

Board of Veterinary Examiners

Feb 24, 2020 9:00 AM - 1:00 PM AKST

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**DEPARTMENT OF COMMERCE, COMMUNITY, AND
ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING
BOARD OF VETERINARY EXAMINERS AGENDA
February 24, 2020**

333 Willoughby Ave., 9th Floor, Conference Room A., Juneau AK 99801

Advance registration is required for this meeting:
<https://zoom.us/join/joinMeeting?meetingRef=6trzsVcw2xCvTlwK9a9HvtckYHMA>

After registering, you will receive a confirmation email containing information about joining the meeting.

Tentative Meeting Agenda

Time	Agenda	Topic Lead Person
9:00 a.m.	1- Call Meeting to Order/ Roll Call	Chair
9:05 a.m.	2- Review/ Approve Agenda	Chair
9:07 a.m.	3- Review/ Approve Past Meeting Minutes	Chair
9:10 a.m.	4- Ethics Reporting	Chair/ Staff
9:15 a.m.	5- Executive Session	Staff/ Zimmerman
9:30 a.m.	6- Old Business/ Tasks	Chair/ Staff
	i- Correspondence	
	ii- PDMP Disciplinary Matrix	
9:45 a.m.	7- Regulations Project	Chair/ Staff
	i- Veterinarian-Client-Patient Relationship (VCPR)	
	ii- Telemedicine	
	iii- Right-touch Regulation	
	a. Jurisprudence Exams	
	b. VTNE Approvals	
	iv- Veterinary Medical Facilities	
	v- CE Regulations –Opioid Education	
Break		
11:30 a.m.	8- Public Comment *	
Lunch	The board will take a short recess for lunch- probably about half an hour.	
12:30 p.m.	9- AKVMA PDMP Town Hall Summary	Chair/ AKVMA- Coburn
12:45 p.m.	10- BOVE PDMP Survey- Results	Chair/ Staff
1:00 p.m.	11- Legislative Progress- HB 184	Chair/ Bergartt and Flamme
1:30 p.m.	12- Unfinished Business	Chair/ Staff
	13- Appoint Board Chair	Board Members

Adjourn Meeting by 3:00 p.m.

*Please register in advance for public comment by calling (907)465-1037 or emailing boardofveterinaryexaminers@alaska.gov no later than 3 p.m. on Friday, February 21st . Public comment during this time does not need to be on a particular subject. Anything that you would like to bring to the attention of the Board of Veterinary Examiners will be acceptable.

1 State of Alaska
2 Department of Commerce, Community and Economic Development
3 Division of Corporations, Business and Professional Licensing
4

5 BOARD OF VETERINARY EXAMINERS
6

7 MINUTES OF THE MEETING
8 Friday, January 10th, 2020
9

10 *These are DRAFT minutes prepared by the staff of the*
11 *Division of Corporations, Business, and Professional Licensing.*
12 *These minutes have not yet been reviewed or approved by the Board.*
13

14 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62, Article 6, a
15 scheduled meeting of the Board of Veterinary Examiners was held by video conference in
16 Conference Room B in the State Office Building, 333 Willoughby Avenue, 9th Floor, Juneau Alaska.
17

18 Friday, January 10, 2020
19

20 **Agenda Item 1** Call to Order/ Roll Call **Time 9:00 a.m.**
21

22 The meeting was called to order by Occupational Licensing Examiner, Ilsa Lund, at 9:00 a.m. as
23 the Board Chairman was absent.
24

25 Board Members present, constituting a quorum:

26 Rachel Bergartt, DVM (*Via Teleconference*)
27 Scott Flamme, DVM (*Via Teleconference*)
28 Hal Geiger, PhD — public member
29 Chris Michetti, DVM (*Via Teleconference*)
30

31 Division Staff present:

32 Ilsa Lund, Occupational Licensing Examiner (Hereafter denoted OLE)
33 Rebecca Powers, Records and Licensing Supervisor (Hereafter denoted RLS)
34 Marilyn Zimmerman, Paralegal II
35 Sher Zinn, Regulations Specialist II (Hereafter denoted RS)
36 Sara Chambers, Division Director of CBPL
37

38 Joining Telephonically:

39 Nina Akers, Investigator III (Hereafter denoted Inv.)
40 Amber Whaley, Senior Investigator III (Hereafter denoted SI)
41 Greg Francois, Chief Investigator (Hereafter denoted CI)
42

43 Some members of the public called in to the meeting, but none were present in the room.
44

45 **Agenda Item 2A** Review/ Approve Agenda **Time: 9:01 a.m.**
46

47 The agenda was unanimously approved by the board.
48

49 **Agenda Item 2B** **Review/ Approve Past Meeting Minutes** **Time: 9:02 a.m.**

50

51 The minutes from the November 26, 2019 Board of Veterinary Examiners meeting were
52 unanimously approved by the board as written.

53

54 **Agenda Item 3A** **Appoint a Board Chair** **Time: 9:03 a.m.**

55

56 Since Boards and Commissions have not yet confirmed any board reappointments, and the
57 current board chair may be unavailable for the rest of his term, the board took the time to appoint
58 an acting board chair.

59

60 **In a motion duly made by Scott Flamme, seconded by Chris Michetti, and passed**
61 **unanimously, it was RESOLVED to APPOINT Dr. Rachel Bergartt as acting board chair.**

62

63 **Agenda Item 3B** **Appoint a Legislative Liaison** **Time: 9:06 a.m.**

64

65 **In a motion duly made by Rachel Bergartt, seconded by Scott Flamme, and approved**
66 **unanimously, it was RESOLVED to APPOINT Dr. Rachel Bergartt as the board's**
67 **legislative liaison for the second session of the 31st Legislature with Dr. Scott Flamme as an**
68 **alternate if Dr. Bergartt is unavailable.**

69

70 **Agenda Item 4** **Ethics Reporting** **Time 9:08 a.m.**

71 The board had no ethics violations or concerns to report at this time.

72

73 **Agenda Item 14** **AAVSB Board Basics & Beyond** **Time 9:09 a.m.**

74

75 Every year, the American Association of Veterinary State Boards (AAVSB) holds an interactive
76 training session designed specifically for new board members, staff, etc. where attendees acquire
77 knowledge and skills that are necessary to excel in a regulatory role. This year, this conference
78 will be held in Kansas City, Missouri from April 17-18. The deadline to apply is March 16.
79 OLE Lund spoke with a representative from the AAVSB who informed her that, this year, there
80 is enough funding for each member board to have one fully-funded delegate.

81

82 **In a motion duly made by Rachel Bergartt, seconded by Hal Geiger and approved**
83 **unanimously, it was RESOLVED to have Chris Michetti be the primary, Scott Flamme**
84 **secondary, and OLE Lund as alternate delegates to attend AAVSB's Board Basic &**
85 **Beyond Training Conference.**

86

87 **Agenda Item 5** **Investigations** **Time: 9:15 a.m.**

88

89 Since the last report, the Investigation Division has opened 8 matters and closed 0 matters.

90

91 Dr. Michetti asked Inv. Akers what the timeframe usually is for an investigative case— from the
92 time it is opened to closure. Inv. Akers responded that it would depend on how the case was
93 resolved. If the reviewer recommended a consent agreement, that would take longer because it
94 must be agreed upon by the licensee, which could take up to two months. If the case is closed

95 with an advisement letter, that is usually sent out within a week. If the case is closed with no
96 action, that happens within a day or two.

97
98 Dr. Flamme asked specifically about Prescription Drug Monitoring Program (PDMP) violations.
99 Inv. Akers said that she did not have any cases with proven violations so she could not confirm
100 that at the time. Dr. Flamme expressed concerns about disciplinary actions related to the PDMP.
101 He asked how cases would be triaged into viable or nonviable investigations.

102
103 Inv. Akers explained the basic investigations process. The person in charge of the program (the
104 OLE) gets a report and sends it along to Investigations. Investigations opens the case and starts
105 looking into the violation. Records are requested through a subpoena. After the records are
106 obtained, reviewed, and a violation is confirmed to have happened, the licensee is contacted and
107 asked to explain the situation. Once an explanation is received, in writing, the case is presented
108 to the board for review. The board would then determine the next course of action.

109
110 Dr. Bergartt asked about the cost expenditure to the board for staff to peruse these types of
111 investigations.

112
113 Inv. Akers could not speak as to the cost of an investigation, but said that an investigation could
114 take 90-120 days to close out. She would have to get approval to issue the subpoena, then issue
115 the subpoena, obtain the records, send out notice of complaint, give the licensee 20-30 days to
116 reply. Once the reply is received, the case would then be presented to the board, the board would
117 review the case, then send it back to the investigator to move forward with. The Investigations
118 Division strives to complete investigations within six months.

119
120 Dr. Geiger asked to get some specifics about three of the open cases labeled “prohibited activity”
121 and asked if those had something to do with the PDMP. Inv. Akers responded that she could not
122 speak about ongoing investigations.

123
124 SI Whaley spoke up at this point. She did confirm that those three cases are PDMP related but
125 reiterated that, since the investigations are ongoing, she could not disclose any further
126 information at the time. SI Whaley stated that a meeting was set later in the day to discuss
127 PDMP issues with the division director and the executive administrator of the PDMP.

128
129 Previously, the board had asked the Investigations Division to discuss the disciplinary options
130 the board has when taking actions against licenses. It is the desire of the board to move away
131 from revoking licenses and towards suspending them so as to maintain jurisdiction over
132 licensees. Inv. Akers explained the investigative process in more detail, including the threshold
133 needed to consider sanctions. The reviewer does not determine guilt or innocence. They simply
134 determine whether the allegation is uncontested or if there is sufficient evidence to warrant
135 proceeding with a disciplinary action. Uncontested evidence occurs when they receive a
136 response from the respondent admitting to the allegations. If the respondent denies the
137 allegations but the reviewer sees that there is enough evidence without the admission to move
138 forward, then the reviewer has two choices —to recommend a license action, or to close the case
139 by other means. A license action would require a consent agreement. Closing a case by other
140 means involves recommending a non-disciplinary letter of advisement. The reviewing board

141 members would have to state what they would like the investigator to advise the licensee of. Inv.
142 Akers pointed out that, as of the time of the meeting the board did not have a disciplinary matrix
143 in place. Most disciplinary actions are based on precedent. This posed a unique challenge to the
144 board since there is no precedent for PDMP violation. The board would have to rely on how
145 other licensing boards handled such cases. Inv. Akers went on to explain that cases that follow a
146 disciplinary matrix precedent are resolved rather smoothly, but when a board is wanting to step
147 outside of precedent, it can take much longer for a case to be resolved. Anything outside of
148 precedent would need to be thoroughly explained. When it comes to a consent agreement, if the
149 respondent is being asked to do something, the respondent is given due process rights and a
150 hearing would be held.

151
152 Dr. Bergartt clarified that there currently is no disciplinary matrix for the Board of Veterinary
153 Examiners and asked if there was a way for one to be established. Inv. Akers confirmed that
154 having one for Investigations to work off of would be extremely helpful and said that the
155 investigations division would be happy to work with the board to come up with one. She
156 recommended that the board look at matrixes used by other boards for examples.

157
158 Dr. Bergartt asked if there was a way to access past facts and resolutions of cases to use as a
159 base for precedent in coming up with a disciplinary matrix for the board. Inv. Akers notified the
160 board that she has already compiled that data and can make it available to the board. The
161 confidential information of the cases would remain intact, but the board could certainly look at
162 the generic information.

163
164 **TASK: OLE Lund will compile data on other boards' disciplinary matrixes for this**
165 **board to review in order to create its own matrix.**

166
167 Inv. Akers was asked to provide the board information on the challenges faced with making
168 license actions public. She responded that, when it comes to closing a violation, it would depend
169 on how the board would like to proceed— by a license action or closing a case by other means.
170 If no license action is taken, the case would be closed by sending a letter of advisement, which
171 could remain confidential. If the reviewer finds a violation and doesn't think that it rises to the
172 level of license action, the letter would be sent to the respondent and not made public. The
173 respondent may have to disclose the information to other jurisdiction licensing boards, but the
174 Investigations Division would not report it. A license action, such as a consent agreement, is
175 reportable and would be made public. The information would go in the respondent's licensing
176 file and would not be confidential.

177
178 Dr. Bergartt asked if a letter of advisement must remain confidential. Mrs. Akers was not
179 entirely certain, but she is under the belief that, if no official license action is taken, that a letter
180 of advisement must remain confidential.

181
182 Dr. Geiger said that that sort of situation where it is not clear whether the letter is confidential or
183 not would make him uncomfortable. If all that was issued was a letter and the violation did not
184 rise to the level of a license action, then it puts the practitioner in a gray area, leaving the
185 practitioner uncertain on whether the investigation should be reported or not. He stated that he
186 would prefer if there was a much clearer line in place.

187
188 Inv. Akers believed that there may have been a misunderstanding. If a reviewer recommends a
189 letter of advisement due to lack of evidence, the case would be closed citing that reason and
190 would remain confidential. If a violation is present but not extremely egregious, or just a small
191 lapse in judgement (not diverting drugs or incompetence), those types of situations are
192 commonly closed with letters and not license actions. The only thing disclosable about a letter
193 of advisement would possibly be that the individual was under investigation, not what the
194 potential violation may have been or any of the contents of the letter.
195
196 CI Francois stepped in at this point to offer his services and expertise to the board for any
197 clarification that may be needed. He reiterated the information that Mrs. Akers previously
198 stated. Mrs. Akers went on to provide some data to the board: Since 2010, only six cases
199 presented to the board resulted in a license action— any other violations have resulted in an
200 advisement letter. This data does not include anything to do with continuing education.
201
202 Dr. Bergartt clarified that, when she asked for this topic to be added to the agenda, she had in
203 mind, specifically, licensee’s council mandating that anything to do with a consent agreement be
204 kept confidential. She stated that she understands that division procedure is to make license
205 actions public, but a situation such as that could be a stumbling block. If the licensee does not
206 consent to the agreement, the board could be forced to settle for a letter of advisement or pushes
207 the case into an administrative hearing, which could create financial strain on the board. She
208 said that, as a board, their duty is to the public and all license actions should be made a matter of
209 public record.
210
211 CI Francois cited statute Sec. 08.01.087 and the public records act and detailed the investigative
212 procedure. He said that every time a license action is taken by a board it is put on the website
213 and made a matter of public record. The public records act states that any citizen has the right to
214 look at records unless they are made confidential by exception.
215
216 Dr. Bergartt said that, in her experience as a reviewing board member, the thing that licensees
217 balk at the most, which lead to consent agreements not being agreed upon and not being signed
218 by both parties, is the public disclosure point. She wanted to discuss how the board could work
219 through that since it is the board’s duty to let the public know of license actions taken. She said
220 she felt that there were times where the board ended up not taking any license action because
221 they could not get the licensee to agree to the public disclosure portion.
222
223 CI Francois stated that, in his 5-year experience with the division, usually the sticking point on
224 any consent agreement is the level of discipline imposed or recommended by the board. The
225 board usually runs off case precedent: 3-5 cases of similar fact patterns. If there is a violation
226 that a board does not have any type of precedent for, investigators may go to a similar case from
227 a different but similar board to recommend a license action. He cited a previous case from the
228 Veterinary Board where a licensed chiropractor was performing chiropractic adjustment on
229 horses. Since that individual was not licensed in veterinary medicine, he was issued a temporary
230 cease and desist order which eventually became permanent. In a case such as that, if a board
231 were to recommend civic discipline, usually the sticking point is the level of discipline. CI

232 Francois said that lawyers will, most often times, try to negotiate down the length of time and fee
233 of discipline.

234
235 SI Whaley added that she knows confidentiality concerns were brought up with having license
236 actions made public. She clarified that all license actions are public. The problem is getting the
237 respondent to agree to sign the consent agreement. If they do not agree, then the division does
238 not have a license action to make public. If the consent agreement is not signed, the board would
239 be forced to drop the situation or move forward with a costly litigation hearing.

240
241 Dr. Bergartt said that, in her time on the board, there have been several instances where the
242 specific sticking point was the public nature of the consent agreement, so individuals were not
243 signing them. Then the board was left with having to issue a non-disciplinary letter of
244 advisement for violations that really should have been made public.

245
246 SI Whaley stated that she understands. She brought up another point that the Veterinary Board
247 has tended to lean towards advisement letters in the past, which are confidential. There have
248 only been a handful of consent agreements that have been adopted in the past. She stated that
249 she thinks the best resolution to address the problem would be for the board to move forward in
250 adopting a disciplinary matrix.

251
252 Dr. Bergartt agreed. She said that if precedent had been going towards non-disciplinary letters
253 of advisement, regardless of the situation, due only to the fact that the respondent would not
254 agree to and sign the consent agreement, then that would lead to a self-perpetuating cycle. She
255 said she is worried that this could lead to serious issues not being made public.

256
257 Inv. Akers offered to provide the board specific information about such cases and resolutions in
258 the past —cases that were heading towards consent agreements that did not get signed. She said
259 she believes that, in most of those cases, the reviewing board recommended the letter of
260 advisement and it was not a compromise from a consent agreement not being signed. She said
261 that, when the board steps outside of case precedent is where the trouble begins. She said it
262 helps to have history and consistency on the side of the board.

263
264

265
266 **Agenda Item 6 &7** **Paralegal Report/ Executive Session** **Time 10:00 a.m.**

267
268 **In a motion duly made by Hal Geiger, seconded by Rachel Bergartt, and with unanimous**
269 **approval in accordance with the provisions of Alaska Statute 44.62.310 (c)(2), moved to**
270 **enter executive session for the purpose of discussing subjects that tend to prejudice the**
271 **reputation and character of any person, provided the person may request a public**
272 **discussion it was:**

273 **RESOLVED to enter into executive session in accordance with AS 44.62.310 (c)(2).**

274
275 Board staff was requested to remain in the room.

276
277 *Off record for executive session a 10:01 a.m.*

278 *On record at 10:18 a.m.*

279

280 **In a motion duly made by Hal Geiger, seconded by Chris Michetti, and with unanimous**
281 **approval, it was RESOLVED to ADOPT the entry of default and suspension of**
282 **veterinarian license #100663 held by William Meyers. (Case No. 2017-000936)**

283

284 **Break 10:19 a.m. Back on record at 10:29 a.m.**

285

286 **Agenda Item 8**

Regulations Training

Time 10:30 a.m.

287

288 The floor was given over to Sher Zinn, Regulations Specialist, for the board to receive training
289 about the process for adopting or changing regulations. RS Zinn pointed the board's attention to
290 the document Steps in the Regulations Process included in the board packet. She said she felt it
291 was important to provide this training due to the fact that there are several new members on the
292 board. She also said that it can take some licensing examiners 2-3 years to really, fully
293 understand the regulations process. She pointed out that OLE Lund has only been with the board
294 for just shy of one year. All of the information provided comes from the Regulations Drafting
295 Manual that is produced by the department of law.

296

297 *Please see the attached annotated PDF at the end of these minutes for all information on the*
298 *regulations process.*

299

300 Dr. Geiger asked, if there is an overwhelming turnout for oral comment, but a few in attendance
301 are experts, could the board provide those few individuals more time to answer questions from
302 the board? RS Zinn responded —typically no. During oral comment, the board does not ask
303 questions but just listens. There would be a more appropriate time for the board to gather
304 information prior to oral comment.

305

306 Dr. Bergartt asked, if there is an expert who has particular knowledge of regulatory needs, may
307 the board invite the individual to provide information to the board during a public comment
308 period? She asked how the board needs to be mindful, when trying to get things accomplished
309 while not overstepping boundaries.

310

311 RS Zinn responded that that would need to be done while the board is considering regulations
312 and drafting them before public notice goes out. The board is the judge and the jury. Once those
313 regulations go out for public comment, the board moves into the role of jury considering the
314 facts. The jury is not allowed to ask questions while considering the facts. The board can no
315 longer take any information regarding those regulations after the public comment period is
316 closed. The board is not given any public comment until after the commenting period has ended,
317 intentionally, to help the board be the jury that they are supposed to be.

318

319 OLE Lund asked for some clarification. Could the board work on drafting regulations outside of
320 a board meeting as long as they discuss and explain the changes to regulations on the record
321 during a publicly noticed meeting? RS Zinn clarified that the board can assign a regulations
322 project to one of its members —to look at and come up with suggested changes. It can be done
323 by a subcommittee or individually. A subcommittee does have to be public noticed to allow the

324 public to participate. During that time is when she recommends that the board bring in experts
325 on the topic or legal counsel.

326 Dr. Geiger mentioned that the board was previously advised by an attorney that they could hold
327 subcommittee meeting that are not publicly noticed as long as the committee had only two
328 members. Dr. Bergartt confirmed this.

329

330 Director Chambers, who had recently entered the room, stepped in to add some clarification to
331 this point. She mentioned that this is a topic that is always confusing to everyone, so it is better
332 to err on the side of caution. She went on to explain that, if the board designates a committee to
333 work on a project at a more granular level, that is a meeting that does require public notice
334 because the board has established that committee. If two board members decided to meet for
335 coffee and talk about regulations, that is not a committee meeting. That instance would fall
336 under the public notice requirement if a quorum, or three members of the board, were in
337 attendance. If the Veterinary Board were to establish a regulations committee, meetings of that
338 group would need to be public noticed. A committee of the board is empowered by the board
339 and, therefore, the committee meeting need to be public noticed. A board committee could have
340 all board members on it and even non-members on it, because it is public noticed. The public
341 would need to be given the opportunity to know about the event and attend. Director Chambers
342 went on to explain that regulations have the effect of law when they are, ultimately, adopted.
343 She said that she would advise a board that, if they are working on regulations, that they allow
344 the public the opportunity to be engaged.

345

346 **Agenda Item 9**

Fiscal Report

Time 11:30 a.m.

347

348 The board received an Excel spreadsheet from division staff that gave board members the ability
349 to adjust different categories and review projected outcomes of fee changes. Division
350 administrative staff looked at the biennial licensing cycle and what the projected fiscal health of
351 the board would be if no increases are made. The division asks that input on fee changes be put
352 in the form of a motion —to support the division’s recommendation or to make their own
353 recommendation. It is up to the Director to make the final determination based on the board’s
354 input. The division recommended that the board implement a slight increase to vet tech license
355 fees.

356

357 The fiscal forecast for the board projects that expenditures are starting to outpace revenue. The
358 division recommends that the board have one year of expenses (based on historical data) in the
359 black. The division does not do zero-sum accounting to prevent boards from maintaining a
360 constant deficit. Based on the board’s first quarter information, the board is not in dire straits
361 financially, but the division is recommending a slight fee adjustment.

362

363 Although Dr. Hagee was not able to attend the meeting, he did submit a written statement that he
364 is strongly opposed to any fee increases.

365

366 Dr. Geiger stated that, when a fee increase proposal was brought before the board several years
367 ago, one of the main things the board wanted to protect were veterinary technicians who are on
368 the lower echelon of the veterinary field pay scale. He said that the board had also previously

369 stated that they wish to protect new veterinarians who have recently graduated and may have up
370 to quarter million dollars in student loan debt.

371
372 Dr. Bergartt seconded Dr. Geiger's statement. She stated that, based on regulations, there is
373 nothing that prohibits a non-licensed individual from doing the things that a licensed vet tech can
374 do as long as there is proper supervision by a licensed veterinarian. She stated that her fear is
375 that an increase to vet tech licensure will just encourage individuals to continue working without
376 seeking licensure. She stated that she is, personally, opposed to seeing any increase in
377 technician's fees.

378
379 Dr. Michetti added that even a \$50 increase to vet tech licensure is a huge percentage increase
380 and does not think that would be in the best interest for veterinary medicine in the state.

381
382 Dr. Flamme agreed with all of the other board members' statements and went on to say that he
383 didn't think vet techs deserved and increase in fees.

384
385 Dr. Bergartt wanted to make Director Chambers aware that, according to information she
386 received at the last AAVSB conference, Alaskan veterinarians are subject to, if not the highest,
387 one of the highest licensing fees for veterinarians in the country. Dr. Bergartt went on to say
388 that there are several things that she finds concerning. —1) To effectively work on regulations,
389 the board needs state (division) support to set up technology, meeting room, etc., which is
390 expensive. 2) The amount of time spent on subpoenas and investigating PDMP violations is
391 going to create a huge financial strain on the board. Dr. Bergartt said that she does not see an
392 effective way to decrease those costs in the immediate future. Her fear is that there would be no
393 way to avoid burdening the licensees with those costs and that practitioners and technicians may
394 just forego even coming to Alaska and getting licensed because of the, already, astronomic fees.
395 There is already a shortage of veterinarians in Alaska.

396
397 Director Chambers responded that she understands the desire to not increase fees for vet techs
398 and thinks that is reasonable. Many boards feel the same way about not increasing fees for
399 professions' most valuable junior team members. She went on to say that, as long as
400 veterinarians are still required by law to participate in the PDMP, then the state is obligated to
401 peruse those violations. She commented that, as far as she has seen, compared to other boards,
402 the Veterinary Board does not have out of control expenses from legal expenses and
403 investigations. As far as the board's financial standing currently, if a legal situation were to
404 come up, the board would not have the proper funding to address the situation. Investigations
405 can cost tens of thousands of dollars.

406
407 Director Chambers went on to explain that, under the Dunleavy administration, the division has
408 been tasked with looking at statutes and working on reducing barriers to licensure by reducing
409 unnecessary processes —cutting out steps that regularly cause delays in licensing or that are
410 increasing costs. The division is working every day on trying to find those balances by
411 automating more services, such as online applications.

