows: listening 26; speaking 26; writing 20; and reading 18; or
- Completion of the **International English Language Testing System (IELTS)** with a minimum score of 6.5 overall and minimum section scores of Speaking: 7; Listening: 6.5; Reading and Writing: 6. PAVE Candidates must take the Academic Module.

NOTE: *TOEFL and IELTS scores are considered valid for two years after the test date. English proficiency scores must be valid at the time a PAVE for Veterinary Technicians submits the application. Candidates must meet all section requirements on a single English proficiency examination.*

Option #2. Substantiation that the PAVE for Veterinary Technicians candidate has attended at least three (3) years at a secondary high school or graduated from a post-secondary, professional

veterinary technology/nursing school or equivalent program within that country under which the complete language of instruction was English. Accepted documentation includes:

- A letter received by PAVE for Veterinary Technicians directly from school officials stating the dates of attendance and verifying that the complete language of instruction was English.
- A certified or notarized copy of the final high school or post-secondary diploma or transcript received directly from the institution.

PAVE for Veterinary Technicians candidates who were homeschooled for all or part of their high school education (grades 9–12) may submit a letter from a school district official who had oversight of their home school curriculum to substantiate that the primary language of instruction was English.

Documentation that the candidate has met the English Proficiency criteria is due at the time of application.

COURSE BY COURSE EVALUATION

To meet the PAVE for Veterinary Technicians education equivalence requirement, candidates must submit to the AAVSB a completed application and relevant fees.

All supporting documentation, including official syllabi/outlines of courses completed at their recognized post-secondary, professional school of veterinary technology/nursing or equivalent program and official transcripts, must be received directly from the institution to the AAVSB or designee.

The AAVSB or its designee will review the official transcripts and content of the course syllabi/outlines of courses from the teaching institution. These documents must be submitted directly to the AAVSB by the teaching institution which provided the program and will be used to substantiate education equivalence and identify gaps in the international non-accredited curriculum completed by the candidate. Gaps will be determined by comparing completed coursework to that of the AVMA-CVTEA and CVMA accredited veterinary technology/nursing curriculum, essential skills requirements.

Any identified gaps in course curriculum and a recommendation of gap content completion will be reviewed by the PAVE for Veterinary Technicians Committee. The PAVE for Veterinary Technicians Committee will communicate directly with the candidate on next steps in the program.

GAP CONTENT COMPLETION

Upon receiving the official evaluation and to meet the PAVE for Veterinary Technicians gap content completion requirement, candidates must apply to an AVMA-CVTEA or CVMA accredited veterinary technology/nursing distance learning or on-campus program to complete and successfully pass the course(s) that contain the identified gap content.

PAVE for Veterinary Technicians candidates must provide to the AAVSB the following information before beginning the gap content completion step:

1. Copy of the acceptance letter from the AVMA-CVTEA or CVMA accredited veterinary technology/nursing college or university program.
2. Acknowledgement form provided by the AAVSB, signed by the academic dean (or designated representative) of the AVMA-CVTEA or CVMA accredited veterinary technology/nursing college or university program.

After successful completion of the gap content requirement, documentation of completion (including starting and ending dates) and official transcripts must be sent directly from the academic dean (or designated representative) of the host AVMA- CVTEA or CVMA accredited veterinary college or university program to the AAVSB.

Course(s) completed at an AVMA-CVTEA or CVMA accredited veterinary technology/nursing college or university program prior to applying to the PAVE for Veterinary Technicians program will be reviewed and considered to determine if the gap course content requirement has been met.

COMMITTEE REVIEW PROCESS

Upon receiving all documentation, the PAVE for Veterinary Technicians Committee will complete its review. If approved, PAVE for Veterinary Technicians certificates are issued. Issued certificates are subject to ratification by the AAVSB Board of Directors. Upon request from the candidate, official copies of the certificate may be sent directly to the designated jurisdiction credentialing board(s).

VTNE EXAM ELIGIBILITY REVIEW

PAVE for Veterinary Technicians Certificate holders are eligible to submit an AAVSB VTNE online application per exam eligibility requirements. Exam eligibility requirements are determined by the jurisdiction credentialing board.

TRANSLATION OF FOREIGN DOCUMENTS

Any required document (including all seals and/or stamps) not in English must include an English translation prepared and certified by an approved professional translation service. Candidates are required to request and submit original documents in addition to the certified translations. All costs associated with the translation of submitted documents are the responsibility of the candidate.

APPLICATION STATUS

A PAVE for Veterinary Technicians application fee is valid for four years while completing the program. If not completed in four years and to remain active in the PAVE for Veterinary Technicians program, candidates must notify the AAVSB in writing, pay all relevant fees, and meet current PAVE for Veterinary Technicians requirements.

PAVE for Veterinary Technicians Program established on 12.16.20. The AAVSB PAVE for Veterinary Technicians Standards and Policies as approved by the Board of Directors on 12.16.20.

Veterinary Technicians, the AAVSB is once again rising to fill a great need for the veterinary regulatory community."

In jurisdictions that accept the PAVE for Veterinary Technicians certificate, the PAVE for Veterinary Technicians Certificate is recognized as substantiating the educational requirements as one criterion toward credentialing eligibility. The PAVE for Veterinary Technicians Certificate is not a credential to practice as a veterinary technician.

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Veterinary Regulation News

Volume 27, Issue 1

New Challenges, New Opportunities

by James T. Penrod, CAE, FASLA, AAVSB Executive Director



This has been an interesting year. The AAVSB staff went virtual in March. Even for us that still come to the office, the human interaction became more important than ever. It reminds me of the song that came out this year by Alec Benjamin – the quarantine song. Part of the lyrics go “So, I miss you most at six feet apart when you’re right outside my window but can’t ride inside my car.”

What I have experienced though is not isolation. Just like you, I have participated in many virtual meetings on the computer and felt like a member of the Brady Bunch. I have participated in several of your virtual board meetings as the licensure process needs to go on. Probably like you, I have found that I have increased the amount of time I spend video chatting with my colleagues. These conversations have rein-

forced the sense of community that we all have together as veterinary regulators. As your Association executive, I feel an increased sense of partnership with you. We are all in this together to advance the regulatory process in veterinary medicine.

“We have seen a drop in time to receive license verifications from a couple weeks to a couple days on average.”

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Consistency is important in periods of change. As your membership association, we have consistently listened to your needs and worked to provide services and programs that benefit you directly. Last year at the Executive Director and Registrar session, I presented an idea to automate the license verification process. We listened to the feedback of your staff members and, as promised, launched the online license verification tool in April. By our account, we have seen a drop in time to receive license verifications from a couple weeks to a couple days on average. As a community, we all are making the licensure process more efficient. Thank you to all of you that participate in the online license verification process.

*Continued on page 2,
P205*

New Challenges, New Opportunities (continued from cover)

Your Association continues to develop new programs and services to assist you in doing your job as a regulator. Through a partnership with CE Broker, we have launched a new continuing education (CE) tracking tool which allows you to quickly and easily conduct CE audits for licensure renewal.

The Association is also expanding our VAULT program. We are working on a special designation that will assure you a licensee has met the highest licensure standards in North America and remains current and in good standing. See update on page 10 about this forthcoming program.

We are also concerned about the shortage of veterinarians and veterinary technicians. From a regulatory perspective, we do not want to see unqualified individuals taking on some of the tasks of these licensees. The Association will be charging a task force with investigating the need for an advanced level of supervised paraprofessional to fill in potential shortage areas to ensure the public continues to have access to qualified veterinary care thereby continuing to advance our joint mission of public and animal protection.

At the beginning of the year, I wrote about achieving our vision in 2020 as veterinary regulators. I don't see the pandemic as a barrier, but an opportunity to partner together and advance the regulatory process in veterinary medicine. 2020 has allowed us, together, to strengthen the veterinary regulatory community.



James T. Penrod, CAE, FASLA
AAVSB Executive Director
jpenrod@aavsb.org



AAVSB Celebrates 60 Years!



2020 marked the AAVSB's 60th anniversary. From its humble beginnings in the 1960's to the modern organization which brings together 62 Member Boards throughout North America, hundreds of content expert volunteers and a dedicated full-time staff, the AAVSB remains committed to its mission of supporting and advancing the regulatory process for veterinary medicine.

Visit vimeo.com/aavsb to view a retrospective video that looks back at the evolution of the AAVSB over the past six decades.

Important Dates for 2021

March 6, 2021: Deadline to receive proposed Bylaws Amendments

Any Member Board, Committee established by the Bylaws, or Board of Directors may propose Bylaws Amendments.

Spring 2021 (dates TBD): Board Basics & Beyond - Virtual Event

Interactive regulatory board training

May 5: Deadline to receive proposed Resolutions

Resolutions should be reserved for important or complex issues that require greater formality than a standard motion.



Above: 2019 Board Basics & Beyond Training

Spring: Registration opens for the 2021 AAVSB Meeting & Conference in Denver, Colorado

The Funded Delegate Program covers two attendees from each Member Board.

The Attorney Funding Policy is limited to the first ten Member Boards (more info to follow).

June 3: Deadline to receive nominations for open positions

Want to get involved in the AAVSB? Consider serving in a leadership role!

Visit aavsb.org/volunteer to get involved.

September 30 – October 2: 2021 AAVSB Annual Meeting & Conference, Denver, Colorado

Visit aavsb.org/AnnualMeeting for more information.

AAVSB Hires Director of License Mobility

In March, the AAVSB hired Amy Farmer as its new Director of License Mobility. This newly created position oversees the AAVSB's license mobility services, including the development of a new service for its Member Boards and veterinary licensees. This new service focuses on creating a standard for the veterinary community, allowing veterinary professionals to demonstrate their commitment to performing at the highest level.

Amy is studying the market to ensure the new program is developed and implemented with the integrity and accuracy the public has come to expect from all AAVSB programs.

Amy has extensive experience in association management, education, and animal health. She most recently served as member service coordinator for the Missouri State Teacher's Association, from 2017-2020. She previously consulted for and managed performance horse businesses in Texas from 2010-2017. Prior to that, Amy worked as an elementary school principal and assistant high school principal in Missouri. She holds multiple graduate degrees from Northwest Missouri State University and is currently enrolled in the University of Missouri – Columbia ELPA doctoral program.



The Legal Corner from Dale Atkinson: Look Who's Talking Now

In an important decision, the 5th Circuit Court of Appeals has reversed in part the District Court's dismissal of a veterinarian's case under the First Amendment and equal protection clauses of the United States Constitution. This current case is re-litigating a previous case that was the subject of a 2015 AAVSB newsletter article. In that earlier case, *Hines v. Alldredge*, 783 F. 3d 197 (5th Cir. 2015) (*Hines I*), the 5th Circuit affirmed the District Court dismissal of a case brought by a veterinarian (*Hines*) who argued that his due process, equal protection, and First Amendment rights were violated by an administrative action by the Texas Board of Veterinary Medical Examiners (Board).

Hines, a licensee for almost 40 years, was engaged in providing veterinary advice to specific pet owners about their pets via his website and without having conducted physical examinations of the animals. The Board initiated an administrative action against *Hines* and, after finding violations of state law, ordered him to cease providing veterinary advice without a physical examination. In *Hines I*, *Hines* unsuccessfully challenged the legal mandate requiring a physical examination of the animal as a prerequisite to establishing a veterinary-client-patient relationship (VCPR). *Hines* argued that his electronic communication with clients about pets without a physical examination of the animal was protected speech under the First Amendment. In rejecting this argument, the court held that the mandate of a physical examination as a basis for providing veterinary services "does not regulate the content of any speech, require any veterinarian to deliver any particular message, or restrict what can be said once a veterinary-client-patient relationship is established."

Content neutral regulation of a professional-client relationship does not violate the First Amendment. Based upon "new precedent" established in a subsequent Supreme Court of the United States (SCOTUS) opinion, *Hines* again sought relief in federal court under the First Amendment with an additional new equal protection claim. The District Court granted the Board's motion to dismiss and *Hines* appealed.

Thus, once again, the matter was before the 5th Circuit Court of Appeals.

As noted by the 5th Circuit, circumstances have changed since its 2015 opinion in *Hines I*. First, Texas revised its statutes applicable to human medicine and now allows some forms of telemedicine, removing the requirement of a face-to-face consultation as a prerequisite to establishing a physician-patient relationship. However, Texas law still requires a physical examination of the patient/animal to establish a VCPR and, ultimately, provide veterinary services. Failure to do so may result in administrative and/or criminal prosecutions.

Second, in *National Institute of Family & Life Advocates v. Becerra*, 138 S. Ct 2361 (2018) (NIFLA case), the SCOTUS ruled that requiring licensed and unlicensed crisis pregnancy centers to notify women about low costs services, including abortions, was unconstitutional under a First Amendment analysis.

In October 2018, *Hines* filed another lawsuit (*Hines II*) under the First Amendment arguing that the recent SCOTUS ruling in the NIFLA case abrogated the previous *Hines I* ruling and thus his previous case dismissal should be considered again under this recent precedent. He also alleged a new equal protection claim arguing that the physical examination requirement treated veterinarians differently from physicians who are no longer required to undertake a physical examination to establish a physician-patient relationship. The District Court granted the Board's motion to dismiss *Hines II* in June 2019. *Hines* timely filed an appeal.

On appeal, *Hines* admitted that if the NIFLA case did not abrogate the *Hines I* case, his claims have no merit and are foreclosed. Thus, the very premise of his case hinged on a finding that the SCOTUS ruling in the NIFLA case allowed *Hines II* to move forward.

The Legal Corner (continued)

For Hines II to be allowed to proceed, the NIFLA ruling must unequivocally allow for the applicability of the First Amendment protections under circumstances related to professional practice under a state-based license and speech analysis. Hines I held that a veterinarian's professional practice constitutes "conduct" and that although speech was incidentally infringed upon, the First Amendment was virtually inapplicable. The SCOTUS ruling in the NIFLA case changed that finding.

"In the current case, the Court reminded itself of the importance of in-person examinations that reduce 'the risk of misdiagnosis and improper treatment.'"

In general, abrogation follows the principle that when the SCOTUS overrules a precedent, the relevant circuit (in this case the 5th Circuit Court of Appeals) has the "authority and obligation to declare and implement this change in the law." To apply this change, the SCOTUS holding must establish a rule of law that is inconsistent with prior 5th Circuit rulings. But, the intervening change in law must be unequivocal and not merely suggest how the SCOTUS might rule in the future. It must be subject to specific applicability without conjecture.

Citing another 5th Circuit ruling in *Vizaline LLC v. Tracy*, 949 F.3d 927 (5th Cir. 2020), Hines argued that the NIFLA ruling did, indeed, abrogate Hines I. In *Vizaline*, another 5th Circuit panel ruled that the NIFLA "disavowed the notion that occupational licensing regulations are exempt from the First Amendment." Thus, the 5th Circuit in Hines II found that it was no longer bound by the precedent of Hines I. It ruled that the plaintiff may be entitled to greater judicial scrutiny than previously allowed. As a result, the 5th Circuit reversed the District Court's dismissal of the Hines II case as applied to the First Amendment claim. On remand, the District Court will address the issues of whether the licensed veterinarian's actions constitute conduct or speech.

Regarding the equal protection claim in Hines II, the 5th Circuit noted that the claims had evolved from comparing tele-practice veterinarians to other veterinarians (in Hines I), to comparing veterinarians to human medical licensees/physicians. To substantiate a claim under the equal protection clause of the United States Constitution, a plaintiff must prove that similarly situated individuals were treated differently. If government actions do not treat like persons or groups differently, then such government actions do not deny equal protection.

Under a legal analysis of equal protection and because Hines is not a member of a suspect class, the state must only establish that the legislation is rationally related to a legitimate government interest. State legislatures are granted much latitude when enacting statutes but that latitude is not limitless and the statute(s) in question must actually be rational.

In its analysis, the Court reviewed a relatively recent 5th Circuit opinion captioned *St. Joseph Abbey v. Castille*, 712 F.3d 215 (5th Cir. 2013). In *St. Joseph*, the 5th Circuit upheld a lower court ruling that had struck down regulations that limited the authority to sell caskets to only licensed funeral directors. The opinion addressed both due process and equal protection arguments. The court found no rational basis for requiring a license to sell caskets as such regulation was merely protecting the economic interests of the industry within Louisiana.

In the current case, the Court reminded itself of the importance of in-person examinations that reduce "the risk of misdiagnosis and improper treatment." Because the equal protection argument between veterinarians and telemedicine veterinarians was determined in Hines I, the court emphasized that such issue was foreclosed and was unable to be re-addressed.

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The Legal Corner (continued from page 5)

It turned its attention to the current argument that alleged disparate treatment between human medical practitioners using telemedicine and tele-veterinarians in violation of the equal protection clause.

The State/Board offered arguments related to the ability of human patients to communicate symptoms via electronic means while animals cannot. Further, humans “typically understand human physiology better than animal physiology.” To rebut these arguments, Hines cited inconsistencies by identifying exceptions to the norms such as humans who are unable to communicate, like infants.

The court agreed with the State/Board. It held that it is rational to distinguish between humans and animals based upon the “species’ differing capabilities.” The court also noted the differing practice acts that govern each respective profession and the differences in rulemaking and enforcement entities, educations, examinations, continuing education and more. While there are similarities, the court found that it is rational to believe that “regulations suitable for one profession are not constitutionally required for the other.” Accordingly, the court affirmed the District Court’s ruling dismissing the equal protection claims.

The application of the First Amendment will be considered by the District Court in Hines II on remand from the 5th Circuit Court of Appeals. This analysis and decision are extremely important as the court distinguishes between conduct and speech. Many professions should pay attention to this case. More to come.



Hines v. Quillan, 220 U.S. App. LEXIS 37725 (5th Cir. 2020)

***Dale Atkinson, JD
 AAVSB Legal Counsel
 Atkinson & Atkinson, LLC
 1466 Techny Rd
 Northbrook, IL 60062
 P210***

2020 AAVSB Annual Meeting & Conference Virtual Event Recap

Nearly 300 Member Board Members, Executive Directors & Registrars, Member Board staff, and allied groups participated in the 2020 AAVSB Annual Meeting & Conference Virtual Event. The online event took place from September 22 through October 8. It included six educational sessions for all members of the veterinary regulatory community, one session specifically for Executive Directors and Registrars, and several opportunities for attendees to network in small groups and one-on-one. Due to the nature of the AAVSB's business sessions, the annual Delegate Assembly was postponed until 2021 and all officers remained in their positions.



If you'd like to revisit a session, all of the educational sessions were recorded and are available as a resource to Member Boards. Please contact Member Services Concierge Lainie Franklin at efranklin@aavsb.org to request a recording.

Educational Sessions included:

- Veterinary Virtual Care Panel
- Wellness During the Pandemic
- Measuring Regulatory Performance
- Cannabinoids in Veterinary Medicine
- Permissionless Innovation
- Top Legal Cases



AAVSB Hires New Program Associate



In August, the AAVSB hired Lauren Abbott as its new Program Associate for continuing education services. Her duties include processing RACE® program applications, communicating with consultants and providers, and problem solving discrepancies in data.

Lauren graduated from the University of Arkansas in 2019 where she received a Bachelor of Science in Business Administration. Her work experience includes administrative support for a construction company, recruiting for a global staffing agency, and multiple internships.

Lauren lives in Kansas City, Missouri with her maltese dog Bogey. She is originally from the Joplin, Missouri area.

AAVSB Forges Ahead in Policy Leadership

Policy leadership is a strategic priority for the AAVSB and the AAVSB's Regulatory Policy Task Force (RPTF) is working committedly to create resources for Member Boards on pressing issues in the regulation of veterinary medicine. In 2020, the RPTF achieved the release of two model regulations for Members Boards to use in developing new regulations or rules that address the specific language found in their existing statute or bylaws.

Model Regulation: Scope of Practice for Veterinary Technicians and Veterinary Technologists

Released in December 2020, this model regulation offers further advisement on the definitions of immediate, direct, and indirect veterinarian supervision and provides the allowable animal healthcare tasks veterinary technicians may perform within each. For common terminology, veterinary technician is used to identify a credentialed veterinary technician/nurse or veterinary technologist. In all cases, jurisdictions are strongly encouraged to specify the roles of each designated title (in the rules), recognizing that all veterinary employees must be supervised by a veterinarian.

Model Regulation: Appropriate Use of Opioids in Veterinary Medicine

Released in October 2020, this model regulation's language ensures veterinarians follow best practices when dispensing and prescribing opioids. The veterinary community's role in the opioid epidemic is unclear. However, veterinarians prescribe, dispense, administer, and stock many of the same opioid drugs that have the potential to be diverted and abused by humans. The AAVSB encourages its Member Boards to be a part of the effort to address this national crisis.



Pictured: RPTF, August 2019. They have been meeting virtually during the COVID-19 pandemic.

Subgroups Tackling Additional Topics

Subgroups within the RPTF are also tackling topics such as cannabis and prescription drug monitoring programs in veterinary medicine and corporate ownership of veterinary practices. Their efforts continue into 2021 alongside the RPTF's ongoing management/development of the AAVSB Practice Act Model in support of the AAVSB's mission to support and advance the regulatory process for veterinary medicine.

Access the AAVSB Practice Act Model and all model regulations online at: aavsb.org/PAM.

2021 Board Basics & Beyond Training - Virtual Event

Board Basics & Beyond is an interactive training session designed with the new board member, executive director or registrar, board staff, or attorney in mind. Participants acquire knowledge and skills necessary to excel in their regulatory role. This seminar is ideal for individuals new to their position or those wishing to learn more about being a regulator.

COST: \$100 per person

- Due to the ongoing COVID-19 pandemic, the 2021 training will be a virtual event, to be held spring 2021.
- Dates are to be announced.
- Visit aavsb.org/BoardBasics for more information.



Pictured: Dale Atkinson, Esq. facilitates Board Basics & Beyond Training in 2019.

Contact Member Services Concierge Lainie Franklin at efranklin@aavsb.org with questions.

Member Board Executives, Members, Staff, and Attorneys gain an understanding of:

- Terminology: The Importance of Language
- Practice Act Models
- Basic Board Operations
- Board Authority, Delegation, & Conflict of Interest
- Enforcement, Discipline & Sanctions
- Outreach & Social Media
- Protecting the Board & Staff through Immunity

AAVSB Hires New Program Associate

In September, the AAVSB hired Elliott Yoakum as its new Program Associate for the VAULT program. He primarily works processing the hundreds of VAULT Premium Transfer Service for Veterinarians service requests.



VAULT Premium is the most comprehensive transfer service the AAVSB offers for licensees. It is a detailed process that takes most of the complex administrative work and document gathering out of the hands of the license applicant and the regulatory board and into the hands of the AAVSB.

Elliott recently graduated from William Jewell College in Liberty, Missouri, where he received a Bachelor of Arts in Literature & Theory. His collegiate journey included internships in finance and theatre, writing and editing for the college's newspaper, and time spent as a Visiting Student at Mansfield College, University of Oxford, England.

Elliott was born in Russia, but has lived most of his life in the Kansas City metropolitan area. He currently lives in Liberty, Missouri with his yorkie-maltese dog Atticus.

The Gold Standard for Veterinary Technicians - NEW Program Coming 2021

During the 2018 AAVSB Annual Meeting & Conference in Washington, DC, an idea was introduced to create a standard for the veterinary community, allowing veterinary professionals to demonstrate their commitment to performing at the highest level. A member of this program will be a role model for colleagues, highly regarded in their workplace, and a sought after employee for practices looking to hire exemplary professionals. This program also assures the broader veterinary community benefits from identifying those that meet the highest bar. Employers are assured these professionals are of the highest caliber. Clients will take comfort in knowing the best of the best are treating their family members. And AAVSB Member Boards are assured of accurate, up-to-date information regarding their licensees.

How will it work?

The program will begin with AAVSB Member Board credentialed veterinary technicians, a veterinary professional with the most wide-ranging standards across North America. As veterinary technicians sign on to the program, the AAVSB will collect, verify, and store their qualifications and accomplishments, acting as an easily accessible professional repository for the licensee. That repository is housed in the Veterinary Information Verifying Agency (VIVA), a secure and comprehensive database of licensing information established by the AAVSB Member Boards in 1994.

This gold standard program will validate and recognize that these veterinary technicians have:

- An accredited degree in veterinary technology or equivalent;
- Passed the VTNE;
- Hold at least one current credential from an AAVSB Member Board;
- Credentials are in good standing; and
- Continuing education credits exceed the most stringent regulatory requirements.

Having met the above standards, members of the program will distinguish themselves from other veterinary professionals.

What's in it for program participants?

Once admitted to the program, veterinary technicians will receive a variety of additional service and program benefits such as:

- A complete professional profile accessible to them on demand;
- An upgraded RACEtrack account, which allows for automated tracking of continuing education;
- Upgraded advanced search capabilities of continuing education opportunities;
- Access to a credentialing road map for any Member Board jurisdiction; and
- Digital badges and other items to identify themselves as part of the program.



Continued on page 11,

The Gold Standard (continued)

What's in it for the AAVSB Member Boards and the veterinary community?

Our staff at the AAVSB will work cooperatively with the Member Boards to house all information regarding specific jurisdiction credentialing requirements.

Creating this licensure repository will ease the burden of repetitive requests for basic information from the Member Boards and provide Member Boards access to the AAVSB's new continuing education auditing service RACEtrack.

Even more significant, the program promotes the importance of public protection through proper, efficient regulation of veterinary professionals and honors our promise to support the entire veterinary community.

What's Next?

This program establishing the gold standard for veterinary technicians will be introduced in April as part of the Veterinary Technician National Exam (VTNE) application for the summer testing window. It is essential that a program as unique and innovative as this has a successful launch. Initially, we will focus our efforts on a smaller number of applicants within jurisdictions that currently regulate technicians. We will also be able to track what services they use, their responses, and their needs. The second phase will occur in September and open the program to currently credentialed technicians.

Contact Director of License Mobility Amy Farmer at afarmer@aavsb.org with questions.

Wellness Corner

Licensee wellness is a hot topic right now in veterinary regulation. Veterinary professionals experience high rates of depression, anxiety, suicidal thoughts, substance abuse, and other work-related stresses. Regulators are tasked with finding the right balance between protecting the public from unsafe practice and providing help for struggling licensees. Member Boards can rely on the AAVSB to provide resources and information that they can use to enrich licensee wellness in their jurisdictions. Resources include:

- Recorded Wellness educational sessions from the 2016 & 2020 Annual Meeting & Conferences.
- Recorded *VetBoard Connect* webinar on how to create a wellness program.
- Revisions in the AAVSB Practice Act Model in 2019 providing regulatory direction to defer action with regard to an impaired licensee who voluntarily signs an agreement to participate in an approved treatment and monitoring program. See Section 213(a)(9) and Section 401(b) at: aavsb.org/PAM.
- The AVMA & RCVS Joint Statement on Mental Health and Wellbeing in 2021.

For more information and copies of these resources, contact Lainie Franklin, Member Services Concierge, at efranklin@aavsb.org.

CE Tracking Made Easy for Member Boards with RACEtrack

The AAVSB is thrilled to roll out to its Member Boards and their licensees the veterinary profession's most comprehensive continuing education (CE) tracking solution - RACEtrack! Now powered by CE Broker, the worldwide leader in CE tracking software, the AAVSB's RACEtrack system makes tracking CE easy for both licensees and regulators.