412
413 Director Chambers reminded the board members that, as Alaskans, we all work on an economy
414 of scale. Under state law, the division has a system that is common to most licensing

415 mechanisms in all states that require licensees to cover 100% of the cost of regulating their
416 industry. Veterinary fees in another state are likely lower because they have thousands of
417 licensees to split costs between. Unfortunately, in Alaska, there is a smaller group of people
418 paying into the system but we have to maintain the same infrastructure as other states.

419
420 Dr. Bergartt thanked Director Chambers for her comments. Dr. Bergartt went on to point out
421 that the state of Wyoming which has, to her understanding, a similar number of veterinarians has
422 licensing fees that are half the amount that Alaska has. She went on to say that she understands
423 that costs have to be spread out, but she is concerned (as a board member as well as a licensee)
424 that the fees only seem to be increasing and the pressure on the board to spend more is
425 increasing. Yet, the board needs to remain mindful of making it accessible for people to practice
426 in Alaska.

427
428 Director Chambers responded that it is important to keep an eye on how other states are
429 regulating. She said that Wyoming is a good state to compare to because its rural nature and
430 population density are similar to Alaska. She said that time could be spent looking into
431 Wyoming to see what they are doing differently that might be keeping costs lower than Alaska's,
432 or if they have other funding sources.

433
434 Director Chambers said that the board is not in a dire situation to have to increase fees, but it is
435 in the board's best interest to have a small increase now than require a huge increase down the
436 road. She said that the division has worked really hard on the annual fee reviews to avoid the
437 rollercoaster of increasing by hundreds of dollars when a slight increase could have been made
438 incrementally earlier on. At this point, she brought the board's attention to the fiscal report.

439
440 The first quarter ended September 30th, 2019. Since then the revenue for the first quarter was
441 just over \$7,000. The division would not expect there to be a lot of income because the licenses
442 were not in a renewal year. Looking back at comparable (nonrenewal) fiscal years, revenue for
443 the entire year of FY 18 was under \$60,000 and just under \$35,000 for FY 16 and 14. This
444 shows that there was likely a fee increase. Revenues from FY 14, 15, and 16 were really low,
445 which resulted in the board operating on a \$80,000 deficit at the end of FY 16.

446
447 In the new format for expenditures, investigative and non-investigative expenditures are now
448 being separated which helps the division pinpoint where exactly the money is being spent. Over
449 \$12,000 is being spent on administrative staff. The board's Investigations expenditure is
450 extremely minimal. Director Chambers recommended that the board look into what the
451 breakdown of investigative costs are —is there anything special or unusual happening. She said
452 that continuing education audits usually increase investigative fees. Since investigations are
453 complaint driven, it is hard to predict what expenditures will come up and when.

454
455 Indirect expenditures have gone up since FY 19. Indirect expenditures are costs that can't
456 directly be attributed to regulation of veterinary medicine —expenses at the division,
457 department, or state levels. The director and administrative officer are very engaged with and
458 they dig into a lot of why these expenses are as much as they are. That information is presented
459 to boards at the end of the year. The board started FY 19 with a \$38,000 deficit and ended a
460 major revenue generating year with a \$77,000 surplus.

461
462 Having finished the fiscal update, Director Chambers had some other topics that she wished to
463 discuss with the board. She received a copy of the PDMP related legislations and had been
464 talking with Barbara Barnes of Rep. Wilson's office. She wanted to make sure that everyone is
465 on the same page regarding this matter. The administration has decided that it does not have an
466 opinion about this particular legislation. The board can expect that, when the bill is introduced
467 and goes for a hearing, whomever the board has chosen to represent them in this matter will need
468 to be present, or at least available telephonically for all of the hearings to speak about the
469 concerns of the board. The division will have representatives present to answer technical
470 questions, but will remain neutral.

471
472 Dr. Bergartt asked Director Chambers about some legislation changes that were addressed at a
473 previous meeting to open up licensing in Alaska for foreign veterinary graduates. She requested
474 an update to ensure that bill is moving forward.

475
476 Director Chambers assured the board that she has been working with the governor's office and
477 they intend to introduce that change in the overall licensing reform omnibus effort. The
478 governor's office is interested in moving that bill forward. *(For more information on this bill see*
479 [SB157/ HB216.](#))

480
481 Dr. Geiger asked Director Chambers if she had any guidance for the board about contacting
482 legislators as a private citizen to comment on any of the matter that involve veterinary regulation.

483
484 Director Chambers stated that the legislative guidance packet was included in the board book for
485 the board members to reference. She went on to say that the information has not changed much,
486 so any members who have already received the training should already be familiar with the
487 policies. She elaborated that any board member can enforce the board's opinion that has already
488 been stated on the record.

489
490 Director Chambers moved on to a new topic. She said that, over the last few weeks, she had
491 been going over the board's previous meeting minutes and speaking with investigators. She
492 wanted to recognize that, as the board's partner in regulation, that in the October meeting, there
493 were a few things that happened regarding a consent agreement for a veterinarian. There were
494 quite a few missteps that happened during the board meeting. She said that she hopes everything
495 has been resolved. The board pledged to be better about restricting public comment to
496 appropriate and publicly noticed times during the meeting.

497
498 Next, Director Chambers brought up the fact that some board members had expressed an interest
499 in holding a town hall to gather public feedback about regulations projects and the PDMP
500 exemption. She reminded the board that town halls are a good option for a board to get in touch
501 with the public, but events such as those take an enormous amount of coordination and planning.
502 The board is required to make their intent know on the record in the form of a motion. There is
503 an expense and resource allocation associated with holding a town hall. If that type of event is
504 still of interest to the board, members will need to take the time to discuss their plan of action
505 and staff will work with them to make it happen.

506

507 Dr. Flamme expressed frustration with how long the process would take, as the board was
508 hoping to have a town hall before the start of legislative session. He informed the board that the
509 Interior Veterinary Medical Association had already held a town hall about the PDMP exemption
510 on January 6. He recorded the meeting and said he would make the recording available to other
511 board members and staff.

512
513 Director Chambers recommended that Dr. Flamme create a document that includes bullet points
514 of important topics and highlights of the meeting. Such a document could be provided to Dr.
515 Bergartt for use during her legislative testimony. Director Chambers also advised Dr. Flamme
516 to inform the individuals who attended the IVMA town hall that their testimonies may be used
517 and presented during legislative hearings. She went on to recommend that the IVMA could be
518 asked to write a letter stating the findings and the stance of the organization regarding the PDMP
519 exemption for veterinarians.

520
521 OLE Lund recommended that Dr. Flamme reach out to the IVMA and suggest that they appoint
522 a representative to speak on behalf of their organization, such as this board appointing Dr.
523 Bergartt, to testify during public comment during legislative hearings.

524
525 Dr. Bergartt stated that she would prefer that option as she would have reservations about
526 speaking on behalf of an organization for which she is not a member.

527
528 Director Chambers thanked the board for providing her the opportunity to meet with them to
529 discuss many important topics. She said that she would be available if anything comes up that
530 the board may need further information or clarification on.

531
532 *Madame Chair, Rachel Bergartt, called for lunch at 12:34 p.m. and instructed the members of*
533 *the board to be back by 1:10 p.m. to honor public comment scheduled for 1:15 p.m.*

534
535
536 **Agenda Item 12** **Public Comment** **Time 1:15 p.m.**

537
538 The AKVMA would like the board to know that they will be holding a town hall regarding the
539 veterinarian PDMP exemption (HB 184) on Friday, January 17th at the BP Center in Anchorage.
540 Dr. Bergartt requested that someone of the AKVMA provide highlights to the board following
541 the town hall.

542
543 **Agenda Item 11** **Correspondence** **Time 1:17 p.m.**

544
545 The board received a letter from the AKVMA regarding the ongoing Veterinarian-Client-Patient
546 Relationship (VCPR) regulation. Dr. Bergartt thanked the AKVMA for being involved in the
547 process and submitting the letter. She said it is great to have that sort of feedback from the
548 Alaskan veterinary community. At first glance, she said, one of the things the board has been
549 working on is succinct language and trying to incorporate all of the talking points in the proposed
550 recommendations made by the AKVMA. She acknowledged the breadth and depth of the
551 thought that went into drafting those suggestions that the AKVMA feels are most important to be
552 included in the VCPR regulations.

553
554 Dr. Geiger said there were two things he was looking for in the recommendations —
555 veterinarians providing or arranging for emergency care to patients and wording about timely
556 physical exams of patients. He said that those things were addressed in the letter from the
557 AKVMA. However, he said that he would continue to argue against the requirement of a timely
558 physical examination when, in this modern age, electronic records should also be included as a
559 possible way for a veterinarian to get involved in this.

560
561 Dr. Bergartt reminded Dr. Geiger that the federal Veterinary Feed Directive (VFD) requires a
562 site visit, so the requirement of a site visit will likely be included in the state VCPR regulations
563

564
565 **Agenda Item 13** **Town Hall** **Time 1:22 p.m.**

566
567 In order for the board to hold a town hall, the first step would be to make a motion on the record
568 to set a meeting date. It has been recommended that, if the board decides to move forward with a
569 town hall, the intended outcomes of the meeting be stated on the record before the event is held.
570

571 There is a consensus among board members that the idea of holding a town hall to gather public
572 opinion about the PDMP has lost its timeliness. Thankfully, other organizations that are not as
573 bound by policy and procedure have already had or have scheduled their own town halls
574 regarding this issue.
575

576 In lieu of a town hall, the board made the decision to move forward with a list serve survey to
577 licensees to gather input on the veterinarian PDMP exemption legislation.

- 578 1. Have you experienced difficulty, as a licensee, utilizing the PDMP?
- 579 2. Do you feel, as a practitioner, that your clients have suffered because of the PDMP
580 mandate?
- 581 3. Has the PDMP imposed a financial burden on you or your practice?
- 582 4. Do you support veterinarians being exempt from having to register with the PDMP?
583

584
585 The board drafted an official statement regarding their stance on the requirement for
586 veterinarians to register with the PDMP.
587

588 **The Board of Veterinary Examiners find that the PDMP statute was adopted without**
589 **sufficient consultation with veterinarians. The board has been put into the position of being**
590 **required to regulate veterinarians with respect to those statutes. There are a number of**
591 **practical problems standing in the way of the board accomplishing that. The board**
592 **strongly believes that veterinarians should be exempt from having to register with the**
593 **PDMP.**
594

- 595 • As of 2017, only one-third of the states require veterinarians to report to state databases.
- 596 • Veterinarians have no way to uniquely identify individual animals. Obviously, a person
597 desperate enough to pay for an expensive veterinary visit, and to present an injured
598 animal with the hope of gaining a limited prescription of controlled substance for

599 diversion, is a person who will be inclined to use deceit and dishonesty. A problem for
600 veterinarians is that the piece of information labeled “Animal name” cannot be verified in
601 a veterinary clinic. Animals do not have a Social Security number or any kind of unique
602 identifier.

- 603 • Veterinarians have no way to identify the true owner of an animal. Even with a family of
604 perfectly honest people, there may some disagreement as to who is the actual owner of an
605 animal. Also, the owner can change at any time for any reason. There is no way for the
606 veterinarian to link the animal presented to a unique person. In theory, a single injured
607 animal could be presented to every veterinarian in a city or town, and each veterinarian
608 could be given a different animal name and a different owner name.
- 609 • Because of the high cost of a veterinary visit and because of the uncertain prescribing
610 action of each veterinarian, presenting an injured animal seems like an unlikely and
611 uncertain way to acquire controlled drugs for diversion. Even so, currently there is no
612 way for a veterinarian to verify the information he or she is asked to enter into the PDMP
613 database.

614
615 The board acknowledged that they are required to regulate the PDMP despite the current state of
616 flux of the PDMP and the desire to conserve board resources. They do not wish to pass on
617 unnecessary expenses to the licensees who then would pass on that expense to the public.

618
619

620 **Agenda Item 14**

Board Business

Time 2:13 p.m.

621

622 At the May 24, 2019 board meeting, a CE request was submitted by a licensee pertaining to
623 animal chiropractic. At the time, the request was denied. The licensee called a few weeks ago to
624 follow up on any new developments. Dr. Bergartt reminded staff that, at that particular
625 meeting, the board decided on requirements for presenting CEs for credit. If the licensee would
626 like to submit non-RACE approved courses in the future, it is requested that all criteria of the
627 requirements be met so the board can make an informed decision on a case-by-case basis.

628

629 At the last meeting on November 26th, 2019, it was requested that OLE Lund reach out to the
630 AAVSB to see what it might take to have that organization’s attorney, Dale Atkinson, available
631 for consultation during upcoming regulations drafting projects. OLE Lund did reach out to the
632 AAVSB. The process is ongoing —with figuring out logistics and scheduling —and more
633 information will be available in the coming weeks.

634

635 With the legislative session impending, division management asked board staff to pass on
636 information to board members about expectations and etiquette in having contact with
637 legislators. Bills of interest to the board can be presented on rather short notice. There is a
638 function available through the Legislature website called the Bill Tracking Management
639 Function (BTMF) that all board members are encouraged to sign up for. It is extremely
640 important that the board convey how important the PDMP exemption legislation is to them by
641 having a representative present at all hearings pertaining to that bill.

642

643 OLE Lund has been contacted by several individuals, recently, about the lack of veterinary
644 services, particularly humane euthanasia services, in rural Alaska. In the Division of

645 Corporations, Business, and Professional Licensing (CBPL), the Euthanasia of Domestic
646 Animals Permit Program (EUT) is separate from the Board of Veterinary Examiners, but they
647 are obliquely related. While the board does not help to regulate the EUT program, OLE Lund
648 was hoping that the board could help raise awareness of this situation and work together to help
649 find some sort of resolution. As of now, there are no certified euthanasia technician training
650 programs in the state. More information is required on this topic before the board is willing to
651 take any stance on this topic.

652
653 The board was asked by the division to come up with suggestions for increasing revenue to
654 promote the financial wellbeing of the board. OLE Lund stated that, earlier in the week, she was
655 contacted about licensing requirements for veterinary assistant. As of now, the board does not
656 regulate or offer licensure for that subcategory of veterinary technician. As the board is opposed
657 to increasing or mandating fees onto their licensees that are already at the lower echelon of the
658 pay scale, they do not wish to peruse that particular option. It is the wish of the board to
659 financially protect new members of the profession as well as technicians.

660
661 Dr. Geiger brought up the fact that, at the last AAVSB conference, there was a lot of discussion
662 about mid-level positions emerging within the veterinary field. College programs are starting to
663 emerge based around those mid-level professions. The board recognizes that regulations will
664 need to be created for these new fields, but would like to see how other states are going about
665 that process before they take any official actions regarding this topic. Dr. Bergartt cited that, as
666 of now, Nebraska may be the only state that license and regulate veterinary technologists.

667
668 **In a motion duly made by Hal Geiger, seconded by Chris Michetti and approved**
669 **unanimously, the board made an official statement to the division to say:**

670
671 **If fees must be increased, our recommendation is that the cost of temporary permits be**
672 **increased. The board does not wish to impose additional financial burden on newly**
673 **graduated veterinarians or any veterinary technicians. Please do not increase licensing fees**
674 **for vet techs.**

675
676 It was brought to the board's attention that, pertaining to courtesy licenses, the statute definition
677 of "compensation" was misconstrued, leading some out-of-state veterinarians to believe that they
678 were exempt from having to seek licensure in Alaska if they were not being paid for their
679 services; for example, volunteering to work as a vet during a sled dog race event. This issue was
680 brought before the board many years ago and the members at the time defined compensation to
681 mean anything that the veterinarian did not have to pay for out-of-pocket (lodging, food, use of a
682 rental car, event merchandise, etc.). Dr. Geiger pointed out statute **Sec. 08.98.250(5)(C)**
683 "practice of veterinary medicine" (C) means to use a description title, abbreviation, or letters in a
684 manner or under circumstances tending to induce the belief that the person using it or them is
685 qualified or licensed to do any act in (A) of this paragraph whether or not for compensation."
686 Therefore, anyone who comes into the state specifically to represent themselves and act as a
687 veterinarian in any capacity is required to seek licensure through the board.

688

689 **In a motion duly made by Hal Geiger, seconded by Chris Michetti and approved**
690 **unanimously, it was requested that OLE Lund reach out to sled dog race committees to**
691 **remind them of the licensing requirements for their out-of-state veterinarian participants.**
692

693 **In a motion duly made by Chris Michetti, seconded by Scott Flamme and approved**
694 **unanimously, the board scheduled their next meeting for Monday, February 24th, starting**
695 **at 9 a.m.**
696

697 This meeting will be specifically focused on drafting regulations and the PDMP exemption bill.
698

699 *The chair adjourned the meeting at 3:16 p.m.*
700

701
702

703
704

Respectfully Submitted,

705
706

707 -----

Ilsa Lund, Licensing Examiner

Date

709
710

711
712

713 -----

Board Chair, Board of Veterinary Examiners

Date

714

March 4, 2019

The Honorable Mike Dunleavy
Governor of Alaska
P.O. Box 110001
Juneau, AK 99811-0001

Dear Governor Dunleavy,

On behalf of the Alaska Board of Veterinary Examiners, I am writing to let you know about some concerns with the Alaska Prescription Drug Monitoring Program (PDMP). Your predecessor, Governor Bill Walker, identified the opioid epidemic as a crisis in Alaska. In response, the law now requires the participation in the PDMP by all holders of a DEA license, regardless of their professional discipline. Veterinarians fall within this group, specifically identified in the regulations governing the PDMP. Forty-nine states—all but Missouri and the District of Columbia—track controlled substance dispensing, but about two-thirds of those states have already exempted veterinary reporting because diversion of opioids from veterinary use has been examined and found to be negligible.

The initial problem is that veterinarians were not adequately considered when the Alaska PDMP was designed. Identification of the end-point patient is a conundrum. The PDMP is required to have a database for animal identification—but it does not. It may not even be possible to construct a workable animal database. Frequently an animal is presented to a veterinarian but then picked up by someone other than the owner. On whom should the check be made? The owner? The pet? The adult relative of the owner who brought the animal in? What if the owner is away for two weeks and the animal is presented by a boarding kennel? How is each animal to be identified? What if "Fluffy" Johnson of Soldotna is known as "Duke" Johnson of Kenai at another clinic? Unlike humans, these animals do not each have a unique social security number, but can be identified by microchip. However, only a small percentage of animals are chipped. If the check is made on an owner or some other individual (human), should veterinarians, who are not bound by HIPPA (medical confidentiality) regulations, have access to the individual human's medical records during the "background history check," as required by PDMP? My understanding is that this access to human medical records would not be allowed by HIPPA regulations.

As previously mentioned, forty-nine states—all but Missouri and the District of Columbia—track controlled substance dispensing to thwart doctor shopping, the seeking of addictive or dangerous drugs from multiple doctors or pharmacists. About one-third require veterinarians to report to state databases when they dispense controlled substances, and about two-thirds of states do not. Alabama and Arizona no longer require reporting for veterinarians since the start of 2016, while Nebraska has formed a task force on implementing requirements starting in 2018, reflecting debate over whether the risk justifies the reporting burden. In one national survey of drug monitoring programs, regulators and veterinary associations found that, in a typical year, fewer than 10 people were "doctor shopping" at veterinary clinics and that "**veterinarians are a de minimis source of controlled substances.**" (Simpson, R.J., 2013. Prescription drug monitoring programs: Applying a one size fits all approach to human and veterinary medical professionals, custom tailoring is needed. *J. Animal & Environmental Law.*, 5, p.1.) This author also reported, "When the known cases were adjusted based on state populations, there was an estimated one case per 30 million people, or 6.5 cases per year, in the United States." He went on to say that the incidence of **veterinary prescription drug diversion is "infinitesimal" and requiring reports from veterinarians is "superfluous"**.

Dr. Larry Stutts, an Alabama state senator who worked in mixed animal practice before becoming a physician, proposed the legislation that removed reporting requirements for the state's dispensing veterinarians, effective Aug. 1, 2016, stating "**I felt it was an unnecessary interference with the private practitioners in the state,**" and "The nation has an opioid abuse epidemic and I'm not so naïve to think no veterinarians were involved. But as a whole, **veterinarians play a very minor, insignificant role in diversion of narcotics,**" he said. (J. American Veterinary Medical Assoc. Feb, 2017)

Dr. Brad Fields, assistant executive director of the Alabama Veterinary Medical Association, also said the data collection on veterinary drugs was an undue burden. "It wasn't valid or valuable data to the Department of Public Health and the PDMP program," he said. **"There hasn't been any doctor shopper identified in the veterinary world through the PDMP."** Veterinarians were required to report prescriptions issued, starting with the database's implementation in April 2006. Dr. Fields said veterinary clinics lack the standardized software used by physicians and pharmacists to report dispensing, so veterinarians' reports were more labor-intensive. In addition, "Alabama's database lacked unique identifiers for veterinary patients." Dr. Fields pointed out that prescriptions for humans are tied to Social Security numbers, but information on animal patients is tied only to pet names out of concern that adding information to an owner's medical records could violate federal privacy laws. Dr. Fields also contends that seeking drugs from veterinary clinics requires bringing in an animal with clinical signs and the money to cover examination fees. "I think the potential certainly exists," he said. "I mean, anybody would be a fool to say it doesn't happen in the veterinary world, but it's much more difficult." (JAVMA News, Jan, 2017)

The New York State Veterinary Medical Society has issued a statement that the 2013 regulations broke a promise that veterinarians would be exempted from reporting requirements. "The NYSVMS continues to maintain, in its most vehement and aggressive manner, that this regulatory change exposes pets in New York State to unnecessary suffering, is **an unnecessary drain on veterinarian's (sic) resources, and increases the regulatory burden** placed on small businesses in rural areas where access to 24-hour pharmacy services is unavailable," the statement reads.

In a March, 2013, newsletter, Kansas Veterinary Medical Association president, Dr. Tom Jerrigan, wrote that a five-year government study found **veterinarians should not be included in the state prescription drug monitoring program**. A six-member task force, comprising two representatives each from the Kansas Board of Pharmacy, the Kansas Board of Veterinary Examiners and the Kansas Veterinary Medical Association conducted the study. (JAVMA News, Jan. 2017)

The Minnesota Board of Pharmacy, in a 2011 report to the state legislature, found that the board's **evidence did not support requirements that veterinarians report** when they dispense controlled substances for outpatient administration. That report also indicates veterinarians routinely dispense these types of drugs in low quantities for short treatment durations and that five percent of veterinarians responding to the survey had seen overt doctor shopping. (JAVMA News, Jan. 2017)

The Alaska Board of Veterinary Examiners seeks your help in exempting veterinarians from participation requirements as outlined by the Prescription Drug Monitoring Program. Veterinarians have found reporting to be difficult and a drain on limited resources. Even if veterinarians are provided a way to use this system, the reporting by veterinarians will be **expensive for both the practitioners and the state**. Many experts have concluded that it will do essentially nothing to help with the opioid crisis. Instead of taking time to interact with our clients and patients, veterinarians have to invest valuable time into research and recording compliance with the PDMP each time we look to alleviate pain or stop seizures with controlled substances. Previously DVMs could provide affordable medications to their clients. With PDMP compliance, the cost to maintain, dispense and report these medications will make dispensing these drugs too costly for the average practitioner. The current PDMP system was designed for reporting drugs sought through human medical channels. Any added value to Alaska's PDMP by veterinarians' participation is negligible. A smart person learns from his or her experiences...a wise person learns from the experiences of others. More than two-thirds of the states already exempt veterinarians from the reporting requirements. The Alaska Board of Veterinary Examiners believes that Alaska should join this majority as the best way to fix what is wrong with this cumbersome PDMP system.

Respectfully and Sincerely,

James H. Hagee, DVM, Chairman
On behalf of
The Alaska Board of Veterinary Examiners
Cc: Members, Alaska State Legislature

Sec. 08.01.075. Disciplinary powers of boards. (a) A board may take the following disciplinary actions, singly or in combination:

- (1) permanently revoke a license;
- (2) suspend a license for a specified period;
- (3) censure or reprimand a licensee;
- (4) impose limitations or conditions on the professional practice of a licensee;
- (5) require a licensee to submit to peer review;
- (6) impose requirements for remedial professional education to correct deficiencies in the education, training, and skill of the licensee;
- (7) impose probation requiring a licensee to report regularly to the board on matters related to the grounds for probation;

(8) impose a civil fine not to exceed \$5,000.

(b) A board may withdraw probationary status if the deficiencies that required the sanction are remedied.

(c) A board may summarily suspend a licensee from the practice of the profession before a final hearing is held or during an appeal if the board finds that the licensee poses a clear and immediate danger to the public health and safety. A person is entitled to a hearing conducted by the office of administrative hearings (AS 44.64.010) to appeal the summary suspension within seven days after the order of suspension is issued. A person may appeal an adverse decision of the board on an appeal of a summary suspension to a court of competent jurisdiction.

(d) A board may reinstate a suspended or revoked license if, after a hearing, the board finds that the applicant is able to practice the profession with skill and safety.

(e) A board may accept the voluntary surrender of a license. A license may not be returned unless the board determines that the licensee is competent to resume practice and the licensee pays the appropriate renewal fee.

(f) A board shall seek consistency in the application of disciplinary sanctions. A board shall explain a significant departure from prior decisions involving similar facts in the order imposing the sanction.

-5-

Sec. 08.01.077. Conviction as grounds for disciplinary action. Notwithstanding any other provision of this title, the conviction under AS 47.24.010 of a person licensed, certified, or regulated by the department or a board under this title may be considered by the department or board as grounds for disciplinary proceedings or sanctions.

Sec. 08.01.080. Department regulations. The department shall adopt regulations to carry out the purposes of this chapter including but not limited to describing

- (1) how an examination is to be conducted;
- (2) what is contained in application forms;
- (3) how a person applies for an examination or license.

Sec. 08.01.087. Investigative and enforcement powers of department. (a) The department may, upon its own motion, conduct investigations to

(1) determine whether a person has violated a provision of this chapter or a regulation adopted under it, or a provision of AS 43.70, or a provision of this title or regulation adopted under this title dealing with an occupation or board listed in AS 08.01.010; or

(2) secure information useful in the administration of this chapter.

(b) If it appears to the commissioner that a person has engaged in or is about to engage in an act or practice in violation of a provision of this chapter or a regulation adopted under it, or a provision of AS 43.70, or a provision of this title or regulation adopted under this title dealing with an occupation or board listed in AS 08.01.010, the commissioner may, if the commissioner considers it in the public interest, and after notification of a proposed order or action by telephone, telegraph, or facsimile to all board members, if a board regulates the act or practice involved, unless a majority of the members of the board object within 10 days,

(1) issue an order directing the person to stop the act or practice; however, reasonable notice of and an opportunity for a hearing must first be given to the person, except that the commissioner may issue a temporary order before a hearing is held; a temporary order remains in effect until a final order affirming, modifying, or reversing the temporary order is issued or until 15 days after the person receives the notice and has not requested a hearing by that time; a temporary order becomes final if the person to whom the notice is addressed does not request a hearing within 15 days after receiving the notice; the office of administrative hearings (AS 44.64.010) shall conduct the hearing and shall issue a proposed decision within 10 days after the hearing; the commissioner shall issue a final order within five days after the proposed decision is issued;

(2) bring an action in the superior court to enjoin the acts or practices and to enforce compliance with this chapter, a regulation adopted under it, an order issued under it, or with a provision of this title or regulation adopted under this title dealing with business licenses or an occupation or board listed in AS 08.01.010;

(3) examine or have examined the books and records of a person whose business activities require a business license or licensure by a board listed in AS 08.01.010, or whose occupation is listed in AS 08.01.010; the commissioner may require the person to pay the reasonable costs of the examination; and

(4) issue subpoenas for the attendance of witnesses, and the production of books, records, and other documents.

(c) Under procedures and standards of operation established by the department by regulation, and with the agreement of the appropriate agency, the department may designate appropriate state or municipal agencies to investigate reports of abuse, neglect, or misappropriation of property by certified nurse aides.

**ARTICLE 3.
ENFORCEMENT.**

Section

235. Grounds for imposition of disciplinary sanctions

245. Maximum dosage for opioid prescriptions

Sec. 08.98.235. Grounds for imposition of disciplinary sanctions. After a hearing, the board may impose a disciplinary sanction on a person licensed under this chapter when the board finds that the person

- (1) secured a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) has been convicted of a felony or other crime which affects the person's ability to continue to practice competently and safely;
- (5) intentionally or negligently engaged in or permitted the performance of animal care by the person's supervisees which does not conform to minimum professional standards regardless of whether actual injury to the animal occurred;
- (6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;
- (7) continued to practice after becoming unfit due to
 - (A) professional incompetence;
 - (B) addiction or severe dependency on alcohol or other drugs which impairs the person's ability to practice safely;
 - (C) physical or mental disability;
- (8) engaged in lewd or immoral conduct in connection with the delivery of professional service;
- (9) prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.98.245;
- (10) procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action.

Sec. 08.98.245. Maximum dosage for opioid prescriptions. (a) A veterinarian may not issue an initial prescription for an opioid that exceeds a seven-day supply to the owner of an animal patient for outpatient use.

(b) Notwithstanding (a) of this section, a veterinarian may issue a prescription for an opioid that exceeds a seven-day supply to the owner of an animal if the veterinarian determines that more than a seven-day supply of an opioid is necessary

(1) to treat the animal's medical condition or for chronic pain management; the veterinarian may write a prescription for an opioid for the quantity needed to treat the animal's medical condition or chronic pain; the veterinarian shall document in the animal's medical record the condition triggering the prescription of an opioid in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate to address the medical condition; or

(2) for an owner who is unable to access a veterinarian or pharmacist within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier; the veterinarian may write a prescription for an opioid for the quantity needed to treat the animal for the time that the owner is unable to access a veterinarian or pharmacist; the veterinarian shall document in the animal's medical record the reason for the prescription of an opioid in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate to address the medical condition.

DICIPLINARY SANCTIONS/FINE SCHEDULES (Adopted October 6, 2014)

VIOLATION	TIME FRAME	DICIPLINARY ACTION	CIVIL FINE	
			Total Amount	Amount Suspended
AS 08.13.070 (1) & (2) Unlicensed Practice	Less than 90 days	Advisement Letter	n/a	n/a
	90 days - 1 year	Imposition of Civil Fine	\$500/Incident	n/a
	1-2 years		\$1000/Incident	n/a
	Additional Years		Additional \$1000/year	
AS 08.13.070 (3) Operate School w/o School License	Less than 90 days	Advisement Letter	n/a	n/a
	90 days and over	Consent Agreement (Fine/2 year probation/reprimand)	\$4,000	\$2,000
AS 08.13.070 (4) Teach/Supervise Apprentice w/o License	Less than 90 days	Advisement Letter	n/a	n/a
	90 days and over	Consent Agreement (Fine/2 year probation/reprimand)	\$2,000	\$1,000
AS 08.13.070 (5) Shop Owner License	Less than 90 days	Advisement Letter	n/a	n/a
	90 days and over	Consent Agreement (Fine/2 year probation/reprimand)	\$4,000	\$2,000
AS 08.13.070 (6) Allow Unlicensed Practice	Less than 90 days	Advisement Letter	n/a	n/a
	90 days and over	Consent Agreement (Fine/2 year probation/reprimand)	\$2,000 per employee/student	\$1,000 per employee/student
AS 08.13.070 (8) Fraudulent License	n/a	Consent Agreement (Fine/2 year probation/reprimand)	\$4,000	\$2,000
AS 08.13.130 (a) License Display	1st Offense	Advisement Letter	n/a	n/a
	2nd or More Offense	Imposition of Civil Fine	\$1,000	n/a
AS 08.13.217 (a)(b) Tattoo a Minor	n/a	Consent Agreement (Fine/2 year probation/reprimand)	\$4,000	\$2,000
12 AAC 09.130 Student Records	1st Offense	Advisement Letter	n/a	n/a
	2nd or More Offense	Imposition of Civil Fine	\$1,000	n/a
12 AAC 09.185 Apprentice Records (Tattoo/PCC/Body Piercing)	1st Offense	Advisement Letter	n/a	n/a
	2nd or More Offense	Imposition of Civil Fine	\$1,000	n/a
12 AAC 09.190 Apprentice Records (All Other)	1st Offense	Advisement Letter	n/a	n/a
	2nd or More Offense	Imposition of Civil Fine	\$1,000	n/a

MAS Disciplinary Matrix/Fine Schedule

<u>Statute/ Regulation</u>	<u>Violation</u>	<u>Time Frame</u>	<u>Disciplinary Action</u>	<u>Fine</u>	
				<u>Total Amount</u>	<u>Amount Suspended</u>
AS 08.61.070	Unlicensed Practice *	< 90 days	Fine	\$500	ABD
		91 days-1 year	Fine	\$1000	ABD
		> 1 year	Fine	\$2500	ABD
12 AAC 79.900	Code of Ethics Violation *	1 st Offense	Letter of Advisement, fine at board discretion		ABD
		2 or more Offenses	Fine at board discretion	\$250 per offense	ABD
AS 08.61.060	Fraud in Obtaining License *	n/a	Denial or Revocation, 4 years wait until reapplication, fine at board discretion	\$2500	ABD
AS 08.61.060	Fraud in Retaining License *	n/a	Denial or Revocation, 4 years wait until reapplication, fine at board discretion	\$2500	ABD
12 AAC 79.900	Standard of Practice Violation	1 st Offense	Letter of Advisement, fine at board discretion		ABD
		2 or more Offenses	Fine at board discretion	\$250 per offense	ABD
AS 11.56.210	Falsification of Application	n/a	Civil Fine, Non-Disciplinary Advisement Letter OR Consent Agreement w/ fine, ethics course, ect ABD		
AS 08.61.060	Engaged in Deceit, Fraud, or Intentional Misrepresentation in the Course of Providing Massage Services	1 st Offense	Letter of Advisement, fine at board discretion		
		2 nd Offense	Consent Agreement, Fine, Ethics Course, Suspension, Revocation ABD		
AS 08.61.060	False or Misleading Massage Advertisement	1 st Offense	Letter of Advisement		
		2 nd Offense	Consent Agreement, Fine, Ethics Course, Suspension, Revocation ABD		
AS 08.61.060	Convicted of Felony or Crime that Affects Ability to Practice Competently and Safely	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Fine, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Fine, Ethics Course, Probation, Suspension, Revocation ABD		

* Approved in Board of Massage Therapists meeting November 30- December 1, 2017

** Approved in Board of Massage Therapists meeting February 28- March 1, 2019

<u>Statute/ Regulation</u>	<u>Violation</u>	<u>Time Frame</u>	<u>Disciplinary Action</u>	<u>Fine</u>	
				<u>Total Amount</u>	<u>Amount Suspended</u>
AS 08.61.060	Intentionally or Negligently Engaged (or allowed another under your supervision to engage) in Client Care that Did Not Meet Minimum SOP (injury or not)	1 st Offense	Consent Agreement, Probation, Ethics Course		
		2 nd Offense	Consent Agreement, Fine, Suspension, Revocation ABD		
AS 08.61.060	Failure to Comply with a Provision of this Chapter, Regulation, or Order of the Board	1 st Offense	Letter of Advisement		
		2 nd Offense	Consent Agreement, Suspension, Probation ABD		
AS 08.61.060	Continued to Practice After Becoming Unfit (professional/addiction)	n/a	Consent Agreement w/ 5 year probation, mandatory treatment		
AS 08.61.060	Engaged in Un-Ethical or Sexual Misconduct in Connection with the Delivery of Massage to a Client	n/a	Letter of Advisement, Fine, Probation, Suspension, Revocation, Ethics Course (Depending on Severity) ABD		
CRIMES OF MORAL TURPITUDE					
AS 08.61.030, 12 AAC 79.910	Homicide	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Manslaughter	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Assault	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		

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<u>Statute/ Regulation</u>	<u>Violation</u>	<u>Time Frame</u>	<u>Disciplinary Action</u>	<u>Fine</u>	
				<u>Total Amount</u>	<u>Amount Suspended</u>
AS 08.61.030, 12 AAC 79.910	Stalking	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Kidnapping	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Sexual Assault	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Sexual Abuse of a Minor	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Unlawful Exploitation of a Minor (including possession or distribution of child pornography)	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		

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<u>Statute/ Regulation</u>	<u>Violation</u>	<u>Time Frame</u>	<u>Disciplinary Action</u>	<u>Fine</u>	
				<u>Total Amount</u>	<u>Amount Suspended</u>
AS 08.61.030, 12 AAC 79.910	Indecent Exposure	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Prostitution	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Sex Trafficking	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Criminal Sexual Conduct	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Incest	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		

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<u>Statute/ Regulation</u>	<u>Violation</u>	<u>Time Frame</u>	<u>Disciplinary Action</u>	<u>Fine</u>	
				<u>Total Amount</u>	<u>Amount Suspended</u>
AS 08.61.030, 12 AAC 79.910	Robbery	Initial Application	F.T.P. Interview →Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Extortion	Initial Application	F.T.P. Interview →Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Forgery	Initial Application	F.T.P. Interview →Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Theft	Initial Application	F.T.P. Interview →Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Endangering the Welfare of a Child	Initial Application	F.T.P. Interview →Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		

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<u>Statute/ Regulation</u>	<u>Violation</u>	<u>Time Frame</u>	<u>Disciplinary Action</u>	<u>Fine</u>	
				<u>Total Amount</u>	<u>Amount Suspended</u>
AS 08.61.030, 12 AAC 79.910	Endangering the Welfare of a Vulnerable Adult	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		
AS 08.61.030, 12 AAC 79.910	Reckless Endangerment	Initial Application	F.T.P. Interview → Denial or Consent Agreement, Ethics Course, Probation ABD		
		Renewal Application	Consent Agreement, Ethics Course, Probation, Suspension, Revocation, 4 years wait until reapplication, fine at board discretion		

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**ALASKA STATE MEDICAL BOARD
RECOMMENDED DISCIPLINARY GUIDELINES**

*Board-issued guidelines for categories of complaint and proposed sanctions;
the Board has the discretion to depart from the guidelines, as appropriate for individual matters.*

CATEGORY OF COMPLAINT	PROPOSED SANCTIONS
<p>Prescribing Issues:</p> <ul style="list-style-type: none"> • Inappropriate prescribing due to incompetence or negligence. AS 08.64.326 • Failure to practice pain management with sufficient knowledge, skills, and training, and in accordance with professional standards. AS 08.64.326, 12 AAC 40.975(4). 	<p>Reprimand; Civil Fine of up to \$25,000; require Proper Prescribing Course of at least three days' duration; license suspension for a minimum of 30 days. Discipline to be commensurate with the severity of the violation.</p>
<p>Prescribing Issues:</p> <ul style="list-style-type: none"> • Failure to maintain appropriate medical records for prescribing controlled substances. AS 08.64.326, 12 AAC 40.975(1) • Failure to review information from the PDMP before prescribing schedule II or III controlled substances. AS 08.64.326, 17.30.200, 12 AAC 40.967(35), 12 AAC 40.975(2). • Failure to comply with the maximum dosage for opioid prescriptions. AS 08.64.636, 12 AAC 40.975(3). 	<p>Reprimand; Civil Fine of up to \$25,000; require Proper Prescribing Course and Medical Record Keeping Course. Discipline to be commensurate with the severity of the violation.</p>
<p>Prescribing Issues:</p> <ul style="list-style-type: none"> • Failure of a licensee who has a DEA registration to register with the PDMP, when no schedule II or III controlled prescriptions have been issued. AS 08.64.326, 17.30.200, 12 AAC 975(34). <p>See prescribing issues above for failure to register when prescriptions have been issued.</p>	<p>Non-reportable fine without censure or Reprimand (technical violation not related to the delivery of health care); Civil Fine of \$1,000 for each violation. Discipline to be commensurate with the severity of the violation.</p>

Board or Commission: **Board of Nursing**

Meeting Date: August 6, 2018

Agenda Item # Topic:

Primary Motion

Motion: PDMP discipline guidance Wendy / Sharyl 6 ayes

New Graduates / Applicants: Authorized but just got DEA number, not registered with PDMP

- Grace period between controlled substance authority granted date and not registered with PDMP 120 days

Controlled substance authority for a period of time, just got a DEA number: PDMP coordinator will ask for a copy of DEA number to determine issue date of DEA registration and if within 120 days of grace is accepted.

For now, licensees with controlled substance authority, DEA number, not registered with PDMP issue an information letter from the EA saying to register with PDMP. This is effective until December 1, 2018

APRN with Prescriptive Authority and DEA registration after renewal or after 120 day grace period if fails to registered with PDMP:

- Civil fine of \$1000

APRN with Controlled Substance Authority AND no DEA number found on DEA registration data base

- Stays with PDMP coordinator, moot

Board Member	Motion	2nd		Yes Vote	No Vote	Abstain	Recuse	Comments
Jennifer Stucky								
Wendy Thon								
Sharyl Toscano								
Joe Lefleur								
Starla Fox								
Linda Hutchings								

Here you go Dr and let me know if anything else is needed. I included some info below as well about PMP. No rules on how much a Vet can prescribe in a day. It depends on each Standard of Care case individually. A lot of our Vet's have created a login with PMP already, but beginning in March they will be required to check it before prescribing controlled substances.

REMINDER: Beginning March 1, 2020, pharmacists and prescribers will be required to check a patient's Texas Prescription Monitoring Program (PMP) history before dispensing or prescribing opioids, benzodiazepines, barbiturates, or carisoprodol: <https://texas.pmpaware.net/login>.

Visit the Texas PMP home page for additional information, resources, and guides on best practices for using the Texas PMP: <https://www.pharmacy.texas.gov/PMP/>

Learn more about how use of the Texas PMP helps keep Texans safe! Visit our Texas PMP resource site created in partnership with Texas Health and Human Services: <https://txpmp.org/>

Oh and stay warm!!

Jerod Honrath

Investigator- Legal Compliance

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RULE 575.25 –Schedule of Sanctions

This Schedule of Sanctions shall be used to assess the appropriate sanction to be imposed upon a licensee that is subject to disciplinary action.

Pursuant to Occupations Code §801.407, the State Office of Administrative Hearings (SOAH) shall use this Schedule of Sanctions in determining any sanction to be imposed as the result of a contested case hearing.

Upon the finding of a violation, the finder of fact shall classify the severity of the violation using the classification criteria provided. The finder of fact shall then consider the aggravating and mitigating factors to determine the appropriate sanction within the range provided. The sanction shall not exceed the maximum sanction nor fall below the minimum sanction for the violation class. It is not mandatory that the finder of fact utilize all the sanctions in the appropriate range. The finder of fact may choose one or more sanctions from within the appropriate range.

In cases where the violation found is not specifically enumerated in the Schedule of Sanctions, the Default Schedule shall be used to classify the severity of the violation and to establish maximum and minimum sanctions.

The finder of fact shall consider the following aggravating and mitigating factors in assessing the appropriate sanction for any violation. The finder of fact shall also consider any specific aggravating or mitigating factors identified for each enumerated violation.

Aggravating factors:

- A history of previous violations
- Any hazard or potential hazard created to the health, safety, or economic welfare of the public
- Any economic harm or risk of harm to the client or the public, including economic harm to property or the environment
- Any misrepresentations or untruthfulness regarding the violation

Mitigating factors:

- Any efforts to correct the violation, harm, or risk of harm
- Any restitution made to the client
- Whether the licensee is new to the practice of veterinary medicine or equine dentistry
- The extent to which facility policies and conditions beyond licensee's control contributed to the violation

In cases where more than one provision of the Veterinary Licensing Act Chapter 801, Occupations Code, or "VLA" or the Board's Rules has been violated, the most severe minimum sanction recommended by the Schedule of Sanctions for any one of the individual violations shall be the minimum sanction considered.

In cases where an administrative penalty is indicated for a licensed veterinary technician or an equine dental provider, the finder of fact may reduce the administrative penalty by half.

Notwithstanding the recommended maximum and minimum sanctions, the Board may order a Respondent at an informal proceeding to issue a refund pursuant to Section 801.408(e), Occupations Code.

Fraud or Dishonesty on Application or Exam – VLA §801.402(1), §801.402(2)		
Classification Criteria	Minimum Sanction	Maximum Sanction
<p>Class A:</p> <ul style="list-style-type: none"> • Application falsification or omission which would have resulted in denial of licensure • Fraud in exam process 	<ul style="list-style-type: none"> • Revocation or denial of licensure 	<ul style="list-style-type: none"> • Revocation or denial of licensure
<p>Class B:</p> <ul style="list-style-type: none"> • Application falsification or omission which could have resulted in licensure with stipulations 	<ul style="list-style-type: none"> • Informal reprimand • \$500 administrative penalty • Jurisprudence examination 	<ul style="list-style-type: none"> • Five year suspension, probated or enforced • Statutory maximum administrative penalty • Jurisprudence Examination
<p>Class C:</p> <ul style="list-style-type: none"> • Application falsification or omission which would not have prevented licensure without stipulations 	<ul style="list-style-type: none"> • Jurisprudence examination 	<ul style="list-style-type: none"> • Formal reprimand • \$1,000 administrative penalty • Jurisprudence examination

Continuing Education – RULES §573.64, §573.65, and §573.66		
Classification Criteria	Minimum Sanction	Maximum Sanction
<p>Class A:</p> <ul style="list-style-type: none"> • Three or more continuing education violations within ten years 	<ul style="list-style-type: none"> • Probated suspension until deficient hours are completed and documentation provided to the Board • Formal reprimand • \$100 administrative penalty for each hour deficient plus \$250 for each previous continuing education disciplinary action 	<ul style="list-style-type: none"> • Enforced suspension until deficient hours are completed and documentation provided to the Board • Formal Reprimand • \$100 administrative penalty for each hour deficient plus \$250 for each previous continuing education disciplinary action
<p>Class B :</p> <ul style="list-style-type: none"> • Second continuing education violation within ten years • Licensee falsely attested on license renewal that required continuing education hours were completed 	<ul style="list-style-type: none"> • Informal reprimand • Complete deficient hours • \$50 administrative penalty for each hour deficient 	<ul style="list-style-type: none"> • Formal reprimand • Complete deficient hours • \$100 administrative penalty for each hour deficient
<p>Class C :</p> <ul style="list-style-type: none"> • Licensee self-reported the violation and has no previous continuing education violations within ten years 	<ul style="list-style-type: none"> • Complete deficient hours 	<ul style="list-style-type: none"> • Complete deficient hours • \$50 administrative penalty for each hour deficient
<i>Aggravating and Mitigating Factors</i>		
Aggravating Factors :		
<ul style="list-style-type: none"> • Licensee is deficient 50% or more of the required continuing education hours 		
Mitigating Factors		
<ul style="list-style-type: none"> • Licensee obtained the required number of continuing education hours, but did not meet other criteria, i.e. number of hours that must be earned in-person • Licensee is deficient less than 50% of the required continuing education hours • Licensee voluntarily completed the deficient hours after becoming aware of the deficiency 		

Confidentiality – VLA §801.402(21), RULES §573.28		
Classification Criteria	Minimum Sanction	Maximum Sanction
<p>Class A:</p> <ul style="list-style-type: none"> Confidential information released with intent to do reputational, financial, or other harm Criteria for Class B are met and Respondent has two or more previous confidentiality violations within ten years 	<ul style="list-style-type: none"> One year probated suspension Formal reprimand \$1,000 administrative penalty 	<ul style="list-style-type: none"> Revocation Statutory maximum penalty
<p>Class B:</p> <ul style="list-style-type: none"> Confidential information released Criteria for Class C are met and Respondent has previous confidentiality violation within ten years 	<ul style="list-style-type: none"> Formal reprimand \$500 administrative penalty Jurisprudence examination 	<ul style="list-style-type: none"> Formal reprimand \$2,000 administrative penalty Jurisprudence examination
<p>Class C:</p> <ul style="list-style-type: none"> Confidential information released for purpose of rebutting the client’s public criticism of veterinary services 	<ul style="list-style-type: none"> Informal reprimand 	<ul style="list-style-type: none"> Informal reprimand \$500 administrative penalty Jurisprudence examination
<i>Aggravating Factors</i>		
<p>Aggravating Factors:</p> <ul style="list-style-type: none"> Information released for the purpose of rebutting public criticism exceeded the scope of the original criticism 		

Controlled Substance Records Keeping – RULES §573.50

Classification Criteria	Minimum Sanction	Maximum Sanction
<p>Class A:</p> <ul style="list-style-type: none"> Criteria for Class B violation are met and diversion occurs Criteria for Class B violation are met and Respondent has previous controlled substance violation within ten years No controlled substance records are kept Discrepancies in the records are severe Fraudulent entries made by Respondent 	<ul style="list-style-type: none"> Formal reprimand \$2,000 administrative penalty Follow-up report to the Board on controlled substance records 	<ul style="list-style-type: none"> Five-year suspension, probated or enforced Formal reprimand Statutory maximum administrative penalty Periodic reporting to the Board on controlled substance records Continuing education
<p>Class B:</p> <ul style="list-style-type: none"> Criteria for Class C violation are met and diversion occurs Criteria for Class C violation are met and Respondent has previous controlled substance violation within ten years Discrepancies in the controlled substance records are moderate 	<ul style="list-style-type: none"> Formal reprimand \$1,000 administrative penalty Follow-up report to the Board on controlled substance records 	<ul style="list-style-type: none"> Formal reprimand \$3,000 administrative penalty Follow-up report to the Board on controlled substance records Continuing education
<p>Class C:</p> <ul style="list-style-type: none"> Discrepancies in the controlled substance records are minor 	<ul style="list-style-type: none"> Informal reprimand 	<ul style="list-style-type: none"> Formal reprimand \$500 administrative penalty Continuing education

Aggravating and Mitigating Factors

- Aggravating Factors:**
- Licensee was directly responsible for omissions in the records
 - Licensee owns or orders controlled substances for the facility
 - Facility uses high volume of controlled substances
 - Balance on hand has not been updated for four weeks or more

- Mitigating Factors:**
- Licensee rectified recordkeeping errors and accounted for previous discrepancies
 - Licensee does not own or order controlled substances for the facility
 - Licensee has not practiced at the facility for an extended amount of time or has not worked regularly at the facility
 - Facility uses low volume of controlled substances