Member Boards can utilize a new robust audit feature to readily access any information they need to make informed licensure decisions. For this feature to work optimally, Member Boards need to send the AAVSB their licensee lists.

Licensees can search for RACE-approved courses, digitally store their CE certificates, and receive reminders when their CE is due. They can send their CE records directly to participating Member Boards.

To learn more about how RACEtrack can benefit your board and to inquire how to securely send the AAVSB licensee lists, please email: RaceTrack@aavsb.org.

AAVSB VTNE® Celebrating Diversity Award

In December, the AAVSB announced the AAVSB Veterinary Technician National Examination Celebrating Diversity Award, which will be awarded on an annual basis beginning Spring 2021. The award recipient will receive a VTNE exam voucher for their VTNE online application.

AAVSB President Dr. Roger Redman said, "This award will help our Member Boards honor their commitment to celebrating the diverse backgrounds of the veterinary technicians that work tirelessly every day keeping our pets, livestock, and wildlife safe."

Selection Criteria

This award will be given to a veterinary technician/nursing student from an AVMA-CVTEA or CVMA accredited veterinary technology/nursing program who is expected to graduate no later than June of the calendar year. This award will be presented to a minority student who has been traditionally underrepresented in the veterinary technician profession, inclusive of Black/African American, American Indians and Alaska Natives, Asians and Pacific Islanders, Hispanic/Latinx, LGBTQ, and students with disabilities.

The award recipient will be selected based on their commitment to fostering, cultivating, and preserving a culture of diversity, equity, and inclusion, and treating everyone with respect and dignity.

Contact Senior Director of Program Services Nancy Grittman at ngrittman@aavsb.org with questions.

A Letter from AAVSB President Dr. Roger Redman

It is an absolute honor to be serving as your AAVSB President, especially as we all navigate these challenging times together. I want you to know that we stand, as YOUR association, ready and willing to help you and your board navigate the murky waters before us.

Let me share what we have been doing to assist you and your board or council. Every year we conduct a strategic planning session, often over the course of several days, to set the direction for your association. As part of that process, we conduct an environmental scan to look at trends and issues shaping our world and how they may affect the veterinary profession. This process prepares us for the future and enables us to provide programs and services to you, our Member Boards, that help you in assisting your licensees and the public.

Telehealth

The COVID-19 pandemic has had a tremendous effect on the implementation of telehealth in veterinary medicine. It has also accelerated our thinking on how we regulate veterinary telemedicine. The time is now to review your rules and regulations as they relate to telehealth. Thanks to the strategic planning processes mentioned above, the AAVSB previously considered the regulatory implications of veterinary telemedicine and charged the AAVSB Regulatory Policy Task Force to develop a model guidance document to assist you in having conversations around telemedicine. The guidance document puts the responsibility of sound medical decision-making via telemedicine on the veterinarian, where it belongs. The Guidelines for Telehealth were approved at the Delegate Assembly in 2018. The AAVSB Practice Act Model (PAM) and the Guidelines for Telehealth are available on the AAVSB website for your use at: aavsb.org/PAM. As always, please reach out if you need assistance with drafting regulatory language for your jurisdiction.

RACE

During the pandemic, many Member Boards also changed rules concerning continuing education to accommodate the inability for licensees to attend in-person events. In 1997, the AAVSB established a task force to study continuing education and out of that the Registry of Approved Continuing Education (RACE) program was born. The purpose of the RACE program, the gold standard in veterinary CE, is the development and application of uniform standards related to providers and programs of continuing education in veterinary medicine ensuring all RACE-approved providers and programs meet those standards. The delivery of live virtual events as well as recorded events had always been considered in the RACE Standards, making the RACE program approval even more important during this pandemic. You can take great comfort in knowing RACE-approved events have been meticulously reviewed.

RACEtrack

We are excited to be rolling out RACEtrack, an efficient CE tracking program for your licensees. Veterinarians and technicians in your jurisdiction merely create a RACEtrack account through: aavsb.org/RaceTrack. Every RACE-approved CE event they attend will automatically populate in their RACEtrack account. It also allows them to upload certificates of attendance for non-RACE providers as well. How does this help you and your Member Board? It will allow you to easily audit your licensees' CE attendance in one simple location. No longer does the licensee need to keep paper records to prove they have met your CE requirements and you have the assurance that the licensee actually attended.

Continued on page 14,

President's Letter (continued)

Additional features are available for the licensee to set reminders of meeting continuing education requirements in multiple jurisdictions and to ensure that the CE achieved meets each jurisdiction's standards. If you need assistance connecting to RACEtrack or promoting its use to your licensees, please reach out to AAVSB Continuing Education Manager Jessica Znidarsic in our office at: race@aavsb.org.

Thanks to our strategic planning processes, the AAVSB was ready and prepared to meet your needs during this pandemic. We look forward to continuing to develop programs and services which advance the regulatory process for veterinary medicine. As veterinary medical professionals we are a guiding light and valuable source of direction in times of global health crisis. I am proud to be your President and working alongside you to further the advancement of veterinary regulation, especially during this time. Please stay safe and healthy in this new year.

Professionally Yours,



A handwritten signature in black ink, appearing to read "Roger S. Redman, DVM". The signature is fluid and cursive.

Roger S. Redman, DVM
AAVSB President
president@aavsb.org

AAVSB Hires New Receptionist

In September, the AAVSB hired Sandy Castello as its new Receptionist. She is the first face staff, visitors, and delivery people see when they enter the AAVSB's Kansas City, Missouri corporate headquarters. Her duties include answering and transferring general phone calls and emails, maintaining office supplies, managing incoming and outgoing mail, and more.

Sandy has extensive experience in administrative support including working for a law firm, a children's museum, and the State of Kansas. She recently relocated to Kansas City, Missouri from Topeka, Kansas. She's originally from San Francisco, California, and has also lived in Nevada and Idaho. She has two adult sons, Edward (who lives in Kansas City) and John (who lives in Denver, Colorado).



Sandy earned her Bachelor of Science degree from the University of Nevada.

2021 AAVSB

ANNUAL MEETING

& CONFERENCE

DENVER, COLORADO

SEPTEMBER 30 - OCTOBER 2, 2021



aavsb.org/AnnualMeeting



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To support and advance the regulatory process for veterinary medicine.

AAVSB VISION

To be the primary source for comprehensive information that strategically strengthens the veterinary regulatory community.

AAVSB VALUES

Protection of the public
Reliability & accuracy
Ethics & integrity
Service excellence
Active participation & collaboration
Stewardship of resources



aavsb.org/SocialMedia

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Media Contact
Garth Jordan
Chief Executive Officer
American Animal Hospital Association
garth.jordan@aaha.org
Cell: 303-748-8404

Veterinary Visionaries collaboration forms a united front for a post-COVID world

[Lakewood, Colorado—February 25, 2021]—A large number of veterinary associations have started a new collaboration called Veterinary Visionaries to bring their collective memberships together to share ideas, co-create solutions, and unify our industry’s approach to solving shared challenges.

The American Animal Hospital Association (AAHA) is joined by the **American Association of Veterinary State Boards**, the American College of Veterinary Internal Medicine, the American Veterinary Medical Association, and many other state and national associations in this unique initiative. See the full list at aaha.org/visionaries.

Co-creating the future together

The veterinary industry is highly fragmented with hundreds of associations and nonprofits. While each serves a great purpose, that fragmentation hampers the co-creation and sharing of useful solutions to shared challenges.

“The ‘why’ of Veterinary Visionaries is simple. We believe members of our veterinary associations share a variety of difficult challenges for which they can be better served by a broad, coordinated, and inclusive approach to solving,” said AAHA CEO Garth Jordan, MBA, CSM, CSPO.

In the long term, Veterinary Visionaries will build a community and programs that work toward solutions to big issues such as addressing a lack of diversity in the profession and ongoing public health concerns, as well as strategically planning for opportunities such as telehealth, including advanced technology and AI, and keeping pace with evolving veterinary science.

“Our first event is only a baby step, a practice-run to get us used to working in a large collaborative space as a coalition of like-minded associations. From here, we will begin marching toward an open and diverse community, helping our members solve shared challenges of our industry together. This is not just about virtual conferences, but about facilitating solving in a more inclusive way.

We encourage every veterinary association to join our collaborative effort so our collective memberships can work on **Grand Challenges** together. We believe co-creation is the best way for us to make industry-wide progress,” said Jordan.

Veterinary Visionaries: Changemakers 2021

For its inaugural event, Veterinary Visionaries is hosting a free virtual gathering on April 7 (12:00 pm to 3:00 pm Eastern time), open to anyone in the profession. Three 50-minute sessions will celebrate the unsung heroes of 2020, highlighting first-hand stories of veterinary hospital team members who made critical decisions in the moment and have continued every day since to reimagine the profession over the past year.

“Crisis caused the acute response, but leaders caused lasting change,” said AAHA Chief Medical Officer, Heather Loenser, DVM. “With this event, we aim to provide tangible, practical advice from actual veterinary teams who rose above 2020 and changed how they worked together now, as well as how their practices will do things in the future.”

See session descriptions and get the free registration link at aaha.org/visionaries. #seethechange

##

About Veterinary Visionaries

Established in 2021, Veterinary Visionaries is a collaboration of veterinary associations bringing their collective memberships together to share ideas, co-create solutions, and unify our industry’s approach to solving shared challenges. Learn more at aaha.org/visionaries.

About AAHA

Since 1933, the American Animal Hospital Association has been the only organization to accredit veterinary hospitals throughout the US and Canada according to more than 900 standards directly correlated to high-quality medicine and compassionate care. Accreditation in veterinary medicine is voluntary. The AAHA-accredited logo is the best way to know a practice has been evaluated by a third-party. Look for the AAHA logo or visit aaha.org.



AVMA guidelines for the use of telehealth in veterinary practice

IMPLEMENTING CONNECTED CARE





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To view hyperlinks found throughout these guidelines, go to avma.org/telehealth and download the electronic version.

INTRODUCTION

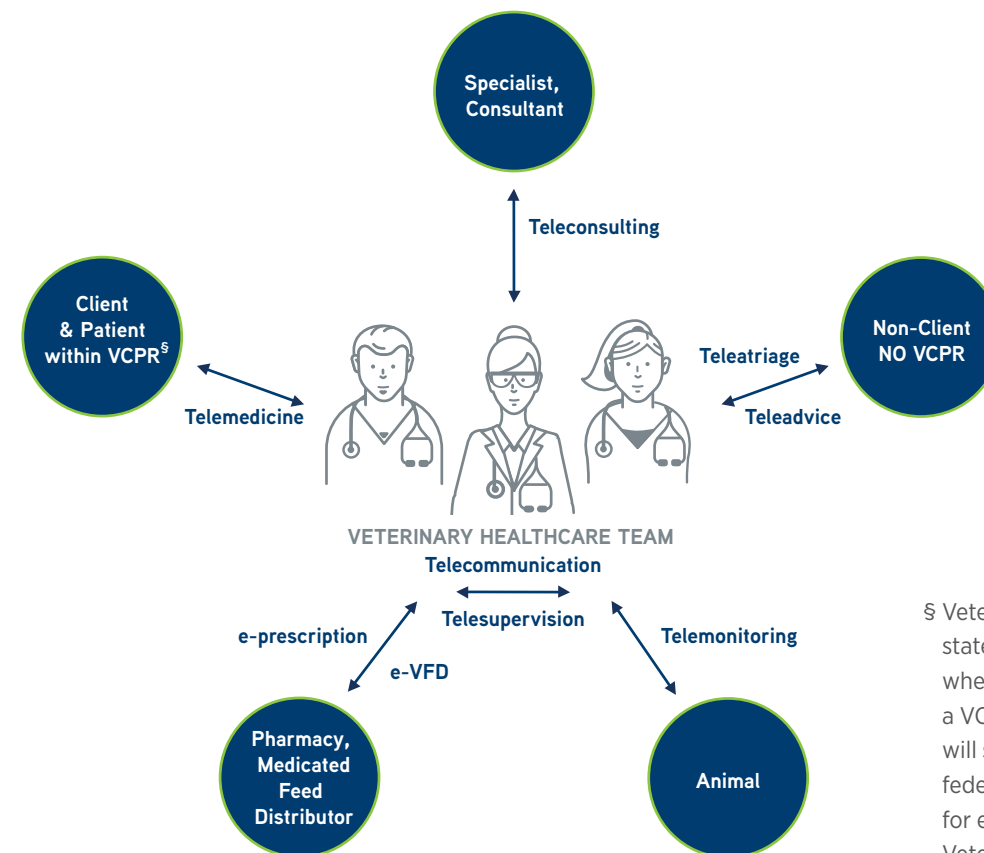
This document has been developed to help you thoughtfully integrate telehealth into your veterinary practice. Doing so provides an opportunity to improve access to your services, enhance the medical care you provide for your patients, and better support and strengthen your relationship with your clients.

ABOUT VETERINARY TELEHEALTH

Veterinary telehealth is the use of telecommunication and digital technologies to deliver and enhance veterinary services, including veterinary health information, medical care, and veterinary and client education. Technologies that support telehealth have been around in various forms since the mid to late 19th century. The earliest uses of telehealth likely involved transmission of veterinary health information via telegraph, and later over the telephone. While electronic transmission of veterinary health information has occurred in some form for decades, there is no question that the opportunity and ability to acquire, process, and transmit high volumes and quality of data, including health information, is increasing at an exponential rate. E-mail and text messaging, live audio and audio/video conferencing, store-and-forward electronic transmission of a variety of types of data, remote patient monitoring, electronic medical records, and artificial intelligence (AI)-assisted diagnostics are examples of modern technologies currently used in veterinary telehealth. Telehealth is a tool of practice, not a separate discipline within the profession.

DEFINITIONS

There is confusion surrounding the many terms that are used within the field of telehealth. While many are related, they each have a specific meaning.