Default Schedule – Non-Enumerated Violation of Occupations Code or Board Rule		
Classification Criteria	Minimum Sanction	Maximum Sanction
<p>Class A:</p> <ul style="list-style-type: none"> • Failure to comply with substantive provision that causes death or severe harm to an animal or to the public • Commission or conviction of a felony in or connected with the practice of veterinary medicine or equine dentistry • Commission or conviction of an offense under Section 42.09, 42.091, or 42.092, Penal Code • Fraud in testing, reporting, or certifying the presence or absence of animal disease • Criteria for Class B are met and Respondent has previous violation within ten years 	<ul style="list-style-type: none"> • One year probated suspension • Formal reprimand • \$1,000 administrative penalty 	<ul style="list-style-type: none"> • Revocation • Statutory maximum administrative penalty
<p>Class B:</p> <ul style="list-style-type: none"> • Failure to comply with substantive provision that harms or creates risk of harm to an animal or to the public • Commission or conviction of a Class A or B misdemeanor connected with the practice of veterinary medicine or equine dentistry • Failure to cooperate with Board inspection or investigation • Criteria for Class C are met and Respondent has previous violation within ten years 	<ul style="list-style-type: none"> • Formal reprimand • \$1,000 administrative penalty 	<ul style="list-style-type: none"> • One year probated suspension • Formal reprimand • Statutory maximum administrative penalty • Continuing education
<p>Class C:</p> <ul style="list-style-type: none"> • Failure to comply with procedural provision • Failure to refer a case 	<ul style="list-style-type: none"> • Informal reprimand 	<ul style="list-style-type: none"> • Formal reprimand • \$1,000 administrative penalty • Continuing education

Patient Record Keeping – RULES §573.52, §573.53		
Classification Criteria	Minimum Sanction	Maximum Sanction
<p>Class A:</p> <ul style="list-style-type: none"> • Omission or illegible record causes death or serious harm to an animal • Any falsified record entry • Any omission made with the intent to avoid discipline or liability • Criteria for Class B are met and Respondent has previous record keeping violation within ten years 	<ul style="list-style-type: none"> • One year probated suspension • Formal reprimand • \$1,000 administrative penalty • Continuing education 	<ul style="list-style-type: none"> • Revocation • Statutory maximum administrative penalty
<p>Class B:</p> <ul style="list-style-type: none"> • Pervasive record keeping errors • Omission or illegible record creates risk of death or serious harm to an animal • Failure to properly maintain or transfer records • Non-contemporaneous entry without notation of time of entry • Criteria for Class C are met and Respondent has previous record keeping violation within ten years 	<ul style="list-style-type: none"> • Formal reprimand • \$500 administrative penalty • Continuing education 	<ul style="list-style-type: none"> • Formal reprimand • \$2,000 administrative penalty • Continuing education
<p>Class C:</p> <ul style="list-style-type: none"> • Minor omission or illegible record that does not create risk of harm to an animal • Record keeping errors are not pervasive 	<ul style="list-style-type: none"> • Informal reprimand 	<ul style="list-style-type: none"> • Informal reprimand • \$500 administrative penalty • Continuing education

Standard of Care – VLA §801.402(16), RULES §573.22		
Classification Criteria	Minimum Sanction	Maximum Sanction
<p>Class A:</p> <ul style="list-style-type: none"> • Act or omission committed by Respondent causes death or serious harm to an animal • Any act or omission done with the intent to cause harm to an animal • Criteria for Class B are met and Respondent has previous standard of care violation within ten years 	<ul style="list-style-type: none"> • One year probated suspension • Formal reprimand • \$1,000 administrative penalty • Continuing education 	<ul style="list-style-type: none"> • Revocation • Statutory maximum administrative penalty
<p>Class B:</p> <ul style="list-style-type: none"> • Act or omission causes harm or creates risk of death or harm to an animal • Act or omission committed by a person under Respondent’s supervision causes death or serious harm, or the risk of death or serious harm, to an animal • Criteria for Class C are met and Respondent has previous standard of care violation within ten years 	<ul style="list-style-type: none"> • Formal reprimand • \$500 administrative penalty • Continuing education 	<ul style="list-style-type: none"> • One year probated suspension • Formal reprimand • Statutory maximum administrative penalty • Continuing education
<p>Class C:</p> <ul style="list-style-type: none"> • Act or omission creates risk of minor harm to an animal 	<ul style="list-style-type: none"> • Informal reprimand 	<ul style="list-style-type: none"> • Formal reprimand • \$1,000 administrative penalty • Continuing education

Substance Abuse – VLA §801.402(3)		
Classification Criteria	Minimum Sanction	Maximum Sanction
<p>Class A:</p> <ul style="list-style-type: none"> • Diversion of controlled substances for personal use • Two or more previous Board Orders finding violations of this provision • Treatment of animal while intoxicated, resulting in harm to an animal or client 	<ul style="list-style-type: none"> • Five-year suspension, probated or enforced • Five-year peer assistance program participation • Limited practice • Periodic reporting • Formal reprimand • Supervising veterinarian 	<ul style="list-style-type: none"> • Revocation • Statutory maximum administrative penalty
<p>Class B:</p> <ul style="list-style-type: none"> • Violation of an existing peer assistance program agreement • Previous Board Order finding violation of this provision • Treatment of animal while intoxicated 	<ul style="list-style-type: none"> • Five-year probated suspension • Five-year peer assistance program participation • Formal reprimand 	<ul style="list-style-type: none"> • Five-year suspension, probated or enforced • Five-year peer assistance program participation • Supervising veterinarian • Periodic reporting • Formal reprimand
<p>Class C:</p> <ul style="list-style-type: none"> • No previous Board Orders finding violation of this provision 	<ul style="list-style-type: none"> • Informal reprimand • Two year peer assistance program participation • <i>Board Order may be confidential if licensee agrees to the order and has no previous or pending action, complaint, or investigation involving malpractice, injury, or harm to any member of the public. Chapter 467, Health & Safety Code.</i> 	<ul style="list-style-type: none"> • Formal reprimand • Five year peer assistance program participation • <i>Board Order may be confidential if licensee agrees to the order and has no previous or pending action, complaint, or investigation involving malpractice, injury, or harm to any member of the public. Chapter 467, Health & Safety Code.</i>
Aggravating and Mitigating Factors		
Aggravating Factors:		
<ul style="list-style-type: none"> • Use of illegal substance 		
Mitigating Factors:		
<ul style="list-style-type: none"> • Licensee self-reported to the Board or peer assistance program • Voluntary participation in peer assistance program or treatment program • Licensee voluntarily surrendered DEA registration 		

Unnecessary or Unauthorized Treatment – VLA §801.402(12)		
Classification Criteria	Minimum Sanction	Maximum Sanction
<p>Class A:</p> <ul style="list-style-type: none"> • Knowingly performs or prescribes unnecessary treatment • Unauthorized but justifiable treatment causes death or serious harm to an animal 	<ul style="list-style-type: none"> • One year suspension, probated or enforced • Formal reprimand • \$1,000 administrative penalty • Jurisprudence examination 	<ul style="list-style-type: none"> • Revocation • Statutory maximum administrative penalty
<p>Class B:</p> <ul style="list-style-type: none"> • Unauthorized but justifiable treatment with moderate to severe risk of harm to an animal • Unauthorized but justifiable treatment causes minor harm to an animal 	<ul style="list-style-type: none"> • Formal reprimand • \$500 administrative penalty • Jurisprudence examination 	<ul style="list-style-type: none"> • Formal reprimand • \$5,000 administrative penalty • Jurisprudence examination
<p>Class C:</p> <ul style="list-style-type: none"> • Unauthorized but justifiable treatment with minimal risk of harm to an animal 	<ul style="list-style-type: none"> • Informal reprimand 	<ul style="list-style-type: none"> • Formal reprimand • \$1,000 administrative penalty • Jurisprudence examination
<i>Aggravating and Mitigating Factors</i>		
Aggravating Factors:		
<ul style="list-style-type: none"> • Client specifically declined the treatment performed 		
Mitigating Factors:		
<ul style="list-style-type: none"> • Unauthorized treatment performed concurrently with other justifiable, authorized treatment 		

Veterinarian Client Patient Relationship – VLA §801.402(13), §801.351, RULES §573.22

Classification Criteria	Minimum Sanction	Maximum Sanction
<p>Class A:</p> <ul style="list-style-type: none"> • Practice of veterinary medicine without first establishing VCPR causes death or serious harm to an animal • Prescribes, dispenses, or administers a controlled substance without first establishing VCPR • Criteria for Class B are met and Respondent has previous VCPR violation within ten years 	<ul style="list-style-type: none"> • One year probated suspension • Formal reprimand • \$1,000 administrative penalty 	<ul style="list-style-type: none"> • Revocation • Statutory maximum administrative penalty
<p>Class B:</p> <ul style="list-style-type: none"> • Prescribes, dispenses, or administers a prescription drug without first establishing VCPR • Practice of veterinary medicine without first establishing VCPR causes harm to an animal • Criteria for Class C are met and Respondent has previous VCPR violation within ten years 	<ul style="list-style-type: none"> • Formal reprimand • \$500 administrative penalty 	<ul style="list-style-type: none"> • One year probated suspension • Formal reprimand • Statutory maximum administrative penalty
<p>Class C:</p> <ul style="list-style-type: none"> • Practice of veterinary medicine without first establishing VCPR 	<ul style="list-style-type: none"> • Informal reprimand 	<ul style="list-style-type: none"> • Formal reprimand • \$1,000 administrative penalty

Here is California.

When the executive officer determines that a violation has occurred and issues a citation to a licensee or an unlicensed person, that citation shall include its classification and may include an assessment of a civil penalty. The classification of the citation shall be as follows:

(a) Class "A" violations involve a person who, while engaged in the practice of veterinary medicine, has violated a statute or regulation relating to the practice of veterinary medicine but has not caused either death or harm to an animal patient and has not presented a substantial probability that death or serious harm to an animal patient could result from the violation. A class "A" violation is subject to a civil penalty in an amount not less than two hundred and fifty dollars (\$250) and not exceeding three thousand dollars (\$3,000) for each citation.

(b) Class "B" violations involve a person who, while engaged in the practice of veterinary medicine, has violated a statute or regulation relating to the practice of veterinary medicine and either (1) has caused harm to an animal patient or (2) has presented a substantial probability that death or serious harm to an animal patient could result from the violation or (3) has committed a violation which meets the criteria for a class "A" violation and has two or more prior citations for a class "A" violation within the 5-year period immediately preceding the act serving as the basis for the citation. However, the increase in the civil penalty required by this subsection shall not be due and payable unless and until the actions to enforce the previous citations have been terminated in favor of the board. A class "B" violation is subject to a civil penalty in an amount not less than one thousand dollars (\$1,000) and not exceeding four thousand dollars (\$4,000) for each citation.

(c) Class "C" violations involve a person who, while engaged in the practice of veterinary medicine: (1) has caused death or serious harm to an animal patient, or (2) has committed a violation that has endangered the health or safety of another person or animal, or (3) has committed multiple violations that show a willful disregard of the law, or (4) has committed a violation that meets the criteria for a class "B" violation within the 5-year period immediately preceding the act serving as the basis for the citation. However, the increase in the civil penalty required in this subsection shall not be due and payable unless and until the actions to enforce the previous citations have been terminated in favor of the board. A class "C" violation is subject to a civil penalty in an amount not less than two thousand dollars (\$2,000) and not exceeding five thousand dollars (\$5,000) for each citation.

(d) In assessing the amount of a civil penalty, the executive officer shall consider the following criteria:

(1) The nature and severity of the violation.

(2) Evidence that the violation was willful.

- (3) History of violations of the same or similar nature.
- (4) The extent to which the cited person has cooperated with the board's investigations.
- (5) The extent to which the cited person has mitigated or attempted to mitigate any damage or injury caused by his or her violation.
- (6) Such other matters as justice may require.

(e) Notwithstanding the foregoing, in all situations involving unlicensed persons practicing veterinary medicine, the citation shall be a class "C" violation, and the civil penalty shall be no less than two thousand dollars (\$2,000) and no more than five thousand dollars (\$5,000) as defined in subsection (c) above.

(f) Every citation that is issued pursuant to this article shall be considered a public document. Citations that have been resolved, by payment of the civil penalty or compliance with the order of abatement, shall be purged five (5) years from the date of resolution, unless the licensee is subject to formal discipline within five (5) years immediately following the citation order, at which time the citation may become part of the permanent enforcement record. A citation that has been withdrawn or dismissed shall be purged immediately upon withdrawal or dismissal.

(g) An order of abatement issued pursuant to section 4875.2 of the Code shall fix a reasonable time for abatement of the violation. An order of abatement may require any or all of the following:

- (1) That the individual to whom the citation was issued demonstrate how future compliance with the laws and regulations related to the violation for which the citation was issued will be accomplished. The demonstration may include, but is not limited to, submission of a written corrective action plan.
- (2) That the individual to whom the citation was issued take a course offered by a Board-approved provider, related to the violation for which the citation was issued. Any courses taken to satisfy the order of abatement shall be individually approved by the Board and in addition to those required as continuing education for license renewal.

Regulation Changes Questionnaire

Division/Board: _____ Meeting Date: _____

Regulation change being proposed: 12 AAC _____

General topic of the regulation: _____

This worksheet is designed to help the board think through an anticipated regulations project. Staff will provide this worksheet to the board at the time a regulations project is being approved for public notice. This information will be used to develop a FAQ to be posted on the board's web page to help the public understand the project. Staff will submit the completed worksheet with the draft board minutes to the Regulations Specialist within 10 days of the meeting and provide a copy to the supervisor. Appropriate staff will be assigned to complete this worksheet if a division regulation. **NOTE: Use a separate worksheet for each section being proposed.**

1. Is the new regulation needed to comply with new legislation or federal law? If yes, effective date of new statute/federal law: _____ <i>(If appropriate, ensure the new regulation is in line with federal requirements prior to initiating a regulation project.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does the change add a new license type? If yes: Does it affect current licensees? Do current licensees/non-licensees already perform the service for which the new license type is required? Is there a grace period or date explicitly included in the regulation to allow for a transition period?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does it change the qualifications or requirements of an existing license? If yes, does it affect current licensees?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does it affect continuing education/competency requirements? If yes: Does it add additional requirements or hours? Does it clarify existing regulations? Is there an effective date in the future to give licensees time to comply?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is it a fee change or does it create a new fee? If yes: Does it move fees in the centralized regulations to a new number, therefore affecting other program regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Does it make changes to the requirements of licensees? If yes: All licensees Certain licensees (List: _____) Initial licensees	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
7. In addition to interested parties, who should receive the public notice? (All licensees or certain license types?)	

8. In addition to the 30-day minimum written notice, does the board request a public hearing? If yes, when and where.
9. What will the regulation do?
10. What is the demonstrated public need or purpose of this regulation?
11. What is the known or estimated cost of the new regulation to a private person, another agency, or a municipality (see Step 3 of the <i>Steps in the Regulation Process...</i>)?
12. What <u>positive</u> consequences may this regulation have on public or private people, businesses, or organizations?
13. What <u>negative</u> consequences may this regulation have on public or private people, business, or organizations?
14. If any <u>negative</u> consequences, please address the reasons why the public need for this change outweighs the negative impact.
15. List any additional questions or comments that may arise from the public during the comment period. Include a response to the questions.
16. What type of notification outlining the changes will be required once the regulation is adopted? Check appropriate boxes. FAQ on website <input type="checkbox"/> Email to licensees <input type="checkbox"/> *Letter to licensees <input type="checkbox"/> <small>* Cost to board for mailing letter</small>

Staff submitting this worksheet: _____ Date submitted to Regulations Specialist: _____



AKVMA
Office of the Executive
Director
Pat Anderson
PO Box 1231
Bismarck ND 58502-1231
www.akvma.org

November 22, 2019

Alaska State Board of Veterinary Medical Examiners
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806
Juneau, AK 99811-0806

Re: Proposed section 12 AAC 68.075. Veterinary-Client-Patient-Relationship

Dear Board of Veterinary Medical Examiners:

Thank you for the opportunity to provide additional comments concerning section 12 AAC 68.075 veterinary-client-patient-relationship (VCPR) in the state of Alaska. The Alaska State Veterinary Medical Association (AKVMA) has formulated recommendations for the VCPR in Alaska based upon further discussion with members as well as researching federal VCPR requirements and American Veterinary Medical Association guidelines. AKVMA has taken into consideration the unique challenges in Alaska and believes that we have composed VCPR language that will promote quality veterinary care, meet Federal regulations, and serve the best interests of veterinary patients and the public in Alaska.

On behalf of the AKVMA, I have listed the recommendations for the VCPR below and ask for your consideration as you make your decision on section 12 AAC 68.075.

Veterinarian-Client-Patient Relationship

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:
 - i. Emergency or urgent care coverage, or
 - ii. 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.

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.

In addition, in remote regions of Alaska where access to veterinary care is limited due to a lack of a road system or locally available veterinarian, it may sometimes be logistically impossible for the patient or veterinarian to immediately travel for an in-person consultation. In these cases, an emergency exists if there is no other option to provide care and the patient would otherwise go untreated. When this occurs, an evaluation of the patient or premises may initially be conducted through electronic means, as long as the client agrees to present the animal(s) for an in-person examination or the veterinarian conducts a medically appropriate visit to the premise as soon as reasonably achievable. The veterinarian acting in this manner must be both licensed in the state of Alaska and be regularly practicing in Alaska at the time the electronic evaluation is conducted.

Where an evaluation of the patient or premises is initially conducted through electronic means, the licensed veterinarian must inform the client about the veterinarian's identity, location, licensure status, and any privacy and security issues involved in accessing veterinary services through electronic means.

On behalf of AKVMA I thank you for your consideration to our recommendations. Please feel free to contact either myself (907.444.1601 or tundravet@gmail.com) or Dr. Mary Ann Hollick, AVMA Delegate (907.862.1957 or maryannahollick@gmail.com) for any questions.

Sincerely,

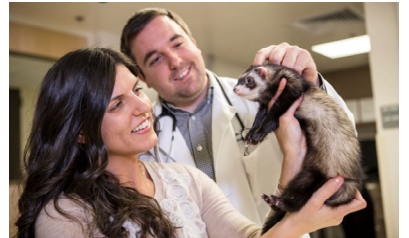


Dr. Sarah Coburn, President AKVMA

“Promoting excellence and professionalism of Alaska Veterinarians in advancing the health and well-being of animals and the public.”

THE VETERINARIAN-CLIENT-PATIENT RELATIONSHIP (VCPR)

is the basis for veterinary care —
and is critical to the health of your animal



Establishing this important relationship requires all of the following:

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 appropriate therapy.
2. The veterinarian has sufficient knowledge of the patient(s) to initiate at least a general or preliminary diagnosis of their medical condition.
3. The client has agreed to follow the veterinarian's recommendations.
4. The veterinarian is readily available for follow-up evaluation, or has arranged for emergency or urgent care coverage, or has designated continuing care and treatment to another licensed veterinarian who has access to the patient's medical records and/or can provide reasonable and appropriate medical care.
5. The veterinarian provides oversight of treatment.
6. The veterinarian has performed a timely physical examination of the patient(s) and/or is personally acquainted with their keeping and care by virtue of medically appropriate and timely visits to the operation where they are kept.
7. Patient records are maintained.



Veterinarian-Client-Patient Relationship (VCPR) FAQ

The following FAQs provide simplified explanations and answers about the VCPR as it relates to the veterinary care of pets. These FAQs do not address the VCPR in animal shelter or large animal contexts. For a complete definition of the VCPR, read the [VCPR section of the Principles of Veterinary Medical Ethics](#).

Q: What is a Veterinarian-Client-Patient Relationship (VCPR)?

A: A Veterinarian-Client-Patient Relationship, or VCPR for short, exists when your veterinarian knows your pet well enough to be able to diagnose and treat any medical conditions your animal develops. Your part of the VCPR is allowing your veterinarian to take responsibility for making clinical judgments about your pet's health, asking questions to make sure you understand, and following your veterinarian's instructions. Your veterinarian's part of the VCPR involves making those judgments; accepting the responsibility for providing your pet with medical care; keeping a written record of your pet's medical care; advising you about the benefits and risks of different treatment options; providing oversight of treatment, compliance (your follow-through on their recommendations) and outcome; and helping you know how to get emergency care for your pet if the need should arise.

Q: How is a VCPR established and maintained?

A: A VCPR is established only when your veterinarian examines your animal in person, and is maintained by regular veterinary visits as needed to monitor your animal's health. If a VCPR is established but your veterinarian does not regularly see your pet afterward, the VCPR is no longer valid and it would be illegal and unethical for your veterinarian to dispense or prescribe medications or recommend treatment without recently examining your pet.

A valid VCPR cannot be established online, via email, or over the phone. However, once a VCPR is established, it may be able to be maintained between medically necessary examinations via telephone or other types of consultations; but it's up to your veterinarian's discretion to determine if this is appropriate and in the best interests of your animals' health.

Q: Why is a VCPR so important?

A: For one, it's required by law in many states – in order for a veterinarian to diagnose or treat your animal, or prescribe or dispense medications, a VCPR must be in effect according to the state's Veterinary Practice Act (if you have questions about your state's Practice Act, contact your state [veterinary medical board](#)). Two, it's the best thing for your animal's health. Your veterinarian should be familiar with your animal's medical history and keep a written record of your animal's health so they can provide your animal with the best possible care. The AVMA's [Principles of Veterinary Medical Ethics](#) also requires a VCPR for a veterinarian to prescribe medication or otherwise treat an animal.

Q: How can a VCPR be ended?

A: You, as the client, can terminate a VCPR at any time by notifying the veterinarian. If your veterinarian chooses to end the VCPR, they should notify you and, if your animal has an ongoing illness, provide medical care until you have transitioned to another veterinarian.

Q: What does my veterinarian offer that an online source can't match?

A: Your veterinarian knows you and knows your animal(s), and this is critical to keeping your animal(s) healthy. For example, your veterinarian can customize a vaccination program to give your animal the best protection from disease and make sure that it isn't getting a vaccine it doesn't need. Vaccine and drug reactions, although uncommon, can occur, and your veterinarian is trained to recognize and treat them to minimize the chance that the reaction will become severe or even life-threatening – you can't get that from a website!

Figuring out what's wrong with an animal is like solving a very complex puzzle – your veterinarian has to figure out how to fit all of the clues (pieces of the puzzle) together to solve it. Veterinarians have, on average, 8 or more years of college and in-depth veterinary school training to prepare them for this task. Their training makes it possible for them to thoroughly evaluate, diagnose and treat your animal's problem. Doing these things effectively involves thorough knowledge of your animal's body systems and how they function, as well as a familiarity with how medications and other treatments work and if any treatments interfere with others. Hands-on physical examination is incredibly valuable to your pet and can't be replaced by a phone conversation, web-based conversation, or email description.