§ Veterinarians should consult state requirements to determine whether it is possible to establish a VCPR electronically. If so, they will still need to comply with federal requirements for the VCPR for extralabel drug use or issuing Veterinary Feed Directives.

The terms used in this guidance have the following meanings:

Connected Care is the integration of digital technologies to enhance and support the veterinarian-client-patient relationship (VCPR) and facilitate proactive and ongoing care through improved communication, diagnosis, and monitoring. It is an approach to veterinary practice that is patient- and client-centered, and actively engages the entire veterinary healthcare team.

Telehealth is the overarching term that encompasses all uses of technology to remotely gather and deliver health information, advice, education, and care. Telehealth can be divided into categories based on who is involved in the communication. For communication between veterinarians and animal owners there are two important categories that are distinguished by whether a VCPR has been established:

- Without a VCPR, telehealth includes the delivery of general advice, educational information, and teletriage (to support the care of animals in emergency situations).
- Telemedicine includes the delivery of information specific to a particular patient, and is allowable only within the context of an established VCPR.

Teleadvice includes the provision of any health information, opinion, guidance or recommendation concerning prudent actions that are not specific to a particular patient's health, illness or injury. This general advice is not intended to diagnose, prognose, treat, correct, change, alleviate, or prevent animal disease, illness, pain, deformity, defect, injury, or other physical or mental conditions. Examples include recommendations made by veterinarians or non-veterinarians via phone, text or online that all animals should receive physical exams or premise visits as part of a comprehensive healthcare plan, or reference to the importance of attending to regular vaccination or parasite prevention as a key part of preventive care.

Telemedicine involves the use of a tool to exchange information about a patient's clinical health status electronically from one site to another. Examples include using technology to communicate with a client and visually observe the patient during a postoperative follow-up examination and discussion.

Teleconsulting refers to a primary care veterinarian using telehealth tools to communicate with a veterinary specialist or other qualified expert to gain insights and advice on the care of a patient.

Telemonitoring, mHealth or mobile health employs mobile devices. Some mHealth applications and wearables are designed to augment animal health care within VCPRs, while others are designed and marketed directly to consumers for their education and for animal monitoring without clinical input (outside of a VCPR).

Teletriage is the safe, appropriate, and timely assessment and management (immediate referral to a veterinarian or not) of animal patients via electronic consultation with their owners. In assessing a patient's condition electronically, the assessor determines urgency and the need for immediate referral to a veterinarian, based on the owner's (or responsible party's) report of history and clinical signs, sometimes supplemented by visual (e.g., photographs, video) information. A diagnosis is not rendered. The essence of teletriage is to make good and safe decisions regarding a patient's disposition (immediate referral to a veterinarian or not), under conditions of uncertainty and urgency.

Telesupervision is the supervision of individuals using mediums such as audio or audio/video conference, text messaging and email. Clinical supervision is integral to continuing professional development of health professionals. While telesupervision may be useful in any context, its value is amplified for health professionals working in rural and remote areas where in-person access to supervisors within the local

work environment is often diminished. While telesupervision offers innovative means to undertake clinical supervision, there remain gaps in the regulatory parameters of use in clinical practice. State regulators will need to address whether telesupervision is considered direct or indirect supervision, or some new, to-be-defined category of supervision. Telesupervision involving the practice of veterinary medicine should not be undertaken without a clear regulatory framework in place.

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WHAT CAN BE ACCOMPLISHED THROUGH TELEHEALTH TECHNOLOGY?

You likely have been using telehealth throughout your veterinary career. Every time you take a phone call from a client whose animal you recently saw in your practice as a means to follow up on a case, you are practicing telemedicine. You have likely struggled, at times, to determine whether a patient needed to be re-evaluated sooner than planned. By adding audio/video conferencing to the equation, you now have information from two more senses (sight and sound) and the potential to obtain visuals of the patient, in addition to the owner's description of progress (or not), to help you make that decision. Information from remote monitoring, as well as from AI-assisted diagnostics, may further support your clinical acuity in making decisions and delivering good recommendations for your patients' care.

POTENTIAL APPLICATIONS OF TELEHEALTH IN YOUR PRACTICE

How might telehealth be integrated into your practice? It could take many forms, depending on the needs of your current and potential clients, and those clients' level of interest and comfort with electronic technology and communications. Here are some possible applications to consider as you decide how telehealth might support delivery of services for your existing patients and clients, as well as potential patients and clients.

Sharing general animal health information

Veterinarians and their teams already offer general, non-patient-specific information (teleadvice) over the phone, and via text, email, and their practice website or social media pages. Often this information is provided free of charge. Offering more structured teleadvice services can provide an opportunity for veterinarians and their team members (e.g., veterinary technicians, veterinary assistants) to use and be compensated properly for their training and skills, and can also create unique opportunities to attract new clients, particularly if your veterinary hospital has one or more areas of special interest or particular expertise and that is evident in your offerings.

Expanding access to veterinary care

Despite all the advances in veterinary medicine, there are still clients who struggle to access routine veterinary care for their animals for a variety of reasons. Excessive distances, available transportation (including availability and ease of transportation for the patient), disability, language barriers, and financial issues are some examples of roadblocks. Today's high-quality telecommunication tools and software applications can provide almost seamless communication between clients and veterinary healthcare teams at a distance, making it easier for clients to access veterinary expertise.

If you have clients for whom recurring trips to the veterinary hospital serve as a deterrent to accessing veterinary care, consider customizing a telemedicine offering that makes your services more convenient for them to utilize. Many services are possible with telemedicine, as long as a VCPR that satisfies state and federal requirements is in place, and the attending veterinarian is comfortable assessing the patient remotely and feels able to exercise good clinical judgment in caring for the patient.

Potential clients may benefit from educational offerings addressing the importance of preventive care or safety for and around animals.

After-hours care

Clients want and expect 24/7 services, including veterinary care. Traditionally, access to after-hours care has meant that the client leaves a message with an answering service and waits for the veterinarian to call them back. Today's client generally expects more. Implementing teletriage services can help meet client expectations and patient needs, assist in scheduling with prioritization given to urgent cases, while also allowing veterinarians to better manage their work-life balance.

Implementation of telehealth within a practice should stay focused on three goals:

1) Improve the level of care for the patient, 2) Increase access of underserved populations to veterinary medical care and 3) improve utilization of all members of the veterinary healthcare team.



Assessing client compliance and patient progress

Evaluating progress after treatment - including checking client compliance with your recommendations and adjusting those recommendations as needed - is critical for successful outcomes. Using tools of telemedicine can enhance continuity of care. For example, you can use photos and video to help evaluate healing of incision sites; video to monitor the patient's gait and overall mobility; video to see the patient's general demeanor and evidence of return to normalcy after treatment; and electronic transfer of herd records to keep an eye on health and production. Such consultations can be conducted in real time or asynchronously depending on needs and preference. Cases that may lend themselves to electronic appointments include, but may not be limited to, medical rechecks (e.g., chronic dermatological cases; gastrointestinal issues pending additional workup; osteoarthritis; herd or other animal group record evaluations; including assessments of regularly collected laboratory, health, and production data), post-surgical evaluations; follow-up behavioral consults; and digital necropsy (a standard set of images is obtained during the procedure and shared with the veterinarian). Using tools of telemedicine can support coordination with onsite paraprofessionals, such as the exchange of diagnostic images and case status between veterinarians and farriers involved in the management of certain conditions of the equine foot. Telehealth tools can also be used to provide clients with up-to-date information about hospitalized patients, including - for longer term patients - an opportunity to view their animal and see what progress has been made during the course of treatment.

Palliative care

When the stress of a trip to the hospital might exacerbate an animal's already deteriorating health, telemedicine provides a convenient way to check in on these patients. This is especially helpful for patients when clients might otherwise forego a veterinary hospital visit because of the frequency of visits required and time limitations, challenges the animals themselves may present for transportation (e.g., cats who dislike both the carrier and the vehicle ride), and/or how the animal reacts to hospital visits overall. A telemedicine evaluation allows you to get a general sense of the animal's overall wellbeing and can help determine whether treatment plans should be adjusted or an in-person examination is needed.

Artificial intelligence-assisted diagnostics

Virtually every area of life has been touched by AI, enhancing our understanding of complex issues and increasing the likelihood of better outcomes because large amounts of data can be more rigorously analyzed. With its robust ability to integrate and learn from large sets of clinical data, AI can serve roles in diagnosis, clinical decision making, and personalized patient care. Veterinary medicine is experiencing rapid advancements in AI, including deep learning, machine learning, natural language processing, and robotics, with current applications in the areas of triage, image interpretation (radiologic and pathologic), disease/condition diagnosis, patient monitoring, drug development, and even robotic surgery. Applying AI to health care supports veterinarians, including those in both primary care and specialty practices, by better integrating information and increasing the accuracy of a diagnosis, reducing the likelihood of errors in diagnosis, and earlier identification of subtle changes in patient health that can lead to more proactive intervention.

Remote patient monitoring

Remote patient monitoring (RPM) uses digital technologies to collect medical and other types of health data from patients in one location and electronically transmit that information securely to healthcare providers in a different location for assessment and recommendations. It can be used by veterinarians and their clients to increase the amount of information available about a patient's health and, thereby, improve diagnostic and treatment decisions and assess client compliance with recommendations.

- Synchronous or real-time monitoring/communication is where video or other data are shared and evaluated in real-time. Live video streaming is the most common approach to synchronous RPM, but a variety of technologies are available that can deliver information about an animal's environment, feed consumption, activity, and physiological parameters (e.g., heart rhythm, temperature) in real time.
- Asynchronous monitoring/communication is where video or other data are recorded and then sent to the veterinarian at a later time.

Examples of RPM being used in veterinary medicine include microchips that also measure body temperature, with the potential for earlier detection of certain diseases and stressors; continuous monitoring of glucose concentrations in diabetic patients; time lapse videography to evaluate lying time in dairy cattle as a measure of cow comfort; the use of smart-sensing technologies to provide critical environmental information in poultry production facilities; electronic feeding stations that record individual animal feeding patterns and daily intake; evaluation of lameness in a variety of veterinary patients via accelerometer-based monitors or cameras; and assessment of growth rate and external parasite loads of finfish via video sampling. Some veterinarians even use video monitors in their hospital so that they can keep an eye on their hospitalized patients or those continuing to recover from anesthesia even when they are not in the immediate vicinity.

Sometimes veterinary paraprofessionals or clients may directly participate in such monitoring, such as when technology is employed that allows a stethoscope or similar monitor to be positioned on the patient with the sounds and, sometimes, an ECG tracing then transmitted electronically to the veterinarian.

Specialty consultations

Creative and appropriate use of telehealth can improve access to specialists for primary care veterinarians and their patients/clients. Live video teleconference and e-consultation can be used by primary care veterinarians to connect with providers of specialized services for real-time support. Such consultations are enhanced by electronic technology that allows rapid sharing of medical records, high-quality radiologic images and other test results. And, just as for primary care veterinarians, telemedicine allows specialists who have established a VCPR to better connect with their patients and clients and manage chronic cases.

Three-way consultations including the client, primary veterinarian, and specialist may be considered in situations where the specialist needs to interact remotely with the client and/or patient, but where the specialist has not been able to establish a VCPR. Such an approach can help with access to specialists in areas where a particular specialty is currently unavailable or existing specialists are overutilized impacting their ability to schedule

in-person appointments in a timely fashion. State and federal regulations should be clearly understood in these situations before taking this approach.

Education

Connected Care provides multiple opportunities to support your client education efforts. Informed clients better understand their animals' health status and may be more likely to comply with your recommendations with a net improvement in patient outcomes. A thoughtful approach to client education can also improve utilization of the training, skills, and time of the entire veterinary healthcare team.

- Digital diagnostics — Digital microscopes and otoscopes can provide clients with a real-time view of exactly what the veterinarian is seeing, and digital stethoscopes allow clients to hear exactly what the veterinarian is hearing. These tools can provide great support for client understanding of their animals' health concerns and make them more amenable to following your advice. While still somewhat expensive for routine veterinary use, digitally enabled drug containers with accompanying smartphone applications provide reminders when it's time to administer medication and can also provide a gentle compliance assist.
- Client webinars — For years it has been common for veterinarians to offer educational classes in the clinic or in community venues, such as the local library. Now these same types of classes can be offered via live and/or recorded webinars or livestreams and videos delivered via social media. Live presentations allow clients to interact with the presenter, while recorded ones offer the convenience of viewing whenever the client has time. Webinars can be used to provide general health or animal care information (e.g., importance of regular examinations and preventive care, basic house/behavioral training, grooming and hoof care, holiday hazard proofing) or may be customized to target clients, individually or in groups, whose animals may have a commonly encountered medical condition the management of which benefits from more complete understanding (e.g., endocrine conditions, such as diabetes; renal disease; laminitis). Multiple members of your veterinary healthcare team can and should participate in providing this

education, consistent with their training and within their scope of practice.

- Individual client instruction — Veterinary technicians and veterinary assistants can use tools of telehealth to review with clients how to administer subcutaneous fluids, ophthalmic ointment, and other medications; provide routine dental care; care for wounds and manage bandages, splints/casts, or external fixators; understand and manage their animal's undesired behavior; and implement nutritional recommendations. As always, the role of the team member in providing these services needs to be consistent with their scope of practice.

Don't forget that tools of telehealth can also be used to deliver and receive education for members of the veterinary healthcare team. Examples include arrangements with specialists that permit referring veterinarians to participate in daily or weekly rounds and learn more about complex cases, remote video instruction provided by vendors that supports better use of diagnostic equipment and more accurate interpretation of test results, and real-time viewing and discussion of unusual cases with surgeons, pathologists, behaviorists, or rehabilitation specialists.

THE PATH TO IMPLEMENTATION

Telehealth services can expand access to veterinary care, support better patient triage, improve clinical outcomes, and benefit patients, animal owners, and the veterinary practice. In addition to recognizing the opportunities presented by Connected Care, below you will find some additional things to consider as you implement telehealth successfully in your practice.

KNOW THE RULES

You might already have some solid ideas about how you'd like to incorporate Connected Care into your practice. Even if that's the case, it's critical that you first familiarize yourself with the rules that govern the use of telehealth, including the regulatory and legal landscape around the delivery of telemedicine. In addition to helping to protect you, your patients and your clients, doing the following will ensure you don't spend valuable time pursuing services that cannot be legally offered in your area.

- Familiarize yourself with the [AVMA Policy on Telemedicine](#).
- Understand how the VCPR and licensing requirements apply to the provision of telehealth services, particularly telemedicine services (see below).
- Review federal, state and local requirements, so that you are familiar with the statutes, regulations, and rules that apply in your area. Such information is often located in:
 - State veterinary practice acts
 - State pharmacy laws
 - State licensure requirements
 - State veterinary telehealth laws
 - [State VCPR requirements](#)
 - [Federal VCPR requirements](#)
 - Federal/[state](#)/local record retention requirements
 - [State veterinary client/patient confidentiality laws](#)
 - State and federal controlled substances laws

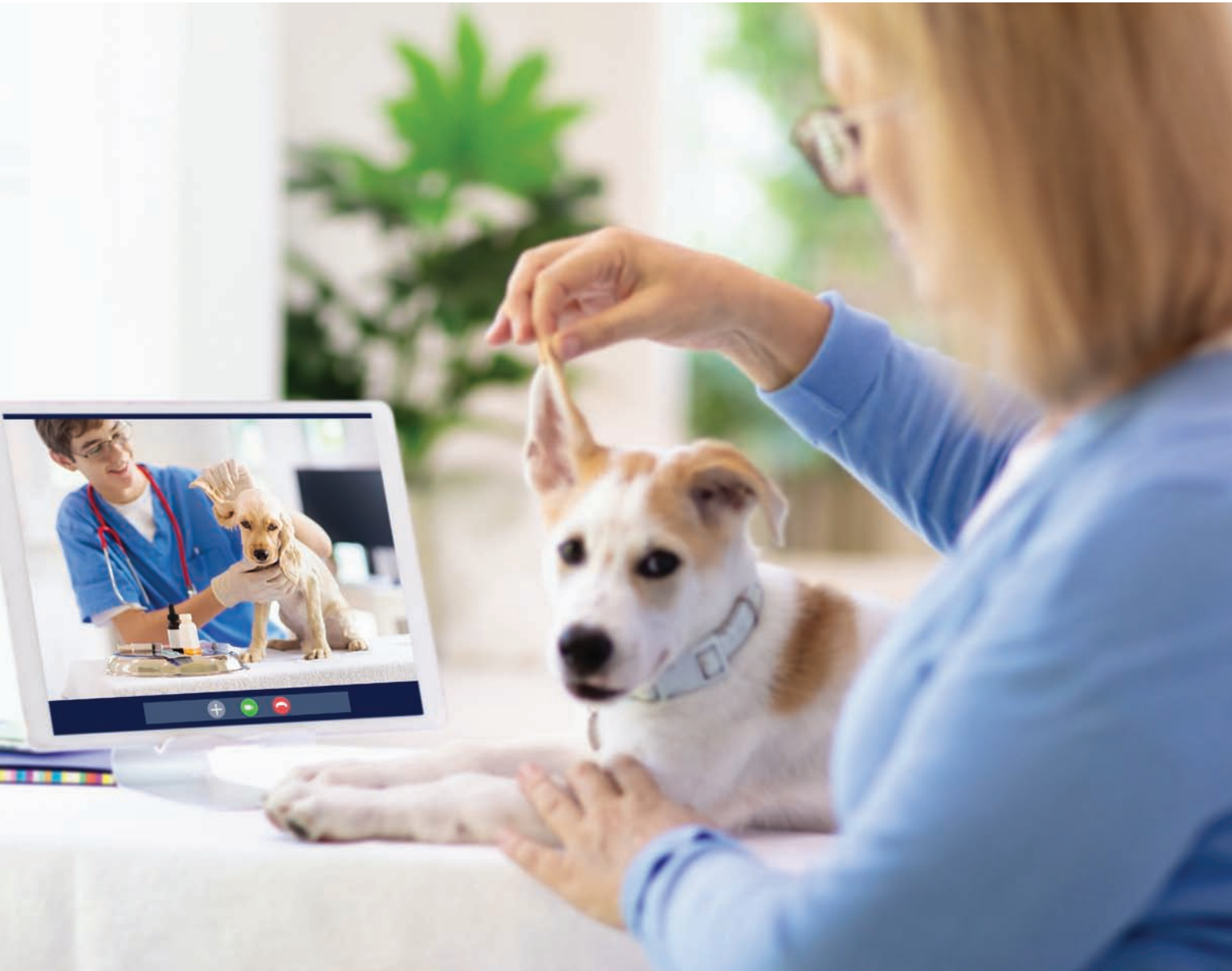
Be sure to not only review applicable statutes, but also the regulations, rules and policies that may be in place to implement them.

TELEHEALTH AND THE VCPR

Having a VCPR in place is critical whenever practicing veterinary medicine, whether you are practicing in person or remotely using telemedicine. The [AVMA Model Veterinary Practice Act](#), which many governmental bodies use as a guide when establishing or revising laws governing veterinary practice, includes the following definition of the VCPR:

The veterinarian-client-patient relationship is the basis for veterinary care. To establish such a relationship the following conditions must be satisfied:

1. *The licensed veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient(s) and the need for medical therapy and has instructed the client on a course of therapy appropriate to the circumstance.*



2. *There is sufficient knowledge of the patient(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition(s) of the patient(s).*
3. *The client has agreed to follow the licensed veterinarian's recommendations.*
4. *The licensed veterinarian is readily available for follow up evaluation or has arranged for:*
 - a. *Emergency or urgent care coverage, or*
 - b. *Continuing care and treatment has been designated by the veterinarian with the prior relationship to a licensed veterinarian who has access to the patient's medical records and/or who can provide reasonable and appropriate medical care.*
5. *The veterinarian provides oversight of treatment.*
6. *Such a relationship can exist only when the veterinarian has performed a timely physical examination of the patient(s) or is personally acquainted with the keeping and care of the patient(s) by virtue of medically appropriate and timely visits to the operation where the patient(s) is(are) kept, or both.*
7. *Patient records are maintained.*

“A VCPR cannot be established solely through telemedicine.”

– 2017 FDA letter to AVMA from Dr. Stephen Solomon, Director, Center for Veterinary Medicine. Applicable to extralabel drug use and VFDs.

Both the licensed veterinarian and the client have the right to establish or decline a veterinarian-client-patient relationship within the guidelines set forth in the AVMA Principles of Veterinary Medical Ethics.

A licensed veterinarian who in good faith engages in the practice of veterinary medicine by rendering or attempting to render emergency or urgent care to a patient when a client cannot be identified, and a veterinarian-client-patient relationship is not established, should not be subject to penalty based solely on the veterinarian's inability to establish a veterinarian-client-patient relationship.

Many states have adopted this definition of the VCPR, or a very similar one, as a component of their state veterinary practice act or regulations. In addition, federal law requires a veterinarian to establish a VCPR before undertaking any [extralabel drug use in animals](#), issuing a [Veterinary Feed Directive](#), or the [creation and use of certain types of biologics](#). It is also important for veterinarians to understand that they must comply with the federal law requiring a VCPR under these circumstances, regardless of how a state may ultimately define a VCPR in state law or regulation.

Given current technological capabilities, available research, and the existing state and federal regulatory landscape, the AVMA believes veterinary telemedicine should only be conducted within an existing VCPR. An exception may be made for advice given in an emergency until a patient can be seen by a veterinarian. Ultimately, how a state defines the VCPR, the congruence of that state VCPR with federal requirements, and whether or not a VCPR exists in a given situation based on those definitions, determine what services can be offered.

Within an established VCPR

A variety of telehealth and telemedicine service models are available to veterinarians and veterinary practices. Client-facing telemedicine services may include use of tools that allow the veterinarian to remotely and securely gather essential patient health information from the animal owner or another caretaker; access the patient's medical records; and conduct a virtual evaluation of the patient through real-time video or transmitted photographs or other data.

Without an established VCPR

The veterinarian may provide non-patient-specific advice, but must stay clear of diagnosing, prognosing, or treating patients. Two exceptions may apply: (1) your state law allows a VCPR to be established electronically, you have met the requirements for doing so, and activities that would invoke a requirement for adherence

to the federal VCPR are not conducted or (2) advice given in an emergency until a patient can be seen by a veterinarian. Non-client electronic communications that include the provision of non-patient-specific advice and general educational content are usually acceptable.

LICENSURE CONSIDERATIONS WHEN USING TELEMEDICINE

Treating patients across state lines

One of the many benefits of telemedicine is that it collapses distances and makes it easier for veterinarians to work with patients and clients who are physically remote from the clinic. When conducting telemedicine consults across state lines, it is advisable and *may be required* for the veterinarian to be licensed both in the state where they are located and the state where the patient(s) is located. Should issues arise, being licensed in both states ensures the veterinarian is legally authorized to practice. Just like an appropriately established VCPR, licensure in both states protects veterinarians, patients, and clients.

Consulting with specialists

A primary care veterinarian working within a VCPR may use his/her professional discretion to consult with specialists or other consultants. In such cases, the veterinarian who is asking for the specialty advice must have a VCPR in place, as well as the necessary license(s) to practice. The AVMA believes the consulting specialist should not need to meet these same requirements, so long as they are working through the primary care veterinarian. If the consultant were to begin treating the patient independently of the primary care veterinarian, then the consultant would need to establish a separate VCPR and be licensed within the patient's state.

Ultimately, veterinarians need to review state veterinary practice acts in both the state where they are located and the state where their patient(s) is located, if different, to ensure they and any consultants with whom they may be working are meeting VCPR and licensing requirements in each of the respective states that are pertinent to the situation in which they are providing services.

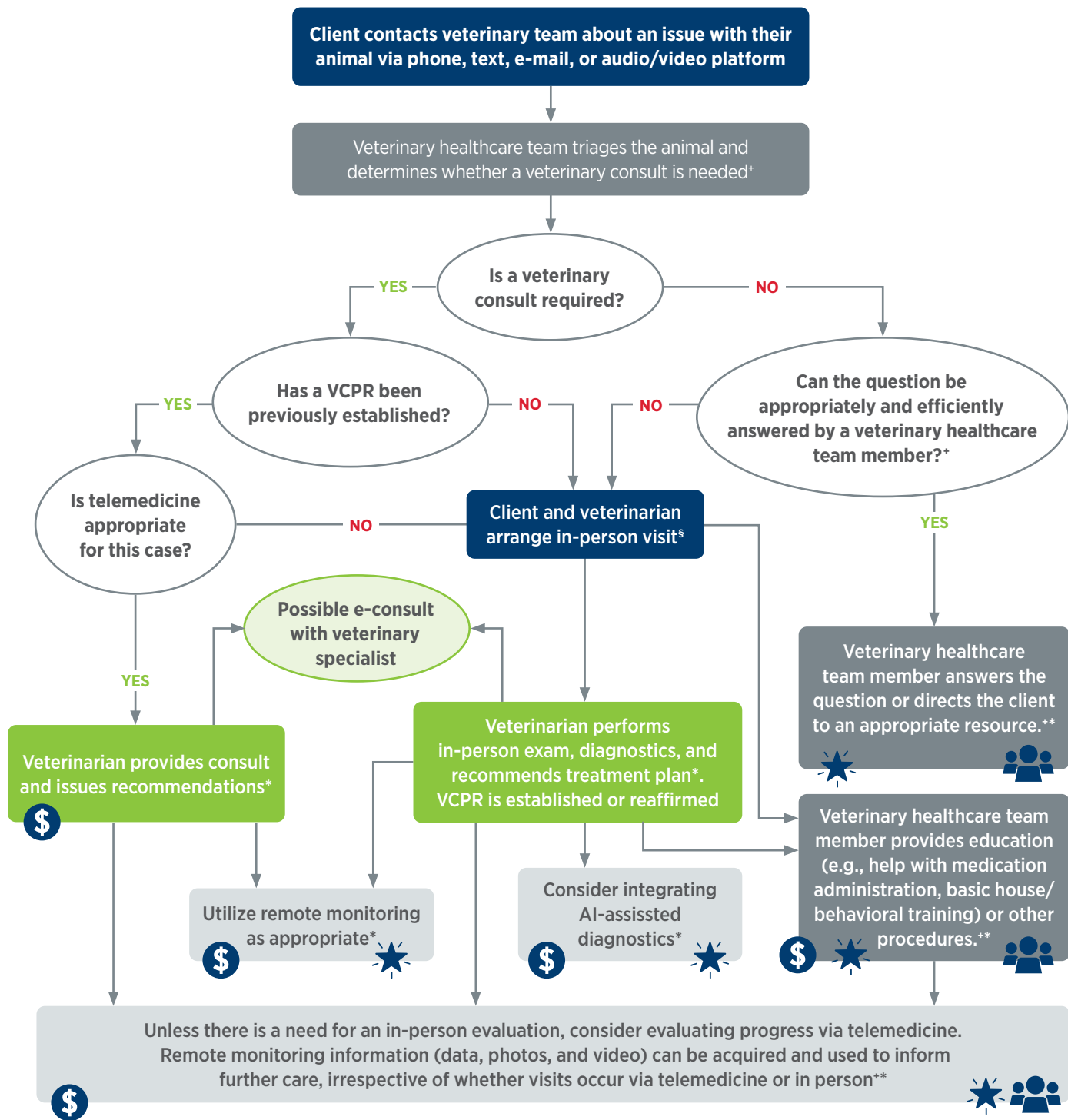
DEFINE YOUR SERVICE OFFERINGS AND INTEGRATE THEM INTO YOUR PRACTICE OPERATIONS

Once you understand the laws, regulations, and rules that apply to telehealth and, specifically, to telemedicine, you're ready to decide on the type(s) of services you want to implement. The options are numerous (see "Clinical scenarios supporting applications of telehealth" found on the AVMA telehealth resource webpage titled "[Service models for veterinary telemedicine](#)" for examples), and you can pick and choose those that make the most sense for your practice. Don't forget that your services can be implemented over time—you don't have to do everything right now. Be sure to keep track of outcomes for your patients, clients and healthcare team so that you can determine which services are netting the most value for your practice. Give consideration to demand, in addition to need.