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(SAVMA)



VCPR State Laws
Last updated May/June 2019

State	Definitions	VCPR Provisions	Telemedicine Provisions
AL	A relationship when the veterinarian has assumed responsibility for making medical judgments regarding the health of the animal or animals and the need for medical treatment and is created by actual examination by the veterinarian of the animal or a representative segment of a consignment or herd (Ala. Code 1975 § 34-29-61).	<p>A licensed veterinarian shall not prescribe or dispense, deliver or order delivered:</p> <ul style="list-style-type: none"> • Any drug or medicinal agent carrying the legend "Federal (USFDA) law restricts this drug to the use by or on the order of a licensed veterinarian" to be administered to animals with which he or she has not established a patient-veterinarian relationship, or as defined by the United States Food and Drug Administration. • Any controlled substance as defined by the U.S. Food and Drug Administration without first having established a veterinary-client-patient relationship by having personally examined the individual animal, herd or representative segment or consignment lot thereof and determined that such controlled substance is therapeutically indicated following said examination (Ala. Admin. Code r. 930-X-1-11). 	N/A
AK	None Found	N/A	N/A
AZ	<p>"Veterinarian client patient relationship" means all of the following:</p> <p>a. The veterinarian has assumed the responsibility for making medical judgments regarding the animal's health and need for medical treatment and the client, owner or caretaker has agreed to follow the</p>	<p>As used in this chapter, unprofessional or dishonorable conduct includes:</p> <ul style="list-style-type: none"> • Performing veterinary services without having a valid veterinarian client patient relationship. • Releasing, prescribing or dispensing any prescription drugs in the absence of a valid veterinarian client patient relationship (A.R.S. § 32-2232). 	N/A

	<p>veterinarian's instructions;</p> <p>b. The veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the animal's medical condition. Sufficient knowledge is obtained when the veterinarian has recently seen and is personally acquainted with the keeping and caring of the animal as a result of examining the animal, when the veterinarian makes medically appropriate and timely visits to the premises where the animal is kept or when a veterinarian affiliated with the practice has reviewed the medical record of such examinations or visits;</p> <p>c. The veterinarian is readily available for a follow-up evaluation or the veterinarian has arranged for either of the following:</p> <ul style="list-style-type: none"> i. Emergency coverage; ii. Continuing care and treatment by another veterinarian who has access to the animal's medical records (A.R.S. § 32-2201). 		
AR	<p>"Veterinarian-client-patient relationship" means:</p> <p>a. The veterinarian has assumed the responsibility for making</p>	<p>The board may deny, suspend for a definite period, or revoke the license of any veterinarian, and/or impose a civil penalty for:</p> <ul style="list-style-type: none"> • The use, prescription, or sale of any 	N/A

	<p>medical judgments regarding the health of the animal and the need for medical treatment, and the client, that is, the owner or caretaker, has agreed to follow the instruction of the veterinarian;</p> <p>b. There is sufficient knowledge of the animal by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal. This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal, by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animal is kept; and</p> <p>c. The practicing veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy (A.C.A. § 17-101-102).</p>	<p>veterinary prescription drug or the prescription of an extra-label use of any over-the-counter drug in the absence of a valid veterinarian-client-patient relationship (A.C.A. § 17-101-305).</p>	
CA	<p>A veterinarian-client-patient relationship shall be established by the following:</p> <ol style="list-style-type: none"> 1. The client has authorized the veterinarian to assume responsibility for making medical judgments regarding the health of the animal, including the need for medical treatment; 	<p>It is unprofessional conduct for a veterinarian to administer, prescribe, dispense or furnish a drug, medicine, appliance, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture or bodily injury or disease of an animal without having first established a veterinarian-client-patient relationship with the animal patient or patients and the client, except where the patient is a wild animal or the owner is unknown.</p>	N/A

	<p>2. The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animals are kept; and</p> <p>3. The veterinarian has assumed responsibility for making medical judgments regarding the health of the animal and has communicated with the client a course of treatment appropriate to the circumstance (16 CCR § 2032.1).</p> <p>A VCPR may continue to exist, in the absence of client communication, when:</p> <ol style="list-style-type: none"> 1. A VCPR was established with an original veterinarian, and another designated veterinarian serves in the absence of the original veterinarian; 2. The designated veterinarian has assumed responsibility for making medical judgments regarding the health of the 	<p>A drug shall not be prescribed for a duration inconsistent with the animal(s) medical condition or type of drug prescribed. The veterinarian shall not prescribe a drug for a duration longer than one year from the date the veterinarian examined the animal(s) and prescribed the drug (16 CCR § 2032.1).</p> <p>Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct (16 CCR § 2032.25).</p> <p>If the medical, treatment, diagnostic and/or therapeutic plan differs from that which was communicated to the client by the original veterinarian, then the designated veterinarian must attempt to communicate the necessary changes with the client in a timely manner (16 CCR § 2032.15).</p>	
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	<p>animal;</p> <p>3. The designated veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal(s) or by medically appropriate and timely visits to the premises where the animals are kept, or has consulted with the veterinarian who established the VCPR; and</p> <p>4. The designated veterinarian has continued the medical, treatment, diagnostic and/or therapeutic plan as was set forth and documented in the medical record by the original veterinarian (16 CCR §2032.15).</p>		
CO	<p>A veterinarian-client-patient relationship shall be established when:</p> <p>a. The veterinarian has assumed the responsibility for making medical judgments regarding the health of an animal and the need for medical treatment, and the owner or other caretaker has agreed to follow the instruction of the</p>	<p>Veterinarians may only prescribe medication when they have a VCPR with the animal (herd, flock, litter, or large group). Under federal and state law, veterinarians may not sell, distribute, dispense or participate in or arrange for the sale of prescription medicines in any fashion except through a VCPR. Veterinarians are charged with knowledge of the pharmacy practice act provisions that apply to their practice, as well as the laws and regulations of the federal food and drug administration. When a client requests a copy of a prescription</p>	<p>Providers who evaluate, treat or prescribe through telehealth technologies are practicing veterinary medicine.</p> <p>The practice of veterinary medicine occurs where the patient is located at the time telehealth technologies are used. Therefore, a provider must be licensed to practice veterinary medicine in the state of Colorado in order.</p>

<p>veterinarian;</p> <p>b. There is sufficient knowledge of an animal by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal, which means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animal is kept; and</p> <p>c. The practicing veterinarian is readily available, or has arranged for emergency coverage, for follow-up evaluation in the event of adverse reactions or failure of the treatment regimen (C.R.S.A. § 12-64-103).</p> <p>“Telehealth” means a mode of delivery of veterinary medicine through telecommunications systems including but not limited to, video and digital technologies used to facilitate the assessment, diagnosis, treatment, or care management of an animal’s medical care while the client/patient is located at an originating site and the provider is located at a distant site. The term includes synchronous interactions and store-and-forward transfers</p>	<p>for their animal under current treatment, the veterinarian must provide it to the client (4 CCR 727-1: III).</p> <p>After a hearing ... the board may revoke or suspend the license of, place on probation, or otherwise discipline or fine, any licensed veterinarian for any of the following reasons:</p> <ul style="list-style-type: none"> • Administering, dispensing, distributing, or prescribing any prescription drug other than in the course of a veterinarian-client-patient relationship (C.R.S. 12-64-111). <p>In an emergency situation where a licensed veterinarian who has a VCPR prescribes a prescription drug that the licensed veterinarian does not have in stock and is not available at a local pharmacy, another licensed veterinarian who does not have a VCPR with the animal and owner may administer, distribute, or dispense the prescription drug to the animal based on the examining veterinarian's expertise and VCPR (C.R.S.A. § 12-64-104).</p>	<p>Where an existing VCPR relationship is not present, a provider must take appropriate steps to establish a VCPR consistent with the VCPR definition.</p> <p>Prescribing medications, in-person or via telehealth technologies, is at the professional discretion of the Provider (<u>Board of Vet Medicine Policy</u>).</p> <p>Indirect supervision means the licensed veterinarian may direct or supervise the authorized delegated treatment or collecting of diagnostic information of a patient at a “veterinary premises” or “premises” without being on the premises and shall not be construed to allow the establishment of a veterinary-client patient relationship (VCPR) solely by telephonic or other electronic means (4 CCR 727-1: I).</p>
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	<u>(Board of Vet Medicine Policy).</u>		
CT	None Found	<p>In determining whether the holder of such license has acted with negligence, the board may consider standards of care and guidelines published by the American Veterinary Medical Association including but not limited to, guidelines for the use, distribution and prescribing of prescription drugs.</p> <p>The veterinarian-client-patient relationship (VCPR) is the basis for interaction among veterinarians, their clients, and their patients. A VCPR means that all of the following are required:</p> <ol style="list-style-type: none"> 1. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the patient and the client has agreed to follow the veterinarians' instructions. 2. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a timely examination of the patient by the veterinarian or medically appropriate and timely visits by the veterinarian to the operation where the patient is managed. 3. The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and treatment. 4. The veterinarian provides oversight of 	N/A

		treatment, compliance, and outcome. 5. Patient records are maintained (C.G.S.A. §20-202).	
DE	None Found	Unprofessional conduct in the practice of veterinary medicine shall include: <ul style="list-style-type: none"> • Prescribing medication without examining the animal within a period of one year (24 Del. Admin. Code 3300-3.0). 	N/A
DC	None Found	N/A	N/A
FL	Veterinarian/client/patient relationship means a relationship where the veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal and its need for medical treatment (West's F.S.A. § 474.202).	The Board of Veterinary Medicine may discipline a licensee for using the privilege of ordering, prescribing, or making available medicinal drugs, drugs, or controlled substances for use other than for the specific treatment of animal patients for which there is a documented veterinarian/client/patient relationship. The veterinarian shall: <ol style="list-style-type: none"> 1. Have sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal, which means that the veterinarian is personally acquainted with the keeping and the caring of the animal and has recent contact with the animal or has made medically appropriate and timely visits to the premises where the animal is kept; 2. Be available to provide for follow up care and treatment in case of adverse reactions or failure of the regimen or therapy; and 3. Maintain records which document patient visits, diagnosis, treatment and other relevant information (West's 	N/A

		F.S.A. § 474.214). The documented veterinarian/client/patient relationship is defined as a veterinarian's record of a client's animal which documents that the veterinarian has seen the animal in a professional capacity within a period of 12 months or less (Fla. Admin. Code r. 61G18-30.001).	
GA	<p>Veterinarian-client-patient relationship means that:</p> <ul style="list-style-type: none"> a. The licensed veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal and the need for medical treatment, and the client (owner or caretaker) has agreed to follow the instruction of the licensed veterinarian; b. There is sufficient knowledge of the animal by the licensed veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal. This means that the licensed veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by the virtue of examination of the animal or by medically appropriate and timely visits to the premises where the animal is kept; and c. A licensed veterinarian is readily available for follow up in the case of adverse 	<p>It is unlawful for a veterinarian to release, prescribe, and/or dispense any prescription drugs without having examined the animal and established a valid veterinary/client/patient relationship.</p> <p>Failure to have an appropriate Veterinarian/Client/Patient Relationship is considered to be unprofessional conduct. This means that the veterinarian has seen the animal within the last twelve (12) months and is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s), and/or by medically appropriate and timely visits to the premises where the animal(s) are kept (Ga Comp. R. & Regs. 700-8-.01).</p>	<p>A veterinarian/client/patient relationship cannot be established solely by telephone, computer or other electronic means (Ga Comp. R. & Regs. 700-8-.01).</p>

	reactions or failure of the regimen of therapy (Ga. Code Ann., § 43-50-3).		
HI	<p>There is no statutory language on VCPR.</p> <p>A "physician-patient relationship" means the collaborative relationship between physicians and their patients. To establish this relationship, the treating physician or the physician's designated member of the health care team, at a minimum shall:</p> <ol style="list-style-type: none"> 1. Personally, perform a face-to-face history and physical examination of the patient that is appropriate to the specialty training and experience of the physician or the designated member of the physician's health care team, make a diagnosis and formulate a therapeutic plan, or personally treat a specific injury or condition; 2. Discuss with the patient the diagnosis or treatment, including the benefits of other treatment options; and 3. Ensure the availability of appropriate follow-up care (HRS §329-1). 	<p>The Board may revoke or suspend the license of any veterinarian or fine the licensee, or both, for any cause authorized by law, including but not limited to the following:</p> <ul style="list-style-type: none"> • Violation of the Uniform Controlled Substances Act, or any rule adopted pursuant thereto; • Conduct or practice contrary to the recognized principles of medical ethics of the veterinary profession as adopted by the Hawaii Veterinary Medical Association and the American Veterinary Medical Association (HRS § 471-10). <p>It shall be unlawful for any person, except a pharmacist, to administer, prescribe, or dispense any controlled substance without a bona fide physician-patient relationship...Veterinarians are included as practitioners (HRS § 329-41).</p> <p><i>AVMA Principles of Veterinary Medical Ethics:</i></p> <p>It is unethical for veterinarians to prescribe or dispense prescription products in the absence of a VCPR. The veterinarian-client-patient relationship (VCPR) is the basis for interaction among veterinarians, their clients, and their patients. A VCPR means that all of the following are required:</p> <ol style="list-style-type: none"> 1. The veterinarian has assumed the responsibility for making clinical 	N/A

		<p>judgments regarding the health of the patient and the client has agreed to follow the veterinarians' instructions.</p> <ol style="list-style-type: none"> 2. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a timely examination of the patient by the veterinarian or medically appropriate and timely visits by the veterinarian to the operation where the patient is managed. 3. The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and treatment. 4. The veterinarian provides oversight of treatment, compliance, and outcome. 5. Patient records are maintained. 	
ID	<p>An appropriate veterinarian/client/patient relationship will exist when:</p> <ol style="list-style-type: none"> a. Responsibility. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal and the need for medical treatment, and the client (owner or other caretaker) has followed the instructions of the veterinarian; b. Medical Knowledge. There is 	<p>The Board's code of professional conduct includes, but is not limited to, the following standards of conduct: A veterinarian shall not dispense or prescribe controlled substances, prescription, or legend drugs except in the course of his professional practice and after a bona fide veterinarian/client/patient relationship has been established (IDAPA 46.01.01.152).</p> <p>A veterinarian may dispense or deliver a legend drug prescribed for an animal upon the prescription, drug order, or prescription drug order of another veterinarian (Idaho Code § 54-1732).</p>	<p>"Practice of veterinary medicine" in this state, through telephonic, electronic or other means, regardless of the location of the veterinarian, includes veterinary surgery, obstetrics, dentistry, and all other branches or specialties of veterinary medicine and means (<u>I.C. § 54-2103</u>).</p>

	<p>sufficient knowledge of the animal by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal. This means that the veterinarian has seen the animal within the last twelve (12) months or is personally acquainted with the keeping and care of the animal, either by virtue of an examination of the animal, or by medically appropriate visits to the premises where the animals are maintained within the last twelve (12) months;</p> <p>c. Availability. The practicing veterinarian or designate is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy (IDAPA 46.01.01.150).</p>		
IL	<p>"Veterinarian-client-patient relationship" means that all of the following conditions have been met:</p> <ol style="list-style-type: none"> 1. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of an animal and the need for medical treatment and the client, owner, or other caretaker has agreed to follow the instructions of the veterinarian; 2. There is sufficient knowledge 	<p>A veterinarian licensed under this Act, in the absence of a traditional veterinarian-client-patient relationship, may dispense up to 5 days' worth of non-controlled substance medication or up to 3 days' worth of controlled substance medication in an emergency situation if:</p> <ol style="list-style-type: none"> 1. The pet has a medical condition that has been diagnosed by another licensed veterinarian, who then prescribed medication that, if ceased or skipped, could result in a decline of the pet's condition or could be 	<p>"Veterinarian-client-patient relationship" does not mean a relationship solely based on telephonic or other electronic communications (225 ILCS 115/3).</p>

	<p>of an animal by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal. This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animal is kept, or the veterinarian has access to the animal patient's records and has been designated by the veterinarian with the prior relationship to provide reasonable and appropriate medical care if he or she is unavailable; and</p> <p>3. The practicing veterinarian is readily available for follow-up in case of adverse reactions or failure of the treatment regimen, or, if unavailable, has designated another available veterinarian who has access to the animal patient's records to provide reasonable and appropriate medical care (225 ILCS 115/3).</p>	<p>deleterious to the pet's health;</p> <p>2. The current veterinarian who prescribed the medication is unavailable to issue a refill within a timely manner or the client is not in reasonable proximity to the initial prescriber to obtain a refill within a timely manner; and</p> <p>3. The client has evidence and can produce evidence of the ongoing medical need for the prescription, either in the form of the medical records or most recent prescription vial or a phone number or other means in which to reach the current prescriber (225 ILCS 115/19.1).</p>	
IN	<p>"Veterinarian-client-patient relationship" means a relationship between a veterinarian and client that meets the following conditions:</p>	<p>A valid veterinarian-client-patient relationship must exist before a licensed veterinarian dispenses or prescribes a prescription product.</p> <p>Veterinary prescription products, including</p>	N/A

	<ol style="list-style-type: none"> 1. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment, and the client has agreed to follow the veterinarian's instructions. 2. The veterinarian has sufficient knowledge of the animal to initiate a diagnosis of the medical condition of the animal. The veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by either of the following: <ol style="list-style-type: none"> a. An examination of the animal. b. By recently seeing and being personally acquainted with the keeping and care of representative animals and associated husbandry practices by making medically appropriate and timely visits to the premises where the animal is kept. 3. The veterinarian is readily available or has arranged for emergency coverage for follow-up evaluation if there is an adverse reaction or failure of the treatment regimen. 4. When appropriate, the veterinarian has arranged for 	<p>drugs and immunizing products restricted by state and federal law for use by licensed veterinarians, may not be diverted or transferred to an individual for use on an animal if there is not a current veterinarian-client-patient relationship with the original prescribing veterinarian.</p> <p>The requirement that a valid VCPR must exist before a licensed veterinarian dispenses or prescribes a prescription product does not apply to livestock (as defined by IC 15-11-5-1) or an animal immunized by its owner (IC 25-38.1-4-5).</p>	
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	continuing care with another licensed veterinarian who has access to the animal's medical record (IC 25-38.1-1-14.5).		
IA	<p>The board shall determine, on a case-by-case basis, if a valid veterinarian/client/patient relationship exists. This relationship shall be deemed to exist when all of the following criteria have been met:</p> <ul style="list-style-type: none"> a. The licensed veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the need for medical treatment, and the client has agreed to follow the instructions of the licensed veterinarian; b. The licensed veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. Sufficient knowledge means that the licensed veterinarian has recently seen or is personally acquainted with the care of the patient by virtue of an examination of the patient or by medically appropriate and timely visits to the premises where the patient is kept; and c. The licensed veterinarian is readily available or provides 	<p>A prescription veterinary drug, medication or immunization product shall not be deemed to be used "in the course of the licensed veterinarian's professional practice" unless a valid veterinarian/client/patient relationship exists.</p> <p>Any extra-label use of veterinary drugs, medications or immunization products shall be by or under the order of a licensed veterinarian and there must be a veterinarian/client/patient relationship (Iowa Admin. Code 811-12.2(169)).</p>	<p>A valid veterinarian/client/patient relationship cannot be established by contact solely based on a telephonic or electronic communication (Iowa Admin. Code 811-12.1(169)).</p>

	for follow-up in case of adverse reactions or failure of the regimen of therapy (Iowa Admin. Code 811-12.1(169)).		
KS	<p>"Veterinary-client-patient relationship" means:</p> <ol style="list-style-type: none"> 1. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal or animals and the need for medical treatment, and the client, owner or other caretaker has agreed to follow the instruction of the veterinarian; 2. There is sufficient knowledge of the animal or animals by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal or animals. This means that the veterinarian has recently seen or is personally acquainted with the keeping and care of the animal or animals by virtue of an examination of the animal or animals, or by medically appropriate and timely visits to the premises where the animal or animals are kept, or both; and 3. The practicing veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of 	<p>The Board may refuse to issue a license, revoke, suspend, limit, condition, reprimand or restrict a license to practice veterinary medicine for the use, prescription, administration, dispensation or sale of any veterinary prescription drug or the prescription of an extra-label use of any over-the-counter drug in the absence of a valid veterinary-client-patient relationship (K.S.A. § 47-830).</p> <p>Dispensation of medications for companion animals.</p> <ul style="list-style-type: none"> • All prescription drugs to be dispensed for use by a companion animal may be dispensed only on the order of a licensed veterinarian who has an existing veterinary client-patient relationship as defined by the Kansas veterinary practice act. <p>Dispensation of medications for food or commercial animals.</p> <ul style="list-style-type: none"> • All prescription drugs to be dispensed for food used by a food animal or used by a commercial animal may be dispensed only on a written order of a licensed veterinarian with an existing veterinary-client-patient relationship as defined by the Kansas veterinary practice act (K.A.R. 70-7-1). 	N/A

	therapy (K.S.A. § 47-816).		
KY	<p>"Veterinarian-client-patient relationship" means that:</p> <ul style="list-style-type: none"> a. The veterinarian has assumed the responsibility for making judgments regarding the health of the animal and the need for veterinary treatment, and the client, whether owner or other caretaker, has agreed to follow the instructions of the veterinarian; b. There is sufficient knowledge of the animal by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal. This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animal is kept; and c. The practicing veterinarian is readily available or shall provide medical service for follow-up in case of adverse reactions or failure of the regimen of therapy. A new regimen of therapy shall be contingent only upon cooperation of the client and availability of the subject 	A veterinarian shall not prescribe, dispense or administer controlled substances except in the course of his professional practice and when a bona fide veterinarian-client-patient relationship has been established (201 KAR 16:010).	N/A

	animal (KRS § 321.185).		
LA	<p>A Veterinarian-Client-Patient-Relationship exists when:</p> <ol style="list-style-type: none"> 1. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal(s) and the need for medical treatment; 2. The client (owner or duly authorized agent) has agreed to follow the instructions of the veterinarian; and 3. The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that: <ol style="list-style-type: none"> a. The veterinarian or associate veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s) and/or the animal's records, and/or by medically appropriate and timely visits to the premises where the animal(s) are kept; b. The veterinarian has agreed to serve as a consultant to the 	<p>No legend drug shall be administered, prescribed, dispensed, delivered to, or ordered for animals with which the veterinarian has not established a veterinarian-client-patient relationship as a primary care provider or as a consultant to the primary care provider.</p> <p>No controlled substance shall be administered, prescribed, dispensed, delivered to, or ordered for animals with which the veterinarian has not established a veterinarian-client-patient relationship as a primary care provider by having personally examined the individual animal, herd, or a representative segment or a consignment lot thereof, and determined that such controlled substance is therapeutically indicated following said examination.</p> <p>A client is not obligated to purchase a prescription medication from the prescribing veterinarian. Therefore, when a veterinarian-client-patient relationship exists and a veterinarian has determined that a prescription medication will be used in a patient's treatment or preventive health plan, it shall be considered a violation of the rules of professional conduct, within the meaning of R.S. 37:1526(14), for a veterinarian to refuse to provide a written prescription to the client so long as the following conditions exist.</p> <p>A veterinarian may refuse to write a prescription if it is not directly requested by a client with whom a veterinarian-patient-client relationship exists (La. Admin Code. tit. 46, pt. LXXXV, § 705).</p>	N/A

	<p>licensed, primary care veterinarian with whom the client and patient have established a relationship which meets the criteria of Subparagraph a above; and</p> <p>c. The primary veterinarian is readily available for follow-up in the event of adverse reactions of the failure of the regimen of therapy (La. Admin Code. tit. 46, pt. LXXXV, § 700).</p>		
ME	<p>A veterinarian-client-patient relationship exists when a veterinarian:</p> <ol style="list-style-type: none"> 1. Engaged by client. Has been engaged by the client; 2. Assumed responsibility. Has assumed responsibility for making medical judgments regarding the health of the patient; 3. Knowledge of patient. Has sufficient knowledge of the patient to initiate a preliminary diagnosis of the medical condition of the patient and has personal knowledge of the keeping and care of the patient as a result of: <ol style="list-style-type: none"> a. A timely examination of the patient by the 	<p>A licensed veterinarian who in good faith engages in the practice of veterinary medicine by rendering or attempting to render emergency care to a patient when a client cannot be identified and a veterinarian-client-patient relationship is not established is not subject to any disciplinary sanctions authorized by Title 10, section 8003, subsection 5-A based solely upon the veterinarian's inability to establish a veterinarian-client-patient relationship (32 M.R.S.A. § 4877).</p> <p>A licensed veterinarian may sell and dispense the written prescription of another licensed veterinarian with respect to any prescription or administration of a drug, medicine or nutritional substance on, for or to any animal (32 M.R.S.A. § 4876).</p>	N/A

	<p>veterinarian; or</p> <p>b. A medically appropriate and timely visit or visits by the veterinarian to the patient while that patient is under the care of the veterinarian's practice;</p> <p>4. Follow-up evaluation. Is readily available for follow-up evaluation or has arranged for veterinary emergency coverage and continuing care and treatment; and</p> <p>5. Records. Maintains patient records (32 M.R.S.A. § 4877).</p>		
MD	<p>"Veterinarian-client-patient relationship" means that all of the following conditions exist:</p> <p>a. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment, and the client has agreed to follow the veterinarian's instructions;</p> <p>b. The veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal because the veterinarian has recently seen and is personally acquainted</p>	<p>A veterinarian shall act in relation to the public, the veterinarian's colleagues, and their patients, and the allied professions so as to merit their full confidence and respect. Examples of conduct which are prohibited by this standard include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Prescribing or dispensing veterinary prescription drugs outside of a veterinarian-client-patient relationship (COMAR 15.14.01.04). <p>Maryland regulations differentiate the requirement of establishing a VCPR in emergency and non-emergency situations as follows:</p> <p>Non-emergency presentation. A veterinarian may choose whom he will serve. Once a</p>	N/A

	<p>with the keeping and care of the animal through either:</p> <ol style="list-style-type: none"> i. A physical examination; or ii. Medically appropriate and timely visits to the location where the animal is kept; and <p>c. The veterinarian is readily available or has arranged for emergency coverage or follow-up evaluation in the event of adverse reactions or the failure of the treatment regimen (COMAR 15.14.01.03).</p>	<p>veterinarian has undertaken care of a patient, and a veterinarian-client-patient relationship has been established, the veterinarian may not neglect the patient.</p> <p>Emergency Presentation. In an emergency, a veterinarian should render service to the best of the veterinarian's ability, but this does not require a veterinarian to accept financial responsibility for the care and treatment of any animal. The following procedures may be performed during an emergency without such actions constituting the establishment of a veterinarian-client-patient relationship:</p> <ul style="list-style-type: none"> • Initial evaluation • Diagnostics to assist in the initial evaluation; or • Initial treatments to stabilize a patient (COMAR 15.14.01.05) 	
MA	<p>Veterinarian-Client-Patient-Relationship exists when:</p> <ol style="list-style-type: none"> a. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal(s) and the need for medical treatment, and the client has agreed to follow the instructions of the veterinarian; b. There is sufficient knowledge of the animal(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). 	<p>A licensee shall dispense or prescribe controlled substances only in the course of his or her professional practice after establishing a genuine veterinarian-client patient relationship (256 CMR 7.01).</p> <p>The VCPR shall extend to associate veterinarians within the same practice (256 CMR 2.01).</p>	N/A

	<p>This means the veterinarian has recently seen and is personally acquainted with the keeping and care of the animals(s) by virtue of an examination of the animal(s) and/or by medically appropriate and timely visits to the premises where the animal(s) are kept; and</p> <p>c. The Veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage and continuing care and treatment (256 CMR 2.01).</p>		
MI	There is no longer any statutory language on VCPR because these sections were recently repealed.	N/A	N/A
MN	<p>"Veterinarian-client-patient relationship" means a relationship in which:</p> <p>a. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal and the need for medical treatment, and the client has agreed to follow the instructions of the veterinarian.</p> <p>b. The veterinarian has sufficient knowledge of the animal to initiate at least a general, preliminary, or tentative diagnosis of the medical</p>	<p>A veterinarian or the veterinarian's authorized employee may dispense veterinary prescription drugs, human drugs for extra-label use, or an over-the-counter drug for extra-label use by a client without a separate written prescription, providing there is documentation of the prescription in the medical record and there is an existing veterinarian-client-patient relationship.</p> <p>A veterinarian may dispense prescription veterinary drugs and prescribe and dispense extra-label use drugs to a client without personally examining the animal if a bona fide veterinarian-client-patient relationship exists and in the judgment of the veterinarian the client has sufficient knowledge to use the drugs properly.</p>	N/A

	<p>condition of the animal. The veterinarian must be acquainted with the keeping and care of the animal by virtue of an examination of the animal or medically appropriate and timely visits to the premises where the animal is kept.</p> <p>c. The veterinarian is available for consultation in case of adverse reactions or failure of the regimen of therapy.</p> <p>d. The veterinarian maintains records documenting patient visits, diagnosis, treatments, and drugs prescribed, dispensed, or administered, and other relevant information (Minn. Stat. § 156.16).</p>	<p>A veterinarian or the veterinarian's authorized employee may dispense veterinary prescription drugs, human drugs for extra-label use, or an over-the-counter drug for extra-label use by a client without a separate written prescription, providing there is documentation of the prescription in the medical record and there is an existing veterinarian-client-patient relationship. The prescribing veterinarian must monitor the use of veterinary prescription drugs, human drugs for extra-label use, or over-the-counter drugs for extra-label use by a client.</p> <p>A veterinarian may dispense prescription veterinary drugs and prescribe and dispense extra-label use drugs to a client without personally examining the animal if a bona fide veterinarian-client-patient relationship exists and in the judgment of the veterinarian the client has sufficient knowledge to use the drugs properly (Minn. Stat. § 156.18).</p> <p>The following act by a licensed veterinarian is unprofessional conduct and constitutes grounds for disciplinary action against the licensee:</p> <ul style="list-style-type: none"> • Prescribing or dispensing, delivering, or ordering delivered a controlled substance without first having established a veterinarian-client-patient relationship by having personally examined the individual animal, herd, or a representative segment or a consignment lot and determining that treatment with the controlled substance is therapeutically indicated. Use of 	
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		<p>euthanizing drugs in recognized animal shelters or government animal control facilities is exempt from this requirement (Minn. R. 9100.0700).</p>	
MS	<p>"Veterinarian-client-patient relationship" means that all of the following are required:</p> <ol style="list-style-type: none"> a. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment, and the client has agreed to follow the veterinarian's instructions. b. The veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal because the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal either by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animal is kept (Miss. Code Ann. § 73-39-53). 	<p>No person may practice veterinary medicine in the state except within the context of a veterinarian-client-patient relationship (Miss. Code Ann. § 73-39-59).</p> <p>Upon a written complaint sworn to by any person, the Board, in its sole discretion, may, after a hearing, revoke, suspend or limit for a certain time a license, impose an administrative fine for each separate offense, or otherwise discipline any licensed veterinarian for the dispensing, distribution, prescription or administration of any veterinary prescription drug, or the extra label use of any drug in the absence of a veterinarian-client-patient relationship (Miss. Code Ann. §73-39-77).</p>	<p>A veterinarian-client-patient relationship cannot be established solely by telephonic or other electronic means (Miss. Code Ann. § 73-39-59).</p>
MO	<p>"Veterinarian-client-patient relationship" means:</p> <ol style="list-style-type: none"> 1. The veterinarian has assumed the responsibility for making medical judgments regarding 	<p>No legend drug or biologic shall be prescribed, dispensed or administered without the establishment of a veterinarian-client-patient relationship or the direct order of a licensed veterinarian who has an established veterinarian-client-patient relationship with that</p>	<p>N/A</p>

	<p>the health of the animal and the need for medical treatment, and the client, owner or owner's agent has agreed to follow the instructions of the veterinarian;</p> <p>2. There is sufficient knowledge of the animal by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal;</p> <p>3. The veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by virtue of an examination or by medically appropriate and timely visits to the premises where the animal is kept;</p> <p>4. The practicing veterinarian is readily available for follow-up care in case of adverse reactions or failure of the prescribed course of therapy (V.A.M.S. 340.200).</p>	<p>animal(s) (20 Mo. Code of State Regulations 2270-4.031).</p>	
MT	<p>A "veterinarian/client/patient relationship" exists when all of the following conditions have been met:</p> <p>a. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the animal(s) and the need for medical treatment, and the client has agreed to follow the</p>	<p>The board defines "unprofessional conduct" as dispensing or prescribing a veterinary prescription drug without a valid veterinarian/client/patient relationship (Mont. Admin. R. 24.225.550).</p>	N/A

	<p>veterinarian's instructions;</p> <p>b. The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by:</p> <ul style="list-style-type: none"> i. virtue of an examination of the animal(s); or ii. medically appropriate and timely visits to the premises where the animal(s) are kept; and <p>c. The veterinarian is available for follow-up evaluation in the event of adverse reactions or failure of the treatment regimen (MONT. ADMIN. R. 24.225.301).</p>		
NE	<p>Veterinarian-client-patient relationship means that:</p> <ul style="list-style-type: none"> 1. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment, and the client has agreed to follow the veterinarian's instructions; 	<p>A veterinarian may not prescribe or administer any drug, medicine or biologic without a valid veterinarian-client-patient-relationship (Neb. Rev. St. § 38-3312).</p>	N/A

	<p>2. The veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal. This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animal is kept; and</p> <p>3. The veterinarian is readily available or has arranged for emergency coverage and for follow-up evaluation in the event of adverse reactions or the failure of the treatment regimen (Neb. Rev. St. § 38-3316).</p>		
NV	<p>A veterinarian shall be deemed to have a "veterinarian-client-patient relationship" concerning a nonhuman animal if the veterinarian satisfies all of the following conditions:</p> <ul style="list-style-type: none"> a. The veterinarian assumes the responsibility for making medical judgments concerning the health of the animal and the need for medical treatment of the animal; b. The veterinarian has knowledge of the present care and health of the animal sufficient to provide at least a 	<p>A veterinarian shall not prescribe, dispense, deliver or order another person to deliver any prescription drug, including, without limitation, any controlled substance in schedules I to V, inclusive, and any dangerous drug unless he first:</p> <ul style="list-style-type: none"> a. Establishes a veterinarian-client-patient relationship; and b. Makes a medical determination that the prescription drug is therapeutically indicated for the health and well-being of the animal (NAC 638.048). 	N/A

	<p>general or preliminary diagnosis of the medical condition of the animal.</p> <p>This knowledge must be acquired by:</p> <ol style="list-style-type: none"> 1. Conducting a physical examination of the animal; or 2. Visiting the premises where the animal is kept in a timely manner that is appropriate to the medical condition of the animal. <p>c. The veterinarian obtains the informed consent of the client for medical treatment of the animal;</p> <p>d. The veterinarian obtains the agreement of the client to follow the instructions provided by the veterinarian for the care and medical treatment of the animal (NAC 638.0197).</p>		
NH	<p>All licensed veterinarians shall comply with the Principles of Veterinary Medical Ethics of the AVMA as revised April 2016.</p> <p>The veterinarian-client-patient relationship (VCPR) exists all of the following conditions have been met:</p> <ol style="list-style-type: none"> 1. The veterinarian has assumed the responsibility 	<p>A licensee shall be deemed to have violated the AVMA Ethical Principles captioned "Professional Behavior" and "The Veterinarian-Client-Patient Relationship" if he or she engages in active patient care and does not provide for continuous emergency veterinary services for his or her clients at a level and of a nature consistent with the service ordinarily available from his or her practice (N.H. Code Admin. R. Vet 502.01).</p>	N/A

	<p>for making clinical judgments regarding the health of the patient and the client has agreed to follow the veterinarians' instructions;</p> <p>2. The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s), or by medically appropriate and timely visits to the premises where the animal(s) are kept.</p> <p>3. The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and treatment (N.H. Admin. Rules, Vet 501.01).</p>		
NJ	<p>A "veterinarian-client-patient relationship" means:</p> <p>1. The veterinarian has undertaken to make medical judgments regarding the health of an animal or animals, herd or flock being treated and the need for</p>	<p>A licensed veterinarian may prescribe, sell, dispense, or distribute any prescription item, providing there is a bona fide veterinarian-client-patient relationship, and the prescription item is properly recorded in the medical record.</p> <p>A licensed veterinarian may dispense prescription items to a person without a bona</p>	N/A

	<p>medical treatment;</p> <ol style="list-style-type: none"> 2. The client has retained the services of the veterinarian; 3. The veterinarian has sufficient knowledge of the animal or animals, herd or flock to initiate at least a general or preliminary diagnosis of the medical condition of the animal or animals, herd or flock; 4. The veterinarian is available for follow-up treatment; and 5. The veterinarian maintains proper records on the animal or animals, herd or flock (N.J.A.C. 13:44-4.1). 	<p>vide veterinarian-client-patient relationship on the basis of a prescription issued by another licensed veterinarian subject to certain provisions (N.J.A.C. 13:44-4.1).</p>	
NM	<p>A "valid veterinarian-client-patient relationship" means:</p> <ol style="list-style-type: none"> 1. The veterinarian has assumed responsibility for making medical judgments regarding the health of an animal being treated and the need for and the course of the animal's medical treatment; 2. The client has agreed to follow the instructions of the veterinarian; 3. The veterinarian is sufficiently acquainted with an animal being treated, whether through examination of the animal or timely visits to the animal's habitat for purposes of assessing the condition in which the animal is kept, to be 	<p>The Board may deny, suspend for a definite period or revoke a license, certificate or permit held or applied for under the Veterinary Practice Act, or may reprimand, place on probation, enter a stipulation with or impose an administrative penalty in an amount not to exceed five thousand dollars (\$ 5,000) on a holder of a license, certificate or permit, upon a finding by the board that the licensee, certificate or permit holder, or applicant has used a prescription or has sold any prescription drug or prescribed extra-label use of any over-the-counter drug in the absence of a valid veterinarian-client-patient relationship (N. M. S. A. 1978, § 61-14-13).</p>	N/A

	<p>capable of making a preliminary or general diagnosis of the medical condition of the animal being treated; and</p> <p>4. The veterinarian is reasonably available for follow-up treatment (N. M. S. A. 1978, § 61-14-2).</p>		
NY	<p>There are no statutory provisions on VCPR.</p> <p>According to the Office of Professions-Practice Guidelines, a VCPR exists when:</p> <p>A. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient with the assent of the owner of the animal or their duly authorized agent;</p> <p>B. The veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal. This means that that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of:</p> <p>i. A timely examination of the patient by the veterinarian,</p> <p>ii. Medically appropriate</p>	<p>Veterinarians should only prescribe, deliver, or have delivered prescription drugs when a VCPR has been established and the veterinarian has determined that the prescription drug is therapeutically indicated for the health and/or well-being of the animal. A veterinarian cannot fill prescriptions from other veterinarians (http://www.op.nysed.gov/prof/vetmed/vetpg5.htm).</p>	N/A

	<p>and timely visits by the veterinarian to the operation where the patient is managed, or</p> <p>iii. Medically appropriate and timely visits by the patient to the veterinary facility where the veterinarian is working</p> <p>C. The veterinarian is readily available for follow-up evaluation and oversight of treatment and outcomes or has arranged for appropriate continuing care and treatment;</p> <p>D. Patient records are maintained (http://www.op.nysed.gov/prof/vetmed/vetpg5.htm).</p>		
NC	<p>"Veterinarian-client-patient relationship" means that:</p> <p>A. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal and the need for medical treatment, and the client (owner or other caretaker) has agreed to follow the instruction of the veterinarian;</p> <p>B. There is sufficient knowledge of the animal by the</p>	<p>Grounds for disciplinary action shall include but not be limited to: selling, dispensing, prescribing, or allowing the sale, dispensing, or prescription of biologics, controlled substances, drugs, or medicines without a veterinarian-client-patient relationship with respect to the sale, dispensing, or prescription (N.C.G.S.A. § 90-187.8).</p>	N/A

	<p>veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal. This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by virtue of an examination of the animal, or by medically appropriate and timely visits to the premises where the animal is kept;</p> <p>C. The practicing veterinarian is readily available or provides for follow-up in case of adverse reactions or failure of the regimen of therapy (N.C.G.S.A. § 90-181).</p>		
ND	<p>"Veterinarian-client-patient relationship" means:</p> <p>A. A veterinarian has assumed the responsibility for making medical judgments regarding the health of an animal and the need for medical treatment, and the client, who is the owner or other caretaker, has agreed to follow the instructions of the veterinarian;</p> <p>B. There is sufficient knowledge of the animal by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal;</p>	<p>The state board of veterinary medical examiners may refuse to issue a license or certificate of registration, or may suspend or revoke a license and certificate of registration, upon any of the following grounds:</p> <p>o. The use, prescription, or dispensing of any veterinary prescription drug, or the prescription or extra-label use of any over-the-counter drug, in the absence of a valid veterinarian-client-patient relationship, except as provided by section 2 of this Act (NDCC, 43-29-14).</p> <p>A veterinary prescription drug must be dispensed, used, or prescribed within the context of a veterinarian - client - patient relationship.</p>	N/A

	<p>C. The practicing veterinarian is readily available for follow-up in the case of adverse reactions or failure of the regimen of therapy. This relationship exists only when the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by virtue of an examination of the animal and by medically appropriate and timely visits to the premises where the animal is kept (NDCC, 43-29-01.1).</p>	<p>Other than a controlled substance, a licensed veterinarian may dispense a veterinary prescription drug without establishing a veterinarian - client - patient relationship if:</p> <ul style="list-style-type: none"> a. The drug is prescribed by a licensed veterinarian or by a veterinarian licensed in another jurisdiction who has established a veterinarian - client - patient relationship; b. The prescribing veterinarian has an inadequate supply of the drug, failure to dispense the drug would interrupt a therapeutic regimen, or failure to dispense the drug would cause an animal to suffer; and c. The dispensing veterinarian verifies the prescription with the prescribing veterinarian (NDCC, 43-29-19). 	
OH	<p>A veterinary-client-patient relationship exists when all of the following conditions have been met:</p> <ul style="list-style-type: none"> A. A veterinarian assumes responsibility for making clinical judgments regarding the health of a patient and the need for medical treatment, medical services, or both for the patient, and the client has agreed to follow the veterinarian's instructions regarding the patient; B. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the 	<p>The state veterinary medical licensing board may refuse to issue or renew a license, limited license, registration, or temporary permit to or of any applicant who, and may issue a reprimand to, suspend or revoke the license, limited license, registration, or the temporary permit of, or impose a civil penalty pursuant to this section upon any person holding a license, limited license, or temporary permit to practice veterinary medicine or any person registered as a registered veterinary technician who:</p> <p>Uses, prescribes, or sells any veterinary prescription drug or biologic, or prescribes any extra-label use of any over-the-counter drug or dangerous drug in the absence of a valid veterinary-client-patient relationship (R.C. § 4741.22).</p>	N/A

	<p>patient. In order to demonstrate that the veterinarian has sufficient knowledge, the veterinarian shall have seen the patient recently and also shall be acquainted personally with the keeping and care of the patient either by examining the patient or by making medically appropriate and timely visits to the premises where the patient is kept;</p> <p>C. The veterinarian is readily available for a follow-up evaluation, or has arranged for emergency coverage, in the event the patient suffers adverse reactions to the treatment regimen or the treatment regimen fails (R.C. § 4741.04).</p>		
<p>OK</p>	<p>"Veterinarian-client-patient relationship" means:</p> <p>A. The licensed veterinarian has assumed the responsibility for making medical judgments regarding the health of an animal or animals and the need for medical treatment, and the client, owner or other caretaker has agreed to follow the instructions of the licensed veterinarian;</p> <p>B. There is sufficient knowledge of the animal or animals by the licensed veterinarian to</p>	<p>The Board may take disciplinary action or other sanctions upon clear and convincing evidence of unprofessional or dishonorable conduct, which shall include the practice of veterinary medicine in the absence of a bona fide veterinarian-client-patient relationship (59 Okl. St. Ann. § 698.14a).</p>	<p>The practice of veterinary medicine shall include, but not be limited to ...telemedicine (<u>59 Okl. St. Ann. § 698.11</u>)</p> <p>A veterinarian using telehealth technologies must take appropriate steps to establish the VCPR and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of telehealth technologies as a component of, or in lieu of, hands-on medical care,</p>

	<p>initiate at least a general or preliminary diagnosis of the medical condition of the animal or animals in that:</p> <ul style="list-style-type: none"> i. The licensed veterinarian has recently seen or is personally acquainted with the keeping and care of the animal or animals, or ii. Has made medically necessary and timely visits to the premises where the animal or animals are kept or both, and <p>C. The licensed veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy, or has arranged for emergency medical coverage; and</p> <p>D. Would conform to applicable federal law and regulations (59 Okl. St. Ann. § 698.2).</p> <p>“Telemedicine” shall mean the transmission of diagnostic images such as, but not limited to, radiographs, ultrasound, cytology, endoscopy, photographs and case information over ordinary or cellular phone lines to a licensed veterinarian or board-certified</p>		<p>while others are not. The veterinarian accepts that he or she cannot prescribe drugs when practicing via telehealth alone, unless the veterinarian has sufficient knowledge of the animal or group of animals by virtue of a history and inquiry, and either physical examination or medically appropriate and timely visits to the premises where the animal or group of animals is kept.</p> <p>A veterinarian must be licensed, or under the jurisdiction of, the veterinary board of the jurisdiction where the patient is located. The practice of medicine occurs where the patient is located at the time telehealth technologies are used. Veterinarians who treat or prescribe through online services sites are practicing veterinary medicine and must possess appropriate licensure in all jurisdictions where patients receive care (<u>Board's Position Statement</u>).</p>
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	medical specialist for the purpose of consulting regarding case management with the primary care licensed veterinarian who transmits the cases (59 Okl. St. Ann. § 698.2).		
OR	<p>Except where the patient is a wild or feral animal, or its owner is unknown; a VCPR shall exist when the following conditions exist:</p> <ol style="list-style-type: none"> 1. The veterinarian must have sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal; 2. This means that the veterinarian has seen the animal within the last year and is personally acquainted with the care of the animal by virtue of a physical examination of the animal or by medically appropriate and timely visits to the premises where the animal is kept (OAR 875-005-0005). 	<p>Pursuant to the minimum veterinary practice standards, controlled substances and legend drugs shall be dispensed, ordered or prescribed based on a VCPR.</p> <p>If requested, a prescription shall be provided to a client for medications prescribed by the veterinarian under a valid VCPR (OAR 875-015-0030 (expires June 9, 2017).</p>	N/A
PA	"Under the veterinarian's care" means that the veterinarian or one of the veterinarian's licensed associates has examined the animal or has made medically appropriate and timely visits to the premises where the animal is kept (49 Pa. Code § 31.21).	A veterinarian shall only prescribe prescription drugs to animals that are under the veterinarian's care (49 Pa. Code § 31.21).	N/A
RI	"Veterinarian/client/patient relationship" means a relationship where all of the following conditions have been met:	The distribution of a prescription veterinary drug to, or its possession by, any person other than the following is prohibited:	N/A

	<ol style="list-style-type: none"> 1. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal or animals and the need for medical treatment, and the client has agreed to follow the instructions of the veterinarian; 2. The veterinarian has sufficient knowledge of the animal or animals to initiate at least a general or preliminary (e.g. tentative) diagnosis of the medical condition of the animal or animals. This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal or animals, and/or by medically appropriate and timely visits to the premises where the animal or animals are kept; 3. The veterinarian is readily available for follow-up in cases of adverse reactions or failure of the regimen of therapy; 4. The veterinarian maintains records, which document patient visits, diagnosis, treatment, and other relevant information (Gen. Laws 1956, § 5-25-2/Gen.Laws 1956, § 21-31.1-2). 	<p>A veterinarian's client or his or her agent, provided that the drug is dispensed by or on the prescription of the veterinarian when a VCPR has been established (Gen. Laws 1956, § 21-31.1-13).</p> <p>The extra-label use of any veterinary drug in or on a food-producing animal by any person other than a veterinarian or a person working under the control of a veterinarian is a prohibited act. Extra-label use of these drugs by or on the order of a veterinarian is not prohibited provided that a careful medical diagnosis is made by the veterinarian within the context of a valid veterinarian-client/patient relationship (Gen. Laws 1956, § 21-31.1-12).</p>	
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SC	<p>"Veterinarian-client-patient relationship" means:</p> <ol style="list-style-type: none"> 1. The veterinarian has recently seen and is personally acquainted with the keeping and care of the animal through an examination of or visit to the premises where the animal is kept; 2. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment; 3. The veterinarian has sufficient knowledge of the animal to initiate a general or preliminary diagnosis of the medical condition of the animal; 4. The veterinarian is available or has arranged for emergency coverage for follow-up and evaluation; 5. The client has agreed to follow the veterinarian's instructions; 6. The veterinarian-client-patient relationship lapses when the licensee has not seen the animal within one year (S.C. Code of Regulations R. 120-1). 	<p>A veterinarian shall not prescribe, dispense or administer any drug or biological agent that bears the legend "Caution: Federal Law restricts this drug to the use by or on the order of a licensed veterinarian," or any other term which specifies the medication as a legend drug, without the establishment of a veterinarian/client/patient relationship (S.C. Code of Regulations R. 120-10).</p>	N/A
SD	<p>A valid relationship shall exist if:</p> <ol style="list-style-type: none"> 1. The veterinarian has assumed the responsibility for making 	<p>The sale, dispensing, shipping or otherwise making available of a veterinary drug product label containing the legend "Caution: Federal Law restricts this drug to use by or on the</p>	N/A

	<p>medical judgments regarding the health of the animal and the need for medical treatment and the client has agreed to follow the instructions of the veterinarian;</p> <p>2. If there is sufficient knowledge of the animal by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal; and</p> <p>3. The veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy (SDCL § 39-18-34.1).</p>	<p>order of a licensed veterinarian" shall result from a relationship between the veterinarian and his client or patient (SDCL § 39-18-34.1).</p> <p>The State Board of Veterinary Medical Examiners may either refuse to issue a license or refuse to issue a certificate of registration or suspend or revoke a license and certificate of registration for: the use, prescription, or sale of any veterinary prescription drug in the absence of a valid veterinary client-patient relationship (SDCL § 36-12-22).</p>	
TN	<p>"Veterinarian-client-patient relationship" means:</p> <p>A. The veterinarian has assumed responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment, has obtained informed consent, and the client has agreed to follow the veterinarian's instructions;</p> <p>B. The veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal;</p> <p>C. The veterinarian has seen the animal within the last twelve (12) months or is personally</p>	<p>Before prescribing animal drugs, the veterinarian must first, pursuant to appropriate protocols or veterinary orders, complete and appropriately document all of the following for the animal, herd, or flock on whose behalf the prescription is to be written:</p> <ol style="list-style-type: none"> 1. Perform an appropriate history and physical examination; 2. Make a diagnosis based upon the history, physical examination, and pertinent diagnostic and laboratory tests; 3. Formulate a therapeutic plan and discuss it with the animal's owner, along with the basis for it and the risks and benefits of various treatment options, a part of which might be a prescription or drug; and 4. Ensure availability of the veterinarian or the veterinarian's staff for 	<p>The veterinarian-client-patient relationship cannot be established or maintained solely by telephone or other electronic means (T. C. A. § 63-12-103).</p>

	<p>acquainted with the keeping and care of the animal, either by virtue of an examination of the animal or by medically appropriate visits to the premises where the animal is maintained within the last twelve (12) months;</p> <p>D. The veterinarian is readily available or has arranged for emergency coverage for follow-up evaluation in the event of adverse reactions or the failure of the treatment regimen;</p> <p>E. The veterinarian must maintain medical records as required by the board of veterinary medical examiners (T. C. A. § 63-12-103).</p>	<p>appropriate follow-up care.</p> <p>A veterinarian, pursuant to appropriate protocols or veterinary orders, may prescribe or dispense drugs for an animal when such prescribing or dispensing is consistent with sound veterinary practice, examples of which are as follows:</p> <ol style="list-style-type: none"> 1. As part of an initial evaluation order; or 2. For an animal/patient of another veterinarian for whom the prescriber is taking calls or for whom the prescriber has verified the appropriateness of the medication; or 3. For continuation medications on a short-term basis before the veterinarian personally examining the animal, herd, or flock; or 4. For medications administered by the owner of the animal, herd, or flock when the veterinarian has prescribed and/or dispensed in a manner consistent with this rule. <p>Distribution of veterinary prescription drugs to laymen may occur only on the prescription or other order of a licensed veterinarian. The prescriptions must be issued in the course of professional practice, with a veterinarian-client-patient relationship existing (Tenn. Comp. R. & Regs. 1730-01-.21).</p>	
TX	<p>A veterinarian-client-patient relationship exists if the veterinarian:</p> <ol style="list-style-type: none"> 1. Assumes responsibility for medical judgments regarding the health of an animal and a 	<p>A person is subject to denial of a license or to disciplinary action if the person orders a prescription drug or controlled substance for the treatment of an animal without first establishing a veterinarian-client-patient relationship (V.T.C.A., Occupations Code §</p>	<p>A veterinarian-client-patient relationship may not be established solely by telephone or electronic means (V.T.C.A., Occupations Code § 801.351).</p>