You will also need to think about how Connected Care fits into your clinic operations and workflow. Considerations include, but are not limited to: space; technology; scheduling; approach to diagnostic workups (how/when do remotely acquired data and AI play a role?); translation of information into the medical record; staff training; client awareness, understanding and consent; and invoicing. For success, telehealth needs to be mainstreamed into your approach; it should not be pigeon-holed as a "different" way of taking care of patients and clients. In-person visits and telehealth then become seamless partners in delivering cohesive, high-quality patient care.

On the next page is one example of what an integrated workflow might look like. It includes potential applications of telehealth, such as teletriage, telemedicine, AI-assisted diagnostics, RPM, specialty consultation, and client education, while supporting the engagement of your entire veterinary healthcare team.

Sample Practice Workflow



* All interactions should be captured in the medical record
 + Any assessment or procedures performed by a member of the veterinary healthcare team must be within the team member's scope of practice.
 § Pertains to situations where a VCPR must be established via an in-person examination

Potential telehealth income Increases efficiency Better utilize veterinary healthcare team

CHECK YOUR LIABILITY COVERAGE

In most instances there is no additional liability coverage required for veterinarians who offer telehealth services, including telemedicine. However, it's wise to check with your professional liability insurance carrier. Make sure you clearly describe what services you are offering, including the use of any equipment or software, and who will be engaged in delivering those services, because the coverage required for various types of activities (including who needs that coverage) may be different, particularly if members of your team may be traveling to locations outside the regular place of business. If you have obtained your liability insurance through the AVMA PLIT, the [AVMA PLIT website](http://www.avma.org/telehealth) is a good place to start.

EVALUATE TECHNOLOGY AND SERVICE PROVIDERS

Different telehealth services require different types of hardware, software and office support.

Client communication platforms

Some veterinarians communicate with their clients using technologies that already exist in their practice, such as smartphones and general audio- and video-conferencing platforms. Other practices may choose to use a telehealth-specific client communication platform that integrates with their practice management software, schedulers and payment systems. In all cases, be sure you are appropriately integrating information gained through these communication tools into your patients' medical records and that the security and privacy associated with those communications meets ethical and regulatory requirements.

If you are considering partnering with a provider of a telehealth-specific client communication platform, it is important to understand each provider's capabilities, limitations, and costs. Are you wanting communication with your clients to be asynchronous, synchronous or both? Do you want a built-in payment system or do you want to bill from your practice? Make sure the platform works with the technology available to you and your client, including hardware, operating system, your practice management software (if you are wanting integration), and internet service. Some client communication platform providers employ veterinarians or veterinary technicians to assist with triage and/or providing general advice for clients. This may be offered during normal business hours or after hours, with patients

for which an in-person visit seems appropriate redirected to your clinic for an appointment or to an emergency facility when calls are received outside of normal business hours. Telehealth-specific client communication platforms may require an ongoing monthly or per-use investment in addition to new hardware. Another consideration is the amount of support available from the provider during implementation and use. As is typical of new technologies, telehealth-specific client communication platforms are continually evolving, so check with the provider to be sure you understand how they upgrade and how those upgrades are passed on to you. A practical Service Provider Evaluation Checklist is available on the AVMA website, at www.avma.org/telehealth, to help you with this assessment. The AVMA has also put together a [table](#) of available telehealth-specific client communication platform providers with a breakdown of what they offer, also available on the website.

Artificial Intelligence-assisted diagnostic products

AI-assisted diagnostic products typically employ predictive analysis algorithms to filter, organize and search for patterns in big data sets from multiple sources. As such, they provide a probability analysis that can help veterinarians make better informed decisions more rapidly.

When determining whether to add an AI-assisted diagnostic product to the technologies in your practice, there is some basic information you should gather. For example, who is the intended user of the product (e.g., veterinarian, technician, client); what disease/need does it target and for what population of patients; whether additional data processing is required to fully take advantage of the product; and how it supports your decision making. In addition, you should ask about the data set it is using to provide its assist (e.g., how well does the data set fit the patient population for which you want to use the tool in your practice); what happens to any data you enter into the system, including security around that data; the anticipated accuracy of the product and what steps the vendor takes to continually improve and update it; and what kind of vendor support is provided for its use.

It's important to remember that AI-assisted diagnostic products are not a replacement for your expertise or the expertise of consultants (veterinary specialists and others). Care must be taken when interpreting AI-assisted diagnostic results.

Remote patient monitoring

Remote monitors, including wearable devices, collect and support the analysis of data (both synchronous and asynchronous) that healthcare providers, including veterinarians, can use to make informed decisions that may lead to better patient care and outcomes. Most RPM technologies include the following components: sensors on a device that are enabled by wireless communication to measure desired physical parameters; local data storage at the remote site that interfaces between the sensors and a centralized data repository; a centralized data repository where larger amounts of data are collected and analyzed; and diagnostic application software connected with the central depository that creates intervention alerts based on the data analysis. Data and alerts from RPM may be accessed by multiple types of devices, including smartphones, personal computers, laptops and tablets.

When implementing RPM, a few considerations are key. First, the technology must be easy for both clients and veterinarians to adopt and continue using. The equipment and user interface must be intuitive, the set up must be easy, and the patient data delivered by the remote monitor should be well-organized and simple to evaluate. Second, like other aspects of telehealth, to deliver on its promise, RPM must be integrated into your practice's workflow and operations. RPM only works if you pay attention and are prepared to act on the information being provided. Third, much RPM is dependent on a wireless telecommunications infrastructure, which may not be available in some areas. And, finally, since RPM involves transmission of patient and client data across networks, information security needs to be addressed as well.

Consider starting with a pilot for patients or facilities where you anticipate a good return on investment (e.g., weight management, diabetics, milk production monitoring) and then expand after you have had an opportunity to reflect on its success (or not). Think about whether you will supply the equipment or it will be purchased by your client upon your recommendation. You'll also want to consider whether your fees for reviewing and analyzing patient data can be captured within existing service fees or whether a separate fee for such services makes sense for your practice.

TRAIN STAFF, MARKET YOUR SERVICES AND ENGAGE CLIENTS

Implementing new telehealth services is an excellent way to more fully utilize the expertise of the veterinary healthcare team. Make sure the entire team is on board with delivering the new services and knows their role in providing and marketing them. Training your hospital staff will be key so that every one of your team members understands the why, what, and how of you offering these services for your patients and clients.

As with any new product or service, you need to let both existing and potential new clients know about the new telehealth services you are offering. Put together a communication plan to get the word out and generate interest. Create marketing materials, such as in-clinic displays, email to all existing clients, digital displays for your practice website, and promotion via your social media channels. Consider developing a script for your veterinary healthcare team to use when communicating with clients via phone or text about your new service(s). For example: "Our doctors are now available for telemedicine consultations" or "We have integrated new digital tools into our practice to support better patient care. Our new services include AI-assisted diagnostics and remote patient monitoring..." In-person conversations with clients, colleagues and friends can also help you spread the word.

SET EXPECTATIONS

Your first telehealth engagement with a client might be their first time ever using such services. As with any new experience, there will be questions and teachable moments for everyone involved. Before any client makes use of your telehealth services, make sure they are educated about the advantages and disadvantages of using such services in veterinary health care and what to expect from each. Using simple language that your client can easily understand, explain:



- How your telehealth offerings work, including scheduling, needed technology for telemedicine consults, availability of doctors, turnaround time on AI-supported diagnostic services, what the potential is for RPM, and billing/payment for those services.
- The scope of the services, and what will be involved in evaluating patient progress.
- What your expectations are for communication between visits.
- The role of any third-party services or products you will be using (e.g., client communication platform, AI-supported diagnostic product, RPM product/service).
- Record keeping, privacy, and security, including any potential risks. Discuss how patient and client information will be collected and stored and describe the security precautions you take to help ensure confidentiality.
- The potential for technical failure, and outline an explicit emergency plan, particularly for clients in settings where in-person access to the veterinarian/practice may be more difficult.
- Procedures for coordinating care with other professionals.
- Prescribing policies, including adherence to state/territorial and federal regulations and limitations.
- The conditions under which telemedicine services may be terminated and a recommendation made for in-person care.

TECHNOLOGY AND WORKSPACE NEEDS SPECIFIC TO TELEMEDICINE

Client-facing telemedicine models exist that allow the veterinarian to remotely and securely gather essential veterinary medical information from the animal(s) owner (or other caretaker), access the patient's/herd's medical records, and gather additional information about the patient through video, photographs, RPM, or other means. How extensively you want to incorporate these technologies into your practice is up to you, so long as there is a VCPR in place that follows state and federal requirements.

Delivering an extraordinary client experience takes preparation and planning. This is especially important when you are implementing new services intended to

enhance the high-quality veterinary care your patients need and your clients have come to expect. To make telemedicine successful for your practice, you need to ensure that both the setting and tools are optimized for seamless communication and effective interaction with clients and patients. Arrangements that keep the clients' and patients' experience as their focus generally meet with the most success.

Below you will find technology and workspace considerations that will help you conduct successful telemedicine consultations.

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CLINIC SETTING

When communicating with clients through synchronous communication platforms, choose a location that provides privacy, avoids distractions and background noise, has adequate lighting, and otherwise supports quality communication and consultation. Consider whether and how an existing examination room(s) or workspace might be adapted to accommodate telehealth. If space is limited, you might consider a mobile solution (e.g., a telehealth cart) that can be moved from one location to another to support flexibility.

Privacy The room you use for virtual consults should assure privacy for your client. Prevent unauthorized access and interruptions, and make sure your team members know not to open the door when it is closed for a consultation.

Noise Soundproofing should be sufficient that you can focus fully on your patients' and clients' needs, and provide privacy for your clients when they are speaking with you.

Furnishings/appearance The setting should be designed for both comfort and professional interaction. Especially if you conduct video consults, the room should convey a professional atmosphere.

Lighting Ensure lighting is sufficient to allow your client to see you easily, and for you to clearly and effectively view the video screen or other hardware you will use for the consultation.

Video setup Place your camera on a secure, stable platform to avoid any wobbling during videoconferencing. Position the camera so that your face will be clearly visible to your client, with the camera at eye level. If you are performing an in-person examination of a patient and are streaming the examination to the client, you may wish to use a camera that pans, tilts, and zooms for maximum flexibility in viewing. As for any veterinarian-client-patient interaction, a summary should be entered in the medical record.

EQUIPMENT

You don't have to break the bank when choosing equipment. However, your equipment must allow you to efficiently and effectively receive needed electronic data (e.g., medical records, images, activity data), deliver a high-quality medical consultation, and project a professional demeanor to clients. Use modern telecommunication equipment, such as smartphones, tablets, or laptops with high-quality audio and video capabilities and secure data storage (including off site).

If you are conducting video consultations, make sure your viewing screen is large enough to see patients clearly. A small smartphone screen might suffice for remote face-to-face communication with your client, but you will probably want a larger monitor if you need to view your patients' activity or evaluate wounds, incisions, behavior, or environment.

Many AI-supported diagnostic products can be used with most current equipment, but make sure you verify how this works. RPM devices may transmit data directly to you, or your client may need to send you the data or authorize your access to it. It is important to understand how data transfer occurs, what equipment is needed, whether/how the data will be stored in the patient's record, and how the data is secured.

If you are using a third-party application/service, ask your vendor what additional equipment is needed to properly support the service. Also consider if you will need to execute appropriate service contracts for hardware and software.

CONNECTIVITY AND SECURITY

Connectivity is critical.

This means reliable internet service and adequate bandwidth, resolution, and speed for clinical consultations. You can test your connection and bandwidth with free online testing sites. Searching keywords like "speed test" will help you locate these sites.

Make sure your:

- **Internet and bandwidth** are adequate for the platform you are using. A bandwidth of at least 10 Mbps in both the downlink and uplink directions is recommended.
- **Internet connection** is reliable. This might mean using a wired connection rather than Wi-Fi.
- **Screen resolution** is sufficient to accomplish the purpose of the interaction. A minimum screen resolution of at least 640x360 is recommended.
- **Video speed** is at least 30 frames per second.
- **Network** is secure, not only during consultations, but whenever you are exchanging information electronically with your clients. Always use an encrypted network, with the highest encryption form available (WPA/WPA2 is current standard). In addition, online testing sites can help you test your firewall.
- **Service providers** protect client information and ask whether/how they use or sell any information, whether client-specific or anonymized.
- **Client's telephone number** is readily available in the case of a connection interruption, so you can re-establish contact.
- **Client** has approved, in writing, any use of client or patient information that you might share publicly as a teaching example or otherwise.

TEST YOUR SETUP

Once you have your workspace for virtual consultations set up and needed equipment in place, test it by conducting a few trial sessions with people who are offsite. Check sound and picture quality, network speed, and background noise levels. Make sure your camera can be positioned so that the veterinarian, another veterinary healthcare team member, and/or the patient are clearly visible. Use test cases to ensure you are able to transmit photos, videos, documents, and other data successfully.