	<p>client, who is the owner or other caretaker of the animal, agrees to follow the veterinarian's instructions;</p> <p>2. Possesses sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the animal's medical condition; and</p> <p>3. Is readily available to provide, or has provided, follow-up medical care in the event of an adverse reaction to, or a failure of, the regimen of therapy provided by the veterinarian.</p> <p>A veterinarian possesses sufficient knowledge of the animal if the veterinarian has recently seen, or is personally acquainted with, the keeping and care of the animal by:</p> <p>1. Examining the animal; or</p> <p>2. Making medically appropriate and timely visits to the premises on which the animal is kept (V.T.C.A., Occupations Code § 801.351).</p>	<p>801.402).</p> <p>A veterinarian may attain sufficient knowledge of animals by visiting the premises on which herd animals are kept. A veterinarian must individually and personally examine all animals that are not members of a herd prior to practicing veterinary medicine on them.</p> <p>A veterinarian may refill a prescription written by another veterinarian as long as the two veterinarians are within the same practice, clinic, or hospital; the veterinarian who wrote the original prescription has an established VCPR with the specific animal; and the veterinarian refilling the prescription has access to the VCPR veterinarian's current medical records for that animal (22 TAC § 573.20).</p>	
UT	<p>Veterinarian-client-patient relationship means:</p> <p>A. A veterinarian licensed under this chapter has assumed responsibility for making clinical judgments regarding the health of an animal and</p>	<p>A licensee may only practice under a veterinarian-client-patient relationship (U.C.A. 1953 § 58-28-604).</p>	<p>A veterinarian-client-patient relationship may not be established solely by telephone or other electronic means (U.C.A. 1953 § 58-28-604).</p>

	<p>the need for medical treatment of an animal, and the client has agreed to follow the veterinarian's instructions;</p> <p>B. The veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal, including knowledge of the keeping and care of the animal as a result of recent personal examination of the animal or by medically appropriate visits to the premises where the animal is housed; and</p> <p>C. The veterinarian has arranged for emergency coverage for follow-up evaluation in the event of adverse reaction or the failure of the treatment regimen (U.C.A. 1953 § 58-28-102).</p>		
VT	<p>The veterinarian-client-patient relationship (VCPR) exists when all of the following conditions have been met:</p> <ol style="list-style-type: none"> 1. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the animal(s) and the need for medical treatment, and the client has agreed to follow the veterinarian's instructions; 2. The veterinarian has sufficient 	<p>Only a licensed veterinarian with a valid VCPR may:</p> <ol style="list-style-type: none"> 1. Authorize the dispensing of veterinary prescription drugs; 2. Issue a valid veterinary feed directive; 3. Authorize drug distributors to deliver veterinary prescription drugs to a specific client; or 4. Prescribe, order, or otherwise authorize a pharmacist to dispense veterinary prescription drugs to a specific client. 	N/A

	<p>knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s) or by medically appropriate and timely visits to the premises where the animal(s) are kept;</p> <p>3. The veterinarian is readily available or arranged for emergency coverage for follow-up evaluation in the event of adverse reactions or failure of the treatment regimen (26 V.S.A. § 2433).</p>		
VA	<p>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:</p> <ol style="list-style-type: none"> 1. Has assumed the responsibility for making medical judgments regarding the health of and providing medical treatment to an animal, other than an equine, a group of agricultural animals, or bees; 2. A client who is the owner or other caretaker of the animal, 	<p>A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances. The prescription shall be issued for a medicinal or therapeutic purpose and may be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship.</p> <p>A practitioner who performs or has performed an appropriate examination of the patient required...either physically or by use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically, for the purpose of establishing a bona fide</p>	<p>The definition of a VCPR includes other veterinarians within same practice group.</p> <p>For the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine services, a prescriber may establish a bona fide practitioner-patient relationship by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies if certain conditions are first met (VA ST § 54.1-330).</p>

	<p>group of agricultural animals, or bees has consented to such treatment and agreed to follow the instructions of the veterinarian.</p> <p>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:</p> <ul style="list-style-type: none"> A. Has sufficient knowledge of the animal, group of agricultural animals, or bees to provide a general or preliminary diagnosis of the medical condition of the animal, group of agricultural animals, or bees; B. Has made an examination of the animal, group of agricultural animals, or bees, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically or has become familiar with the care and keeping of that species of animal or bee on the premises of the client, including other premises within the same operation or production system of the client, through 	<p>practitioner-patient relationship, may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such Schedule II through VI controlled substance is in compliance with federal requirements for the practice of telemedicine (VA ST § 54.1-330).</p>	
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	<p>medically appropriate and timely visits to the premises at which the animal, group of agricultural animals, or bees are kept; and</p> <p>C. Is available to provide follow-up care (VA Code Ann. § 54.1-3303).</p> <p>“Telemedicine services,” as it pertains to the delivery of health care services, means the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment.</p> <p>“Telemedicine services” does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire (VA Code Ann. § 38.2-3418.16)</p>		
WA	<p>A veterinary-client-patient relationship exists when all of the following conditions have been met:</p> <p>A. The veterinarian has assumed responsibility for making clinical judgments regarding the health of the animal(s) and need for medical treatment, and the client or key party as defined in WAC 246-934-020 has agreed to follow the instructions of the veterinarian;</p>	<p>The veterinary-client-patient relationship may be terminated under these conditions:</p> <p>A. Veterinarians may terminate a veterinary-client-patient relationship as long as the termination does not constitute patient abandonment;</p> <p>B. If there is an ongoing medical or surgical condition, the patient should be referred to another veterinarian for diagnosis, care, and treatment;</p> <p>C. Clients may terminate the veterinary-client-patient relationship at any time (WAC 246-933-200).</p>	<p>The veterinarian shall not establish a veterinary-client-patient relationship solely by telephonic or other electronic means.</p> <p>However, once established, a veterinary-client-patient relationship may be maintained between medically necessary examinations via telephone or other types of consultations (WAC 246-933-200).</p>

	<p>B. The veterinarian has sufficient knowledge of the animal(s) to initiate, at a minimum, a general or preliminary diagnosis of the medical conditions of the animal(s). This means the veterinarian:</p> <ul style="list-style-type: none"> i. Has examined the animal(s) within the last year, or sooner if medically appropriate; or ii. In cases involving operations with several animals, such as encountered at farms, laboratories, or in shelters, is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s) or by medically appropriate and timely visits to the premises where the animal(s) are kept. <p>C. The veterinarian is readily available for follow-up evaluation or has arranged for emergency coverage and continuing care and treatment (WAC 246-933-200).</p>	<p>A veterinarian shall use or prescribe drugs only within the context of a veterinary-client-patient relationship. Veterinary prescription drugs are restricted by federal law ... to be used by or on the order of a licensed veterinarian.</p> <p>Extra label use is legal only when ordered by a veterinarian and within the context of a veterinary-client-patient relationship (WAC 246-933-200).</p>	
WV	"Veterinarian-client-patient relationship" means a	Upon the formation of a veterinarian/client/patient relationship, in order	N/A

	<p>relationship between a veterinarian, a client and a patient, and exists when:</p> <ol style="list-style-type: none"> 1. A veterinarian assumes responsibility for medical judgments regarding the health of an animal and the client who is the owner or other caretaker of the animal agrees to follow the veterinarian's instructions; or 2. A veterinarian, through personal examination of an animal or a representative sample of a herd or flock, obtains sufficient information to make at least a general or preliminary diagnosis of the medical condition of the animal, herd or flock, which diagnosis is expanded through medically appropriate visits to the premises where the animal, herd or flock is kept (W. Va. Code St. R. § 61-31-2). 	<p>for a veterinarian to exercise properly the rights granted by a veterinary license, the veterinarian shall:</p> <ol style="list-style-type: none"> 1. Perform a physical examination of the animal. A group of animals of one species under single ownership may be considered as a single entity. A veterinarian/client/patient relationship is established for the whole group if a representative number of animals have been examined. 2. Discuss with the client a diagnostic assessment and treatment plan, including medications and follow up recommendations. This information shall be entered into the patient's medical record. <p>A veterinarian shall not prescribe, dispense or administer any drug or biological agent that bears the legend "Caution: Federal Law restricts this drug to the use by or on the order of a licensed veterinarian" or any other term which specifies the medication as a legend drug without the establishment of a veterinarian/client/patient relationship (W. Va. Code St. R. § 26-4-4).</p>	
WI	<p>"Veterinarian-client-patient relationship" means a relationship between a veterinarian, a client and the patient in which all of the following apply:</p> <ol style="list-style-type: none"> A. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and 	<p>A veterinarian may not do any of the following:</p> <ol style="list-style-type: none"> 1. Prescribe for or dispense to a client a veterinary prescription drug or a drug for extra-label use without personally examining the patient unless a veterinary-client-patient relationship exists between the veterinarian, client and patient and the veterinarian determines that the client has sufficient 	N/A

	<p>the patients need for medical treatment, and the client has agreed to accept those medical judgments and to follow the related instructions of the veterinarian.</p> <p>B. The veterinarian has sufficient knowledge of the patient to initiate a general or preliminary diagnosis of the medical condition of the patient because the veterinarian has recently examined the patient or has made medically appropriate and timely visits to the premises on which the patient is kept.</p> <p>C. The veterinarian is readily available for follow-up treatment of the patient if the patient has an adverse reaction to veterinary treatment (W.S.A. 89.02).</p>	<p>knowledge to administer the drug properly;</p> <ol style="list-style-type: none"> 2. Prescribe or dispense a veterinary prescription drug to a client unless the veterinarian indicates in the appropriate records, within 72 hours after the prescription is issued or the drug is dispensed, that the prescription has been issued or that the drug has been dispensed; 3. Prescribe a drug to a client for extra-label use on a patient unless all of the following apply: <ol style="list-style-type: none"> a. A veterinary-client-patient relationship exists between the veterinarian, client and patient and the veterinarian has made a careful medical diagnosis of the condition of the patient within the context of that veterinarian-client-patient relationship; b. The veterinarian determines that there is no drug that is marketed specifically to treat the patients diagnosed condition, or determines that all of the drugs that are marketed for that purpose are clinically ineffective; c. The veterinarian recommends procedures for the client to follow to ensure that the identity of the patient will be maintained; d. If the patient is a food-producing animal, the 	
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		<p>veterinarian prescribes a sufficient time period for drug withdrawal before the food from the patient may be marketed.</p> <p>4. Transmit a prescription electronically unless the client approves the transmission and the prescription is transmitted to a pharmacist or veterinarian designated by the client (W.S.A. 89.068).</p>	
WY	<p>A veterinarian-client-patient relationship shall be characterized by:</p> <ol style="list-style-type: none"> 1. The Licensee assuming the responsibility for making medical judgments regarding the health of the animal and the need for medical treatment; 2. The client has agreed to follow the instructions of the Licensee; 3. The Licensee having sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of its medical condition. This means that the Licensee has recently seen and is personally acquainted with the keeping and care of the animal as a result of an examination or by medically appropriate and timely visits to the location where the animal is kept; 4. Readily available follow up 	<p>For a licensee to properly exercise the rights granted by the license, a veterinarian-client-patient relationship shall exist.</p> <p>No prescription drug shall be prescribed, dispensed or administered without the establishment of a valid veterinarian-client-patient relationship (WY Rules and Regulations AI VET Ch. 9 s 3).</p>	N/A

	care in case of adverse reactions or failure of the regimen of therapy (WY Rules and Regulations AI VET Ch. 9 s 3).		
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Source: Staff research, AVMA Division of State Advocacy
Contact: State Policy Analyst, AVMA Division of State Advocacy

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 68.015. EXAMINATIONS. (a) The passing score on the national examination required in 12 AAC 68.010(a) is the criterion-referenced passing score recommended by the National Board of Veterinary Medical Examiners (NBVME).

(b) The state written examination is required for applicants applying for licensure by examination and applicants applying for licensure by credentials. The following subjects will be covered on the state written examination concerning specific Alaska issues of veterinary practice;

- (1) the board statutes and regulations under AS 08.98 and 12 AAC 68;
- (2) other state statutes and regulations related to animal care;
- (3) laws regarding the import, export, and transportation of animals, health certificates, and the reporting of diseases;
- (4) veterinary epidemiology.

(c) The state written examination is an open book examination. The examination and study materials will be mailed directly to each applicant. Completed examinations must be returned to the department within 30 days after mailing, as shown by the postmark dates. The passing score on the state written examination required by (b) of this section is 90 percent or above.

(c) The state written examination is an open book examination. The examination and study materials will be **provided electronically or** mailed directly to each applicant. Completed examinations must be returned to the department within 30 days after mailing **or provided electronically**, as shown by the **electronic or** postmark dates. The passing score on the state written examination required by (b) of this section is 90 percent or above.

(Eff. ___/___/___, Register ___)

Authority: AS 08.98.050 AS 08.98.165 AS 08.98.180

ARTICLE 6.
GENERAL PROVISIONS.

Section

- 900. Prescription labeling**
- 910. Medical records**
- 920. Board member absences**
- 990. Definitions**

12 AAC 68.900. PRESCRIPTION LABELING. (a) All drugs prescribed and dispensed by a veterinarian for patient treatment must be labeled at the time of dispensing.

- (b) The prescription label, or unit dosage package, must contain
- (1) name of the owner of the patient;
 - (2) name of the prescribing veterinarian;
 - (3) name of the drug;
 - (4) strength and quantity of the drug;
 - (5) date dispensed;
 - (6) name and address of the veterinary facility dispensing the drug; and
 - (7) directions for the owner administering the drug to the patient.

Authority: AS 08.98.050

12 AAC 68.910. MEDICAL RECORDS. (a) A licensed veterinarian or veterinary medical facility shall maintain an individual record on every client or patient consultation.

(b) Original patient medical records must be retained by the veterinary medical facility or licensed veterinarian who prepared them, including all electrocardiogram tracings, radiographs, and results of laboratory tests. It is the responsibility of the veterinary medical facility or licensed veterinarian to safeguard patient and client information against loss, tampering, or use by unauthorized persons.

(c) Copies of a licensee's record or a summary report of the record, and copies of all data and papers pertaining to a particular patient must be furnished to the patient's owner, designated veterinarian, or duly authorized representative within 30 days after a written request by the owner or duly authorized representative, or within a shorter time if necessary for the care of the patient. A reasonable fee to cover the cost of preparing or obtaining the copies may be charged.

(d) Patient medical records may not be released to a third party without the written consent of the patient's owner, except that

- (1) information on spaying, neutering, or rabies vaccination may be released to public health and animal control agencies without written consent; and
- (2) copies of records or case summaries may be sent to other veterinarians, veterinary medical facilities, or public health agencies requiring the information for therapeutic, statistical, or other medical purposes without written consent.

(e) Unless released to the patient's owner, patient medical records must be retained by the veterinary medical facility or licensed veterinarian for a minimum of five years. Records may be disposed of by tearing, shredding, or burning so that the records are totally destroyed.

Authority: AS 08.98.050

12 AAC 68.920. BOARD MEMBER ABSENCES. The board will, in its discretion, recommend to the governor that a member be removed from the board if that member has been absent for any reason from three board meetings within a two-year period.

Authority: AS 08.01.020 AS 08.98.050

12 AAC 68.990. DEFINITIONS. In this chapter

- (1) "client" means the person who owns or is responsible for the care of an animal;
- (2) "department" means the Department of Commerce, Community, and Economic Development;
- (3) "patient" means the animal or animals under the care of a veterinarian;
- (4) "division" means the division of corporations, business and professional licensing in the department;
- (5) "board" means the Board of Veterinary Examiners established under AS 08.98.010.

Authority: AS 08.98.050

Town Hall meeting January 17, 2020 at BP Energy Center regarding House Bill 184 exempting Veterinarians from the Prescription Drug Monitoring Program (PDMP)

Dr. Jim Delker began the dialogue.

HB 184 as is written is to exempt veterinarians from the PDMP. We'd like to present that and talk about some or a few of the facts. I'll present the short summary of some of the things that we as the AKVMA board feel are concerns with the PDMP program as it currently exists and talk about some of the reasons why we think it is not working in its present form. Then once we make a brief presentation, we're going to open the up the floor to individuals because this is a dialogue. It's not supposed to me speaking to you, it's supposed to be us getting information from you and everybody that's here whether you're a veterinarian or representing someone in Juneau. I think we even have a board member from the board of pharmacy that is participating by phone tonight too, so let's be respectful of those situations as far as that goes, let's speak respectfully and try to have a good dialogue this evening. The purpose of this meeting is to get information from participants. Phone in calls can participate. We can all agree there is an opioid epidemic and as vets want to do our part but not all of us agree that veterinary participation is effective for doing this but it is an ineffective use of time and money and data useless gathering. We would like to hear from participants if they feel the PDMP is effective and useful and how are you using it. The main problems are as follows:

- Animals do not have a unique identifier. There are no social security numbers, permanent identification, birthdates and pet owners may be listed under multiple owners and different last names.
- The PDMP doesn't software doesn't integrate with veterinary software like it does on the human medical side.
- Vets are given no training in using the PDMP program, or in human dosages and if the human use is excessive. So if we are supposed to be going in and checking that what parameters are we given to know if the usage is excessive?
- Based on current data that is available Vet participation hasn't proven to be effective. Has it decreased the drug use in Alaska? The information out there doesn't suggest it has. Human addiction counselors do not even notify veterinarians if they suspect the addicts are obtaining drugs via the veterinary community. What use is it if the information is not disseminated back to the people that are affected by this like the BOVE, Board of Pharmacy, or even the veterinarian and pharmacy based on those findings?
- The CDC lists the most common drugs that are implicated in overdose in humans are methadone, oxycodone and hydrocodone. Very few of these medications are routinely prescribed by veterinarians. According to AVMA statistics Veterinarians most commonly use tramadol, buprenorphine, butorphanol, phenobarbital, and hydromorphone. Of those 5 only 2 are routinely sent out of the clinic, the rest are primarily used in the clinic setting. Tramadol is going out of favor as it has been proven to no longer be an effective pain reliever in pets for

chronic osteoarthritis as reported in the JAVMA 2-15-2018. So we are not routinely using those medications but are doing a lot of unnecessary reporting.

- In a 2017 AVMA report study only .34% of opiates prescribed were prescribed by vets. 99.6% of the prescriptions are from elsewhere. For the amount of money and effort put into this program we are not solving anything.

Dr. Delker has reached out to the Alaska Pharmacy board a few years ago before this law was implemented and spoke at a meeting of the Pharmacy board. He was not met with warm regards. Veterinarian's considerations were not met. He had a very cold reception. The pharmacy board should engage veterinarians if laws will affect them. Dr. Delker also met with Jay Butler who was head of Department of health and social services for the state of Alaska about 1 year ago and described his concerns. Dr. Butler was disappointed in the lack of veterinary involvement but has moved into a different position with the CDC so we are starting over with any contacts we may have had in the government.

The PDMP is a huge undertaking but with the staff and budget cuts the state can't adequately train veterinarian to use the system. It would be better to utilize funds on how to recognize issues, what drugs are people seeking, how are they possibly Doctor shopping and how we can participate and train them how to report but not daily as it currently stands.

Shows of hands indicated all present or calling in were associated with the veterinary community with the exception of 1 legislative aid from a representative's office.

Participants were invited to share their thoughts and a summary would be provided. Also there is an online petition to support HB 184 and a signature sheet in the back and you can email Dr. Coburn if you are a phone in participant so your name is on the list of participants.

Rachael a LVT from Alaska Veterinary Clinic: She is in charge of PDMP logging for the Drs. As a technician it is very difficult to find the time to do this. The NDC numbers of some meds don't match making it difficult to log. She does not feel this is helpful at all for the veterinary community. Her clinic does use the PDMP website for suspicious clients. They ask them their own birthday and search and look into their own history to see if they are abusing a medication. She does not feel the reporting is helpful.

Dr. Nelson Priddy, a veterinarian in Anchorage: He does not hold a DEA number. He does not dispense controlled substances whatever. He inquired as to what exactly are the mechanics to go to the website and what do you need to do to report. What does it entail and why is it not working?

Rachael replied she takes her controlled substance reports off Avimark, their veterinary software.

- Under "name" she enters the patients name, first name is the patient's name.
- Under "birthday" she enters the patients estimated birthday from the records but it is often a guesstimate.

- Under the spot for owner's name, she puts only the owner's last name but here are often many names that could go there if they have different last names or combined names.
- Prescribing location she enters the clinic address
- The Dr. who prescribed it
- The Prescribing Dr's. DEA number
- The NDC number
- The number of days it is prescribed for
- The Quantity of medication
- If it is injectable, tablets or liquid form

Dr. Delker asked if the owners name comes up or the pets in the query?

Someone else who did not state their name said it used to be the owner then it changed because it is a HIPPA violation so now we are only supposed to put in the dog or cat's birthday. If the birthday is changed you won't find anything and it is not a unique identifier.

Dr. Linda Chang asked if clients are suspicious and you get their birthday from them, then you can look up the client? How are you getting their birthday? Rachel said they ask the client in this case. Linda mentioned we aren't supposed to be getting this information because of the HIPPA privacy which doesn't make sense.

Dr. Coburn has talked with a number of vets recently and Some vets enter the owner's last name, first name and the owner's date of birth some are entering the pet's first and last name, maybe the pets date of birth and others are entering the owners date of birth with the pet's name. She then spoke with the coordinator of the PDMP who said under their legal guidance it is supposed to be the owners first and last name. Most vets are not comfortable with this and with the HIPPA regulations or the privacy issue of their clients. They do not think most owners want to let their veterinarian know their medical issues when they present their pet to a veterinarian.

Dr. Susan Wagnon, owner of Ravenwood veterinary clinic in Eagle River stated she really doesn't want to know if a client has erectile dysfunction or not. On the mechanics of the PDMP, it is also set up a vet needs to have a pharmacy license but the state law says very clearly it is illegal for veterinarians to have a pharmacy license number. If we are supposed to fill in every box, there is now an issue with another ethical problem so it doesn't apply. There is an alleged case in Eagle River case of a health care professional basically killing 4 people and scripting out 400 scripts. Dr. Wagnon hasn't scripted out 400 scripts of opioids in all her many years of practice. This person was not caught by PDMP. There were no red flags. They were only caught by an anonymous tip. The system is broken. People will continue to die unless the PDMP focuses on resources and get data that works.

Dr. Coburn mentioned the data indicates less than 10 cases nationwide per year of drug seeking behavior from veterinarians to prescribe opiates. The PDMP in human medicine in some cases is able to identify inappropriate prescribing by human doctors or at risk people. 6 people were identified

nationwide in one year seeking drugs from veterinarians were identified by veterinarians based not on the PDMP but on suspicious behavior. They come in with no records and request opioids. The vets made a phone call to authorities. 10 cases across the country is a very small % of people using veterinarians to seek their drugs.

Carol Hedges, DVM indicated she scripted out to a pharmacist and let them report it. Then she found out she is still supposed to do a zero report. It is very difficult to find where to do a zero report. No disrespect to those reporting but how does a vet know the person is reporting accurately or at all that is supposed to report for you? Who will get in trouble if they do not? The veterinarian will be the one in trouble.

Dr. Coburn spoke with the PDMP coordinator who said there are 2 scenarios:

If you have a DEA number but don't dispense, you don't have to report.

If you have a DEA number and rarely or intermittently dispense you have to do a zero report on all days but not in the main vendor location somewhere.

Dr. Megan Turnquist: She was filing a zero report until she went on maternity leave 6 months ago and became overwhelmed. The reporting for a zero report is buried and is not user friendly. She scripts out all controlled substances. The reporting is one more job to do on top of all the phone calls. You are supposed to do a zero report daily even when on leave and on vacation. She usually scripts out any medication now or doesn't use controlled substances. The PDMP regulations have kept her from prescribing buprenorphine for a cat. She doesn't feel it's worth the extra step of 1-2 hours a night to navigate the website to dispense a few drops of the medication for a cat. When you have to do the zero report, you have to do it when you are on leave and when you are on vacation.

Dr. Brian Davidson: He understands even if you script out the meds, you are still supposed to log into the PDMP and check the records as well as the pharmacist that dispenses it. His assumption is that is not regularly happening in the state if at all.

Dr. Priddy: The board of Pharmacy statues and regulations, states under Chapter 30, section 200 specifically section 17.30.200K4 says in the regulations adopted under this section the board shall provide that a practitioner review the information in the database to check a patients prescription record before dispensing, prescribing or administering a schedule 2 or 3 controlled substance under federal law to the patient. The regulations must provide that a practitioner is not required to review the information in the database before dispensing, prescribing or administering. Did you all understand that? Correct! That is part of the regulation that is asking that we jump through these colossal hoops to prevent the diversion of less than 0.4% of divertible drugs.

As a taxpayer he is not impressed with the extensive effort on the part of the government, not to mention practitioners and their staffs to jump through this hoop with this potential outcome. Therefore the US doesn't need this.

Dr. Delker mentioned the board of Pharmacy has approached the Board of Veterinary Examiners (BOVE) that BOVE is going to be responsible for enforcing this mandate.

Dr Delker: The board of pharmacy recently approached the BOVE telling them it is their duty to enforce compliance. He asked BOVE members if they had any information on this that they could comment on. Alaska currently has the highest licensing dues at \$600 per year. Next are the big states like NY and California at \$360/ year. Some states are as low as \$75 annually. If the cost to enforce this lies with BOVE our dues will go up. There is not enough manpower to do this. They will need to follow up on every case of improper reporting. At the last BOVE meeting Jim listened in on they tabled this until they get more direction.

Dr. Jim Hagee who is on the BOVE runs a 1 man practice in Trapper Creek. His only employee is his wife. He doesn't have all the time required to go through all the hoops to pre approve prescriptions or dispensation he may make so he doesn't write or dispense opioids. He uses the opioids only in clinic. It takes a good treatment modality out of his hands just so he can stay legal. As for BOVE enforcing, is a matter of public record. BOVE was set up as being required to set a deadline for disciplining non participating veterinarians. They kicked it out as far as they could which was 18 months knowing they were going to try and get a legislative statue passed to exempt veterinarians. They are now at that deadline.