YOUR CLIENT'S TECHNOLOGY NEEDS

Environment and technology are important on the receiving end of your consultation as well. Here's some advice you can share with clients before their first virtual consultation:

- Plan to be in a well-lit space. Avoid back-lighting.
- Choose a quiet spot without a lot of distractions. Look for a place where you won't be interrupted.
- If available, use a camera that can pan, tilt, and zoom for maximum flexibility in viewing. A smartphone generally provides this flexibility.
- Discuss privacy and security and advise clients to use a secure network connection.
- Share with your client the same technology requirements listed above for your clinic: bandwidth of at least 10 Mbps in both the downlink and uplink directions; screen resolution of at least 640x360; and video speed of at least 30 frames per second.
- Where practical, you may recommend preferred video conferencing software and/or audio/video hardware.

HAVE A BACKUP PLAN

In the event of a technology breakdown that disrupts a session, you should have a backup plan in place. The plan should be communicated to the client before the session begins.

Your backup plan for a video consultation should include making sure you have the client's phone number so that you may call them directly in the case of a disrupted consultation. A telephone connection provides an opportunity to troubleshoot the issue together. It may also include referring the client to another provider or completing the encounter by voice only, with the option to request an in-person visit.

MONETIZATION OF VETERINARY TELEHEALTH

How do you decide what your veterinary practice should charge for telemedicine services? The good news is that you can customize your approach to what's best for your patients, clients, veterinary healthcare team, and practice workflow. Pricing models to consider include:

- Pay per use (e.g., \$X per consultation, graduated fee depending on length of consultation)
- Bundled pricing (e.g., included in overall cost of veterinary healthcare plan [per visit, monthly, annual])
- Subscription pricing (e.g., \$Y per month/per animal for unlimited access to the service[s])

Each practice should independently determine its fees for various telemedicine services based on the time spent by the veterinarian and other veterinary healthcare team members, the costs of these services to the practice, the value of the services to the client and patient, and competitive considerations in the market.

DETERMINE A PRICING STRATEGY THAT WORKS FOR YOU

As with any other veterinary service, it is critically important to develop a telehealth pricing strategy that works for your practice. This means considering how each telehealth offering fits into the overall service mix you provide.

If you offer a veterinary healthcare plan that bundles preventive services, consider including an audio/video consultation as part of the plan. This allows you to promote virtual consults as a value-added service for clients, and provides flexibility in how clients can access your veterinary healthcare team when questions arise about their animals' health. For example, if your healthcare plans for patients are structured around life stage, you can consider adding a telemedicine consultation as one of the evaluations you recommend for senior patients, or a behavioral consult for clients with newly acquired animals. In the case of food animal or equine patients, costs for telehealth services can be integrated into existing retainer for service fees, individual consultation fees, or can be accounted for in your hourly rates.

Maybe you are considering telehealth as a strategy to expand access to veterinary services after hours. That might mean offering video consultations as a separate service, with pay-per-use, pay-per-time spent, or pay-per-animal/-group of animals pricing, or some other model of your own choosing. If your practice has a large number of clients who struggle to fit veterinary visits into busy schedules, or you or your clients need to travel a considerable distance for in-person evaluations, it may make sense to offer subscription pricing that allows telehealth to be a key part of the service model for clients who want that option and with whom you have an established [VCPR](#).

When pricing telemedicine visits, you'll also want to think about what is involved in that visit as compared with what happens during a hands-on, in-person visit. Some things to consider:

- What are your costs in offering telemedicine, and to what extent will your appointment schedule need to be adjusted to appropriately accommodate telemedicine consultations and in-person visits?
- Will the added flexibility offered by a telemedicine visit offset the perceived value of an in-person examination in your clients' minds?
- Should you consider an "introductory rate" for telemedicine visits to encourage clients to try them?
- If a telemedicine visit leads you to recommend an in-person exam, do you want to bundle the costs to avoid charging for two full separate exams (e.g., a recheck charge for the in-person examination, because the history and other basic information have already been obtained)?

Fees incurred for the use of AI-assisted diagnostic products or RPM equipment and data analysis may be charged separately or integrated into fees for the diagnostic or professional services they support.

There's no one-size-fits-all approach to monetizing telehealth. What's important is to consider the needs and interests of your clients and patients, as well as your veterinary healthcare team and practice. Just as is the case when you offer any other new service, you might want to test the waters to see how receptive your clients are to various approaches before settling on the best one for your practice.

VENDOR CONSIDERATIONS

If your clinic uses a telehealth product or service provider, it's important to consider how the vendor structures its fees when deciding on your own pricing model. Sometimes, if the platform itself uses a third-party payer, additional fees may be involved. Arrangements can vary greatly depending on the provider, so it's important to understand the details. It also is important to ensure that the fee arrangement with the service provider complies with applicable state law related to fee-splitting, kickbacks or other payments for referrals.

WILL INSURANCE COMPANIES COVER A TELEMEDICINE VISIT?

It is wise to advise clients who have purchased insurance to assist in caring for their animals to check with their insurance provider to determine whether and how telemedicine visits are covered.

ADDITIONAL RESOURCES

AVMA telehealth webcenter at www.avma.org/telehealth.

AAHA/AVMA Telehealth Guidelines for Small Animal Practice at www.aaha.org/telehealth.





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2020

REPORT FOR VETERINARY LICENSING BOARDS

SETTING A HIGHER STANDARD TOGETHER®

Letter from the Chair and CEO

It's difficult to even recall anything before Covid-19. While the months between mid-March and the end of May only occupy the final quarter of the 2019-2020 fiscal year, the impact of this unprecedented time is significant and lasting. From the continued change in NAVLE testing dates and windows, to the transition to remote proctoring for the Species Specific Examination, adversity was no match for our dedicated veterinary community.

Through these efforts, ICVA remains on a strong path toward our vision to be the world leader in veterinary assessments and in line with our mission to provide world-class examinations and other assessment tools to protect the public, and animal health and welfare.

In the midst of a global pandemic, complete with challenges and uncertainty, we remain thankful – to our tenacious volunteers, to our outstanding staff, to our talented colleagues and candidates, and to the entire veterinary community. The solidarity of people helping each other through hard times shows the extreme commitment of the entire team.



Dr. Mike Chaddock



Dr. Heather Case

Handwritten signature of Mike Chaddock in blue ink.

Mike Chaddock, DVM, EML

ICVA Chair
At-Large

Handwritten signature of Heather Case in blue ink.

**Heather Case, DVM, MPH,
DACVPM, CAE**

Chief Executive Officer

ICVA VISION

The world leader in veterinary assessments.

ICVA MISSION

Provide world-class examinations and other assessment tools to protect the public, and animal health and welfare.

Provide leadership and facilitate collaboration throughout veterinary medicine.

VALUES

Transparency

organizationally and in testing procedures, materials and content

Confidentiality

when collecting and reporting personal information, credit card data, and test scores

Reliability

in relevant test design, implementation, and scoring

Service

to candidates, licensing boards, and society at large

Respect, Civility & Collegiality

towards staff, stakeholders, board members, and across veterinary medicine

Integrity

in all actions and business relationships

Fiscal Responsibility

to ensure continuous improvements in our testing products and customer service, as well as a viable future for our organization

Diversity and Inclusion

treat everyone with fairness, respect and dignity, and purposefully act to attract and retain staff and Board members with a broad range of ideas, viewpoints, perspectives, expertise and experiences reflecting the diversity of the populations we serve. We respect and value these differences and encourage opportunities to learn from and be enriched by them as they challenge us to grow and think differently.





North American Veterinary Licensing Examination (NAVLE®)

Administered since 2000, the NAVLE consists of 360 clinically relevant multiple-choice questions and is a requirement for licensure to practice veterinary medicine in all licensing jurisdictions in the US and Canada.

Developed in collaboration with the National Board of Medical Examiners (NBME) through the Collaboration for Veterinary Assessments Governance Committee (CVAGC), the NAVLE is offered at Prometric computer testing centers throughout North America and certain overseas sites.



COVID-19 RESPONSE

represents a slight decline from the 6173 candidates who tested during the 2018-2019 testing cycle. This decline was due to the substantial number of candidates who deferred from the April 2020 testing window because of the COVID-19 situation.

CUMULATIVE EXAM COMPLETIONS BY CANDIDATES

2019-2020 TESTING CYCLE 6159 candidates took the NAVLE	November/December 2019 was the first implementation of NAVLE forms per the new NAVLE blueprint
--	--

79,885 candidates completed the NAVLE since 2000-2001	96,849 total tests given since 2000-2001	11.55% ↑ candidate pool in the last five years
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ULTIMATE PERFORMANCE PASSING RATE for senior students from AVMA-accredited schools

95% 2019/2020	94% 2018-2019	0% passing the exam remains relatively consistent for the past five years
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PERFORMANCE DATA

Complete data can be found here on our website by clicking on the heading "How have others done on the NAVLE": <https://www.icva.net/faqs/>

NAVLE FEES

The ICVA NAVLE application fee is \$690 U.S.D. for candidates to take the test. For those who want to take the NAVLE at selected Prometric Testing Centers outside of the U.S. or Canada, there is an additional \$330 U.S.D. overseas testing fee.



COVID-19 RESPONSE

The ongoing COVID-19 pandemic resulted in several changes to the Spring and Fall 2020 NAVLE administration. As COVID-19 policies and guidelines were released, and continued to rapidly evolve, the ICVA worked hand-in-hand with the National Board of Medical Examiners (NBME) and Prometric Testing Centers to make informed decisions regarding testing.

KEY CHANGES:

Extended Exam Completion Options for Candidates

The NAVLE is typically offered twice a year – during a four-week window in November-December, and again during a two-week window in April. This provides most candidates two opportunities to pass the NAVLE before graduating from veterinary school.

In March 2020, as the scale and scope of Prometric Test Center closures began to increase, ICVA proactively gave all current April 2020 NAVLE candidates an extension to complete the exam by May 31, 2020. Once several governmental entities implemented longer closure times and stay-at-home directives, ICVA lengthened the extension to June 30, 2020.

Then, to further assist with candidate scheduling and test administration, ICVA announced all examinees with a current scheduling permit could take the NAVLE through September 30, 2020 – regardless of the country where testing.

Opportunity to Defer

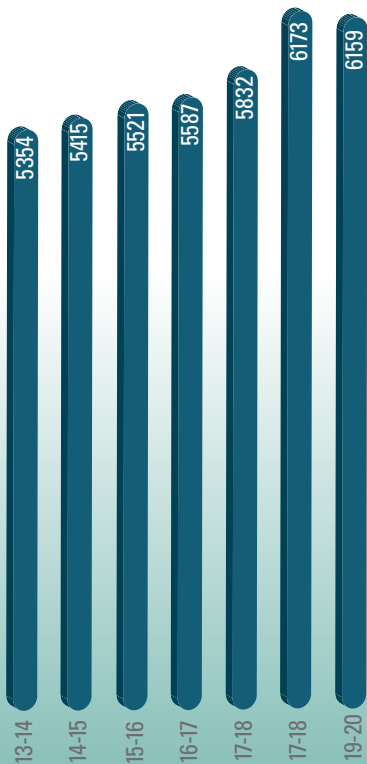
ICVA also provided candidates with an option to defer to the November-December 2020 testing window with no additional fee.

Multiple Score Report Releases

Normally, all scores for a testing window come out at once on the same day about a month after the testing window ends. For both of the 2020 NAVLE testing windows, scores are now released on a monthly basis, with tests taken during each month reported approximately two weeks after that month ends, so candidates can complete the licensure process and begin practice.



NAVLE Growth Chart



Performance on November-December 2019 NAVLE by Examinee Group

	Mean Scale Score	SD Scale Score	Number of Examinees Failing	Percent of Examinees Failing	Total Examinees
Criterion Group	499	65	474	11.5%	4122
Non-Criterion Group	447	64	179	34.0%	526
Non-Accredited Group	396	69	238	65.4%	364
Total Group	486	72	891	17.8%	5012

Performance on April 2020 NAVLE by Examinee Group

	Mean Scale Score	SD Scale Score	Number of Examinees Failing	Percent of Examinees Failing	Total Examinees
Criterion Group	463	61	57	25.0%	228
Non-Criterion Group	443	50	203	33.5%	606
Non-Accredited Group	412	70	169	54.0%	313
Total Group	439	61	429	37.4%	1147

Performance on Both Administrations by Examinee Group

	Mean Scale Score	SD Scale Score	Number of Examinees Failing	Percent of Examinees Failing	Total Examinees
Criterion Group	498	65	531	12.2%	4350
Non-Criterion Group	445	57	382	33.7%	1132
Non-Accredited Group	403	70	407	60.1%	677
Total Group	477	72	1302	21.4%	6159

- (1) Criterion Group: senior students of accredited veterinary schools who took the NAVLE for the first time under standard testing conditions;
- (2) Non-Criterion Group: senior students of accredited veterinary schools who had previously taken the NAVLE or took the NAVLE with test accommodations or graduate veterinarians from accredited schools; and
- (3) Non-Accredited Group: graduates or senior students of foreign veterinary schools that are not accredited by the American Veterinary Medical Association's Council on Education.



NAVLE PRACTICE EXAMS

NAVLE practice exams (also known as NAVLE Self-Assessments) are web-based examinations designed to help NAVLE candidates identify their strengths and weaknesses as they prepare for the NAVLE.

Each NAVLE self-assessment form consists of 200 multiple-choice items, which are presented in four sections of 50 items each. There are now 2 versions of self-assessments:



REGULAR & EXPANDED FEEDBACK

English

Form 1 Regular

Form 2 Expanded
Feedback

Form 3 Regular

French

Form 1 Regular

Form 2 Expanded
Feedback

Regular
Self-Assessment

Fee: **\$50**

Expanded Feedback
Self-Assessment

Fee: **\$65**

The expanded feedback form allows the examinee to review the questions and answers to incorrectly answered questions.

Research has confirmed that the projected score range for examinees who take the practice exams under the standard-paced timing mode is predictive of later performance on the NAVLE.



FREE Self-Assessments

Candidates were offered one FREE web-based NAVLE Self-Assessment (SA) practice exam through December 31, 2020, as they prepared to take the test under unprecedented conditions.



STANDARD SETTING EXERCISE

As examinations like the NAVLE receive ongoing updates, the passing standard – the amount of knowledge required for passing – is also periodically evaluated through a standard setting exercise to ensure that it continues to be relevant, valid, and defensible. Specifically, for the NAVLE, standard setting is the process by which expert judgment and expertise about the tested content is mapped to the test score scale to describe how much content mastery is required for passing candidates.

Best practices associated with standard setting:

- Each panel of participants is typically made up of 5-15 SMEs with diverse demographic characteristics, geographical location of practice, years of experience and veterinary medicine area of focus.
- Participants in the exercise should be guided by a practice analysis, highly familiar with the nature of practice being evaluated, collectively understand practice within important specialty areas and have a stake in the pass/fail decisions to be based on test performance.
- A standard setting exercise is recommended on a periodic basis to make sure the current passing rates still represent the standard of minimal competency necessary for safe and effective practice.

As one of the final steps in the updating process, the ICVA and National Board of Medical Examiners (NBME) completed three



NAVLE Standard Setting Panels

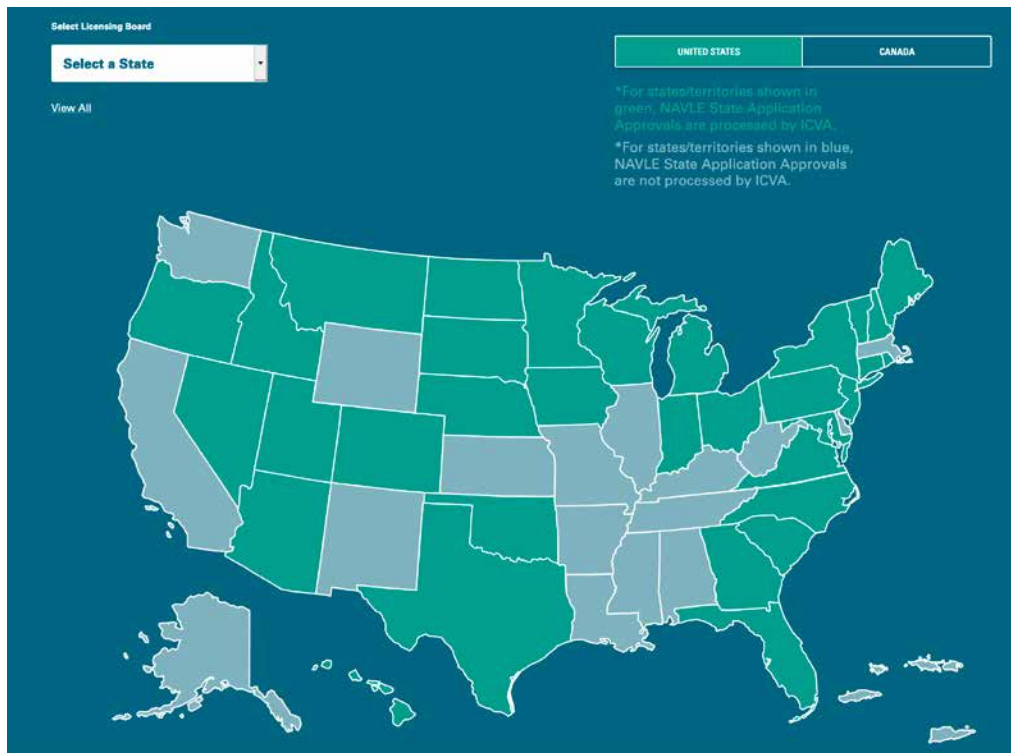
standard setting meetings to ensure the NAVLE passing score criterion is still appropriate and reflects minimum competency:

October
3-4, 2019

October
28-29, 2019

November
14-15, 2019

To ensure that the broad range of species and competencies on the NAVLE are all evaluated appropriately, over **30 experts** across a range of species and competency specialties participated in the exercises.



NAVLE APPROVALS

The ICVA currently reviews and approves NAVLE candidates on behalf of 34 licensing boards. This service allows licensing boards to focus resources on licensing priorities. Candidates pay an application fee to ICVA (\$55) and there is no cost to the licensing boards.



Species Specific Examinations

At the request of licensing boards, in 2000 the ICVA developed the Species Specific examinations to evaluate a veterinarian's knowledge in companion animal or equine medicine. Veterinarians may take one or both of the examinations, depending on the needs of the licensing board.

Available in multiple forms of each examination, the 100 multiple-choice exam is only available to licensing boards. Exams are used to assess a veterinarian's competency in disciplinary cases or as verification of competency for a veterinarian who is licensed in another jurisdiction.



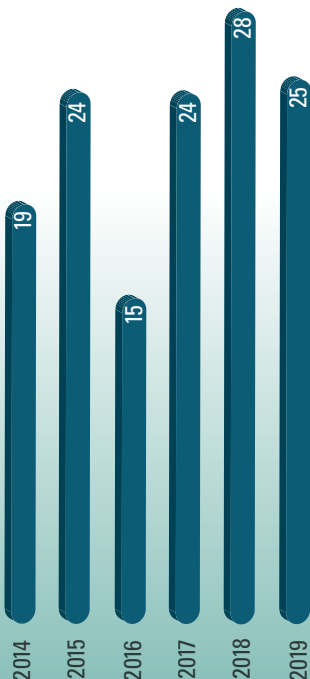
Species Specific exams given:
24
total in 2019/2020



COVID

ICVA implemented options to allow remote proctoring

Species Specific Use



29%
Percent paper/pencil

vs

71%
Online

Use of Species Specific Exams by Licensing Board and Year

	2014	2015	2016	2017	2018	2019	2020*
Arizona	5.3%	-	-	-	-	-	-
California	26.3%	29.2%	13.3%	29.2%	14.29%	9.0%	-
Georgia	-	-	-	-	3.57%	4.0%	-
Kansas	-	4.2%	-	-	-	-	-
Massachusetts	-	-	-	4.2%	7.14%	-	-
Minnesota	15.8%	-	-	4.2%	-	4.0%	7.0%
Nevada	52.6%	66.7%	86.7%	58.3%	67.86%	86.0%	93.0%
Ontario	-	-	-	4.2%	3.57%	5.0%	-
U.S. Virgin Islands	-	-	-	-	3.57%	-	-

*2020 numbers are year to date.



NAVLE Volunteer Opportunities

Licensing board members, academicians, current practitioners and other subject matter experts are needed on an on-going basis as part of ICVA’s commitment to assessment quality. Volunteer opportunities include the following:

- **NAVLE Item Writing** – writing items for the NAVLE in accordance with the current NAVLE blueprint.
- **Annual NAVLE Pool Reviews** – older NAVLE items are reviewed for accuracy and relevance.
- **Annual NAVLE Form Reviews** – NAVLE forms are reviewed prior to use in the next testing cycle.

300+
total volunteers



Volunteering for the ICVA allows you to share your area of expertise and meet wonderful, dedicated colleagues from across the many specialties of veterinary medicine, all while working towards the common goal of improving the assessments used in veterinary medicine. It is very rewarding to give back to our profession!”

– Teresa Morishita, DVM, MPVM, MS, PhD, DACPV, Professor of Poultry Medicine & Food Safety and Associate Dean for Academic Affairs at Western University of Health Sciences College of Veterinary Medicine



Volunteering with the ICVA is a wonderful opportunity to help set standards for the profession, as well as to improve your individual ability to understand assessment on a professional level. It’s also a great place to meet experts in different areas of veterinary medicine!”

– Tamara Swor, DVM, DACVS-LA, Iowa State University College of Veterinary Medicine



As a veterinary student and graduate of Cornell University College of Veterinary Medicine, I did not realize the commitment, intensity or passion for item-writing that NAVLE authors bring to the table. I keep on coming back to the table, year after year, because I am inspired by the authors that I work with on an annual basis.”

– Ryane E. Englar, DVM, DABVP, Associate Professor, University of Arizona College of Veterinary Medicine

If you are interested in learning more about volunteer opportunities with the ICVA, please contact our office at mail@icva.net.



From: Virginia Board of Veterinary Medicine
Date: August 7, 2020
Subject: Update for Veterinarians



Virginia Department of Health Professions

[Board of Veterinary
Medicine](#)

Board of Veterinary Medicine

Updates

The links provided below may be saved/bookmarked for future reference:

- **Transmission of Prescriptions – Exemption for Veterinarians**

As of July 1, 2020, the Code of Virginia, [§54.1-3408.02](#), states the following:
B. Any prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription.

C. The requirements of subsection B shall not apply if:

5. The prescription is issued by a licensed veterinarian for the treatment of an animal;

- **Continuing Education for Licensure Period of January 1, 2020 – December 31, 2020**

During the board meeting held on July 28, 2020, the Board discussed obtaining CE during the pandemic. The regulations do not specify a method, online or in-person, for obtaining the required CE; therefore, the Board is not anticipating making any changes to CE requirements for the current licensure period.

- **Regulatory requirements:** Review [18VAC150-20-70](#)
- **Guidance Document:** Review [150-11](#) Guidance for Continuing Education (CE) Audits and Sanctioning for Failure to Complete CE
- **Continuing Education Tracking:** The American Association of Veterinary State Boards has implemented a free CE tracking program for veterinarians and veterinary technicians. Information on the program is available through [RACetrack](#).

Email questions to vetbd@dhp.virginia.gov
Website: [Board of Veterinary Medicine](#)

From: Virginia Board of Veterinary Medicine
Date: August 12, 2020
Subject: Information on Rabbit Hemorrhagic Disease



[Board of Veterinary
Medicine](#)

Board of Veterinary Medicine

Information on Rabbit Hemorrhagic Disease

The Virginia Departments of Agriculture and Consumer Services and Wildlife Resources have asked the Virginia Board of Veterinary Medicine to send out the following information:

A foreign animal disease known as rabbit hemorrhagic disease virus serotype 2 (RHDV2) has been confirmed in feral and household domestic rabbits in the United States, including Washington, New York, and Ohio. In March 2020, it was confirmed for the first time in wild rabbits in Arizona, Colorado, New Mexico, Nevada, Texas and Utah. This highly lethal calicivirus exhibits an incubation period of 1-5 days and may cause mortality in 80-100% of infected rabbits. For more information on this disease and to access a fact sheet developed specifically for pet rabbit owners and breeders which may be printed and distributed to interested parties, please [CLICK HERE](#).

If you suspect an RHDV2 infection, which is a reportable disease, please contact the State Veterinarian's office IMMEDIATELY at (804) 692-0601.

Please direct questions to the following:

Department of Agriculture and Consumer Services

Carolyn Bissett, DVM, MPH, DACVPM, Program Manager, Office of Veterinary Services

carolynn.bissett@vdacs.virginia.gov or (804) 692-0601

Department of Wildlife Resources

Megan Kirchgessner, DVM, PhD, State Wildlife Veterinarian

megan.kirchgessner@dwr.virginia.gov or (804) 837-5666

From: Virginia Board of Veterinary Medicine
Date: January 1, 2021
Subject: Updates from the Board of Veterinary Medicine



[Board of Veterinary
Medicine](#)

Board of Veterinary Medicine

Important Messages

The Virginia Board of Veterinary Medicine has been asked by other agencies to send out the following two important messages:

United States Fish and Wildlife Service

Stolen Falcons

Special Agent (SA) Chris Mina, with the United States Fish and Wildlife Service, is seeking information about individuals possessing falcons. If you encounter anyone possessing or seeking care for a Peregrine and/or Aplomado falcon or if you encounter leg bands RV093301 and/or RT080783 on any birds, immediately **contact SA Mina at 804-839-6558**.

Virginia Department of Health

Virginia Cat Tests Positive for SARS-CoV-2

The USDA National Veterinary Services Laboratories confirmed on December 31, 2020, that a Virginia cat tested positive for SARS-CoV-2, the virus that causes COVID-19 in people. It is believed that the cat became ill after being in close contact with people in the household sick with COVID-19. Based on information available to date, it appears that the virus can spread from people to animals in some situations. To review the letter to the veterinary community regarding this information [CLICK HERE](#) (letter posted under "Media")

Information about COVID-19 for veterinarians is regularly updated and available at <https://www.vdh.virginia.gov/coronavirus/health-professionals/veterinarians/>.

Please direct questions related to information from the Department of Health to julia.murphy@vdh.virginia.gov or brandy.darby@vdh.virginia.gov.

[Board of Veterinary Medicine](#)

**VIRGINIA BOARD OF VETERINARY MEDICINE
BYLAWS**

Article I. Officers of the Board.

A. Election of officers.

1. The officers of the Board of Veterinary Medicine shall be a President, a Vice-President and a Secretary. At the last regularly scheduled meeting of the calendar year, the board shall elect its officers. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.
2. The term of office shall be one year from January 1 to December 31; a person may serve in the same office for one additional term.
3. A vacancy occurring in any office shall be filled during the next meeting of the board.

B. Duties of the officers

1. President.

The President shall preside at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The President shall appoint all committees unless otherwise ordered by the board.

2. Vice-President.

The Vice-President shall, in the absence or incapacity of the President, perform pro tempore all of the duties of the President.

3. Secretary.

The Secretary shall perform generally all the duties necessary and usually pertaining to such office

4. In the absence of the President, Vice-President and Secretary, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.

5. The Executive Director shall be the custodian of all board records and all papers of value. The Executive Director shall preserve a correct list of all applicants and licensees. The Executive Director shall manage the correspondence of the board and shall perform all such other duties as naturally pertain to this position.