Dr. Myra Wilson at Anchorage Animal Care and Control stated she doesn't dispense any controlled substances. All medications are used in house. If meds do come in with patients they do not go out the door. It is limited because she does not want to get involved in reporting.

Dr. Rachael Bergartt, a veterinarian and soon to be attorney also a member of BOVE agreed with what Dr. Hagee had said. There are 4 points they agreed on:

1. The PDMP was implemented without veterinarians being adequately consulted. As a board they are statutorily mandated to regulate veterinarians with respect to the PDMP.
2. As a board, BOVE elected to represent to legislature they are against veterinarians being part of the PDMP.
3. Investigations are not inexpensive. She encourages al veterinarians and the general public to talk to the legislatures. Vets want to be part of the solution but the PDMP but it is not an effective solution.
4. They are not doing a good service by increasing fees to licensed veterinarians.

Dr. Myra Wilson asked if vets choose to resign from the BOVE, who will they use as an enforcement body. Rachael replied BOVE requires 4 vets and 1 public figure to run the board. The board has to pay for itself which means board investigation must pay for itself. Revenue is generated by licensing fees. BOVE has fought to minimize license increases but still saw license increase.

Dr. Rachael thinks that as vets we need to get involved and not be silent. This happened under our radar. BOVE was not even aware it was going on. WE need to fix it by getting involved.

Dr. Priddy asked what the possible consequences of vets not reporting or not reporting a zero report? Could they use their license to practice in the state of Alaska?

Dr. Bergartt said BOVE based their disciplinary actions on precedence and there has been no precedence. Removing someone license is a last ditch effort. It is a legal standpoint; it's not easy to lose your license.

Dr. Priddy asked if it puts a black mark on that vets record to have been investigated by BOVE and could you be denied a license in another state. Rachael said investigations are not made public but consent agreements are.

Dr. Albert said the PDMP program has so many details that are misleading or not correctly applicable to vets. They are forcing people to utilize a program that produces useless data and it is a fruitless endeavor. She wrote to 3 leading people in the Senate and house and received a response from Senator Giessel. Senator Giessel is a nurse practitioner may be supportive but a question came up about a number of people were concerned clients come in and had intentionally injured animals to obtain drugs. Denny hasn't seen that. She has seen and reported animal abuse and gone to court when needed. She felt it was online misinformation. She thought senator Giessel may be a supporter of the bill and she is president of the senate. She suggests writing to her and addressing the issues to help get her support. She understands several states have exempted veterinarians from the PDMP.

Dr. Sarah Coburn said several states have exempted vets and may be more this year. She is not sure where the misinformation is about animal abuse by clients to get drugs is coming from because the AVMA report suggests it is very small. If someone is thought to have injured an animal, animal cruelty is against the law and the vet should report it to law enforcement. If a veterinarian treats that animal for its condition, the PDMP is still not going to pick that up. Identifying the drug seeking behavior is going to be more important in picking that up.

Dr. Delker said Dr. Ashley Morgan with the AVMA there are very few incidences of people intentionally harming pets as a way to get drugs. No way to repeatedly abuse an animal and continue to get drugs without red flags going up. Evidence nationwide and state wide it is not as common as people think.

Dr. Albert did respond back to Senator Giessel that she has not seen that behavior either and it is a pretty rare situation that she has never encountered.

Dr. Hollick agrees with exempting vets because it makes sense. When people read about abuse on Dr. Google, it is overblown. Ashley Morgan and the AVMA reports that there are very few incidences nationwide of people harming animals to obtain drugs. What is important is that exempting vets will benefit our patients. Then we can prescribe 2 to 3 drops of buprenorphine for pain or 1 or 2 tablets, but these minute amounts takes several hours of paperwork. Vets usually only provide a few days and not large amounts of these drugs.

Dr. Coburn summarized the meeting with a few key points

- There are potential privacy violations of human medical information and confusion as to whether we are accessing that or not. People are entering the information, but the general public would have concerns about this as well (about violations of their personal medical/ prescription information)
- It would be more efficient of the PDMP to exempt vets and let it do what it does well which is identify doctor shopping and identify pharmacist and doctors that are prescribing out of the norm of their profession
- It (exempting veterinarians from the PDMP) increases the efficiency for the operation of small business owners
- Animal care and welfare. Vets may make decisions to not prescribe because of the reporting. This is not a good service for our patients. Impacts the highest standard of care for patients.

Our job as vets is to help educate our legislature and the public on our professional and ethical responsibility. If people are likely injuring their animal when they are likely to get Rimadyl, we need to educate people.

Please sign the sign in sheet or documentation



There is a petition in back anyone can sign

Dr. Coburn can help you find your representatives.

People on the phone can email in their attendance to: tundravet@gmail.com or get the petition.

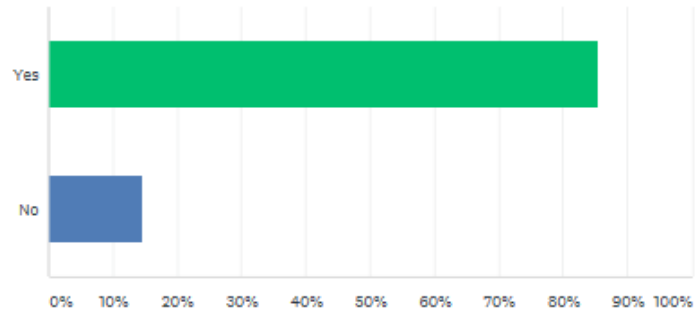
Summary of the discussion we need to talk with people. Vets want to be part of the solution but this is not working. The bill is introduced. This is our chance to make our voice heard. We have a bill that has been brought forth but that doesn't mean it's going to be going anywhere. We have a minority member that has been kind enough to bring this bill forward but being in the minority we have an uphill battle. We need to get cohorts of hers to support this bill as well. As we go forward we are not saying that we should be exempted from everything everywhere but the present solution is not working. So the present solution is to get this bill passed and then work on a working solution.

Q1

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
As a licensee, have you experienced difficulty utilizing the Alaska Prescription Drug Monitoring Program (PDMP)?

Answered: 96 Skipped: 4



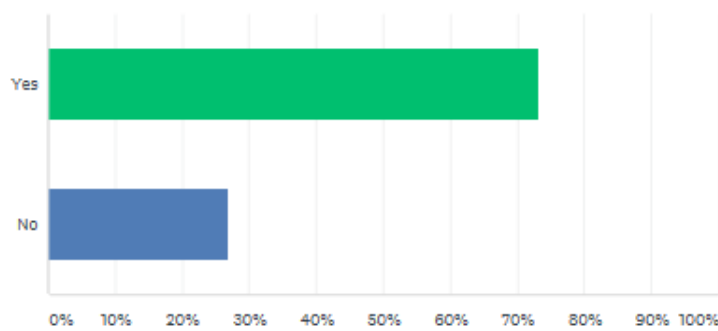
ANSWER CHOICES	RESPONSES	
Yes	85.42%	82
No	14.58%	14
TOTAL		96

Q2

 Customize  Save as



As a practitioner, do you feel that your clients have suffered as a result of the regulations of the PDMP?

Answered: 97 Skipped: 3



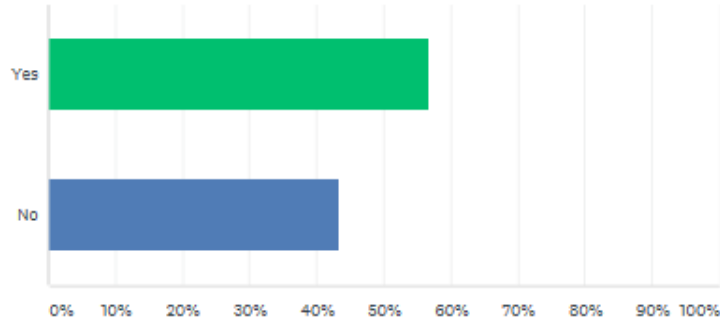
ANSWER CHOICES	RESPONSES	
Yes	73.20%	71
No	26.80%	26
TOTAL		97

Q3

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Has the PDMP placed significant financial burden onto you or your practice?

Answered: 97 Skipped: 3



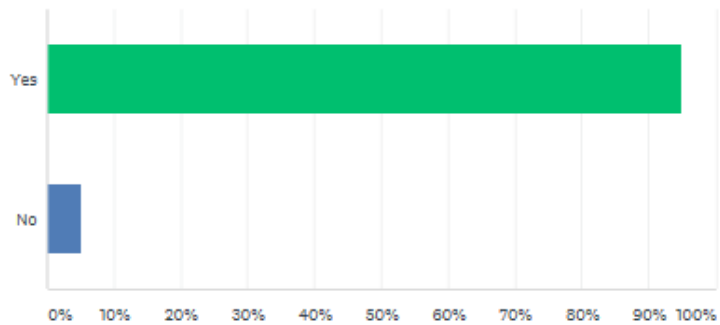
ANSWER CHOICES	RESPONSES
▼ Yes	56.70% 55
▼ No	43.30% 42
TOTAL	97

Q4

 [Customize](#) [Save as](#) 

Do you support veterinarians being exempt from having to utilize the PDMP?

Answered: 100 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Yes	95.00% 95
▼ No	5.00% 5
TOTAL	100

Do you have any comments regarding Alaska veterinarians' participation in the PDMP?

Answered: 63 Skipped: 37

Showing 63 responses

- How is it legal to open an owners medical records and have the risk (on the Veterinary Practitioner as well as the Veterinary hospital to violate HIPPA. Is the state of AK willing to pay for the HIPPA training for all Veterinarians and Vet techs??? Since Vets right only 0.35% of the total opioid scripts why are you making Vets be apart of this program. Does buying a \$60,000 truck and a snow plow for a 5 foot wide and 12 foot long drive way make sense - that's what you are doing here with this PDMP program that has failed in other states.

1/17/2020 1:33 PM

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- TO DATE THE IMPLEMENTATION OF THE PDMP FOR VETERINARIANS HAS PROVEN TO BE A LABOR INTENSIVE AND COSTLY GATHERING OF USELESS DATA THAT HAS NO PROVEN EFFECT TO HAVE REDUCED THE OPIOID EPIDEMIC. THE PDMP WAS ROLLED OUT WITH LITTLE COMMUNICATION, POOR SUPPORT AND ABYSMAL TRAINING & GUIDANCE PARTICULARLY FOR VETERINARY USERS. AS WELL VETERINARIANS WERE NOT EVEN CONSULTED OR APPROACHED IN THE DESIGN OR IMPLEMENTATION OF THE PDMP WHICH HAS LEAD TO MANY HURDLES IN IMPLEMENTATION OF THE PROGRAM. VETERINARIANS CONTRIBUTE A NEGLIBLE AMOUNT OF OPIOIDS TO THE SYSTEM REPORTEDLY LESS THAN 0.5% OF THE OVERALL PRESCRIBED OPIOIDS NATIONWIDE. THE COST AND BURDEN TO ADMINISTER THIS PROGRAM TO VETERINARIANS IS SENSELESS WHEN THESE FUNDS CAN BE USED BY OTHER PROGRAMS THAT TRULY REDUCE THE ACCESS TO OPIOID ABUSE.

1/17/2020 12:07 PM

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- I am not currently in clinical practice, so have not had to directly utilize the PDMP, and cannot speak to the financial burden personally. However, I have heard from my colleagues that they are concerned about potential privacy violations, based on accessing human medical information; and that there is a burden to comply, without any certainty that the effort actually contributes to a useful end product within the PDMP's goals. A small practice may not have a licensed vet tech, to whom they can delegate the reporting. There is a lot of confusion as to what information is supposed to be reported (owner information or pet information) in the query and in the report. From a vet standpoint, and also from the standpoint of the general public, I support exempting vets from the PDMP. There are other avenues that can add more benefit to the goal of decreasing opioid abuse (education about identifying drug seeking behavior, clear guidelines on how to report suspected drug seeking; more research into how much medications received from veterinarians are actually contributing to the opioid crisis), Exempting veterinarians may actually increase the efficiency of the PDMP, by not unnecessarily complicating the overall data with the small percentage of animal prescription data. There would be a significant cost to the state to actually make the PDMP usable for animal information; educate and train veterinarians and vet staff adequately on the database as well as human medical privacy regulations; and to monitor and enforce compliance for a relatively small number of veterinarians out of the overall number of practitioners registered. All of that cost to address something that has not been identified as a significant component of the opioid crisis. For efficiency of the program, cost savings to the state, increased efficiency for vet clinics, and ultimately a cost savings to pet owners, exempt veterinarians from the PDMP requirements!

1/17/2020 10:08 AM

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- The PDMP is a detriment to caring for our patients well being. It is a burden to the veterinary staff. It makes it very difficult to prescribe the medications they need for serious conditions

1/17/2020 9:25 AM

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- The system is cumbersome and irrelevant to our patient population. The main burden it places on veterinarians is time, a significant amount. Our patients can change birthdays and names as often as the owners choose making this system completely useless for us.

1/17/2020 4:17 AM

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Veterinarians should be exempt because the system is poorly organized, doesn't take into account that animals can't be followed like people, there is no data with respect to veterinary drug diversion in Alaska (the powers that be don't even know if there is a problem!), there is no good way to enforce this regulation, the resources put toward veterinary participation in the PDMP would be far better utilized where there is actually a proven drug diversion problem, animals are hurt by this legislation because veterinarians are just not utilizing controlled substances for their patients that need them. This is an example of legislators possibly having their hearts in the right place (fewer drugs for addicts) but not thinking through the realities associated with such regulation. As I understand it, 38 other states have exempted veterinarians from participation in the PDMP with no ill effects on the problem of drug diversion because SO FEW DRUGS ARE ACTUALLY DIVERTED FROM THE VETERINARY PROFESSION!! In the words of Matt Damon in "The Martian": Do the math!!

1/16/2020 9:32 PM

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FOR THE LOVE OF ALL THINGS HOLY, in how many different ways do we have to express that this is making the practice of appropriate veterinary analgesia so difficult that once again, it is falling out of the hands of the veterinarian and into the care of the owner, a human pharmacist (don't even get me started), or NO ONE, leaving our patients without appropriate PAIN RELIEF!!! As I understand it, this was implemented without any consultation with the veterinary community. What an incredible hardship this has imposed!!!

1/16/2020 6:31 PM

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I am very supportive of programs designed to reduce illegal drug use, however, the pdmp program is designed exclusively for practitioners and not for veterinarians. The program asks for information we do not have readily available (client birth dates) and as we are not covered by HIPAA having exposure to a client's prescription drug list is an invasion of their privacy. We are also not trained to address looking for addictive habits in humans. Again we focus on animals.

1/16/2020 5:46 PM

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It was bad enough having to report less frequently but the daily reporting was so demanding that I gave up even trying ! I won't search a prescription under the owner's first name but will enter only the animal's name as the "first" name in a search since I don't feel I have the right to view the owners personal medical prescription history and it would violate their HIPPA rights. A true drug seeker would never use the same dog/cat name twice between two different clinics anyway to hide the fact they're trying to get drugs from different veterinarians. Max would become Maxmillion or even Shadow or Bear....

1/16/2020 5:23 PM

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It is time consuming and not user friendly.

1/16/2020 4:29 PM

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It's too confusing trying to look up a patient. The owners can easily change their pets birthday from clinic to clinic. This will allow them to skirt around the whole purpose of the PDMP. Since pets don't have official IDs we can't easily confirm birthdate. I am all for monitoring but it's hard to do with pets

1/16/2020 4:23 PM

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Being a very small house call practice that rarely prescribes controlled substances, having to deal with daily reporting even if I don't prescribe is 1 more straw to making me ready to retire. 1 less vet in a state with a shortage of veterinarians.

1/16/2020 4:16 PM

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The system has many flaws, including buttons that are not workable, medication NDC numbers that are not valid. The biggest concern is this is meant to track and alert personnel to potential abuse, however, animals do not have any mandatory permanent identifications so any person wishing to deceive for gain of medications can lie about their pets, age, name, DOB, etc., and seek multiple sources for medications for illicit use. Most veterinarians, who are treating chronic pain/hospice usually have a great relationship with the clients and are very aware of use. Also, veterinarians do not bill insurances so the clients must pay full cost for medications and this creates a financial deterrent to deceive. No veterinarian will just prescribe controlled medications without a relationship, including exams, blood work, and other diagnostics, and any clients who protests to this are usually unhappy and will not seek services and ultimately not receive controlled substances. Veterinarians do not routinely hand out controlled substances for out-patient use, and are responsible very a insignificant portion of the total dispensed controlled substances. Plus, with the huge medication shortages facing the veterinarian industry, many clinics have become more stringent about prescribing select medications for out-patient use. Please except veterinarians in Alaska from the PDMP, we are not a source for drug abuse in our human counter-parts and our true patients/clients are suffering due to the added time constraints now added to vets and staff who are already max out and spread thin, who have even less time to actually treat and heal our furry friends and family. Just one PDMP search and RX creation takes a minimum of 5 minutes IF the system is working appropriately. If we multiply this by 6 we have lost a minimum of 30 minutes a day for a process which is irrelevant to our profession creating more stress, longer hours, and more burn-out in a profession already taxed to they max and with the highest problems for fatigue.

1/16/2020 3:14 PM

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This is not a problem that has any relevance to veterinary medical practice. We are not the practitioners that hand out opioids or other scheduled drugs that are abused by people. I only write prescriptions for those drugs now and its a problem for my clients ro get them for their pers as we are a small town ...Wal Mart is 100 miles away. Takes them 3 to 7 days to get them now even if they use an on line pharmacy etc. I understand tge need for the PDMP in human medicine but is is unnessary and overkill for veterinary medicine.

1/16/2020 3:06 PM

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PDMP is not the solution to the opioid epidemic, and is a needless burden on veterinarians and their clients.

1/16/2020 3:05 PM

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Unfortunately the veterinary profession either was not consulted or failed miserably providing any input regarding the current application of the PDMP. A total revamping of the current PDMP for the veterinary profession should be considered make DVM's exempt entirely.

1/16/2020 2:41 PM

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Very difficult and time consuming to report

1/16/2020 2:39 PM

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This has been an unnecessary action from the outset and has been onerous in our practice!!

1/16/2020 2:34 PM

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It's structure makes it impossible for veterinarians to comply with the regulations. Trying to navigate the PDMP takes up time that we could be using caring for patients.

1/15/2020 11:28 PM

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It is not even possible to track the client based on the way the practitioner is asked to fill out the PDMP form.

1/15/2020 10:26 PM

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The scope of my practice does not involve the products under scrutiny in this program. It is entirely a waste of my time, money and frustration.

1/15/2020 8:05 PM

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We do so few in house dispensing of controlled drugs that the PDMP has made me simply try to change what I prescribe to avoid the hassle of having to deal with it, which does inconvenience the clients and my staff.

1/15/2020 1:50 PM

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It's a time suck

1/15/2020 11:17 AM

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I do not feel that PDMP is helpful to the owners or pet patients in Alaska. I have had difficulty troubleshooting PDMP in the past year which has taken valuable time away from patient care. I logged a drug incorrectly under the owners name instead of the patients name. I was unable to correct this mistake because I did not have the correct permissions to edit being a Veterinarian. This "error" (owner vs pet) was not recognized as an error and thus could not be corrected though the "error correction" window. This error was never resolved despite contacting PDMP staff. Filling out the form is difficult for Veterinarians because we do not have an in house pharmacy/pharmacy DEA or Prescription number with Avimark. I also feel that I am not qualified to and should not make medical decisions about the medications that the owner is taking while trying to treat my pet patient.

1/15/2020 10:23 AM

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I prescribe less than one controlled substance a month.

1/15/2020 8:02 AM

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Although I have experienced some suspected opioid seeking in another state in which I am licensed (1-2 cases in over 10 years), my impression is that it likely happens more in emergency type practices that I work in and even at that is generally very infrequent. I believe other solutions such as limited supplies with the need for re-exam and refill may be more effective in veterinary medicine without expose client medical history. Also potentially requiring a CE (that could be done as a webinar or online course) regarding things to watch for as opioid seeking behaviours in clients may also be useful.

1/15/2020 7:32 AM

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The PDMP is counter-productive to my practice, a financial burden and not relevant and I absolutely support exemption for veterinarians in Alaska.

1/15/2020 2:13 AM

[View respondent's answers](#)

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Keep the government out of business

1/15/2020 12:04 AM

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[Add tags](#) ▼

I script out significantly less controlled medications due to the limitations of the pdmp and I am worried that my patients are the ones suffering the most

1/14/2020 10:37 PM

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- As a zoo and aquarium veterinarian, the PDMP rules do not seem to apply, and it is difficult to have to interpret each rule in a veterinary setting
- 1/14/2020 10:17 PM [View respondent's answers](#) [Add tags](#) ▼
-
- I am a relief veterinarian, so using the PDMP is different at every practice. I do not know any veterinary staff well enough to trust that they will enter my prescriptions correctly, so I have to do all the recording myself. Having to track down the clinic owner's DEA number as well as entering my own is an additional burden. I estimate that each controlled drug prescription that I prescribe/dispense from a clinic takes at least 10-15 minutes of my time (so realistically adds an extra \$7-10 to the cost to the clinic for that prescription). Writing a prescription to be filled at a pharmacy takes less time - maybe 5 minutes out of an appointment (15-20% of the total appointment time) to request and look up the client's birthdate. Then the clinic loses out on possible medication profit. This law is overly burdensome in light of the very low percentage of controlled drug prescription prescribed by veterinarians.
- 1/14/2020 9:50 PM [View respondent's answers](#) [Add tags](#) ▼
-
- It would be very easy for a drug seeker to circumvent this system. Date of birth is not a unique identifier for pets as many pets come from rescue organizations and have no known date of birth. The date of birth is usually an arbitrary number chosen by the owner or veterinary staff at the first visit. There is nothing stopping a pet owner from presenting to multiple clinics and giving different names and dates of birth in order to obtain more controlled substances. Using the owner's date of birth was in violation of HIPAA laws. Requiring pets to be micro chipped would solve this problem, but I do not feel it is fair to require pet owners to pay for a microchip in order for us to alleviate their pet's pain. While I have suspected a very small number of clients who abuse their pet's medications, these have not been caught by using the PDMP. The PDMP is time consuming for veterinarians and is not beneficial to our patients or clients.
- 1/14/2020 9:20 PM [View respondent's answers](#) [Add tags](#) ▼
-
- Veterinarians are not the main diversion source of narcotics. Animals do not have SS numbers or unique identifiers. The database is not accurate for our patients with varying names and dates of birth at different facilities.
- 1/14/2020 9:14 PM [View respondent's answers](#) [Add tags](#) ▼
-
- The whole idea is very unclear as to how it works, goals, who it applies to and why, and what is supposed to be reported if at all.
- 1/14/2020 8:41 PM [View respondent's answers](#) [Add tags](#) ▼
-
- The statistics show the veterinary community is not a major factor in this problem, we should not have access to our clients personal information and PDMP program cannot even identify gross abuses of the system the way it is set up.
- 1/14/2020 8:29 PM [View respondent's answers](#) [Add tags](#) ▼
-
- Seems unnecessary based on the very few opioids we prescribe.
- 1/14/2020 8:12 PM [View respondent's answers](#) [Add tags](#) ▼
-
- I feel our use is insignificant compared to that of MDs
- 1/14/2020 7:25 PM [View respondent's answers](#) [Add tags](#) ▼
-
- Completely useless for veterinary purposes with no identifiers for animals (dob , Ssn)
- 1/14/2020 7:24 PM [View respondent's answers](#) [Add tags](#) ▼
-
- As much as I respect the value of knowing all the sources disreputable sources can access, I don't believe the veterinary world is a big enough source to contribute. If is not exempt, it needs to be greatly improved to make it easier for the veterinarian world to utilize. Right now it is a HUGE exercise in frustration.
- 1/14/2020 6:53 PM [View respondent's answers](#) [Add tags](#) ▼

It seems quite unnecessary, The only drug I prescribe that is effected is tramadol which I have decided to rx from a pharmacy because of the burdensome paperwork that I would have to do if I were to stock it and dispense it. I don't think that drug is very abused so it seems to make no sense to not be able to connect my patients more readily with the drug rather than have to rx it through a pharmacy

1/14/2020 5:56 PM

[View respondent's answers](#) [Add tags](#) ▼

This is one of the most disjointed and ill thought out wastes of time, effort and resources ever. It is also an egregious violation of HIPAA. Veterinarians are not trained, qualified nor included in HIPAA, nor are the clerks and IT workers at the Department of Commerce. To charge veterinarians to be a part of PDMP is further insult and only a small part of additional costs to clients and business. Please end this ridiculousness.

1/14/2020 5:49 PM

[View respondent's answers](#) [Add tags](#) ▼

As a mobile large animal veterinarian who administers, but virtually never dispenses, PDMP regulations are completely illogical and generally unreasonable. I do not believe that whoever created this plan thought for one second how it could be reasonably incorporated by a rural large animal vet. In my situation the PDMP is a burden and does absolutely nothing to reduce controlled drug issues in humans.

1/14/2020 5:45 PM

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The pdmp does not work for veterinarians. It is designed for people patients, not animal patients. It puts veterinarians at risk when we are required to access confidential client information. Pharmacists can not adequately compare human and animal dosages. In fact, pharmacists do not know animal dosages. How can they compare morphine equivalent units for a human vs a horse? I understand the importance of the pdmp and controlling opioid addiction. This is not the proper program for veterinary patients.

1/14/2020 5:44 PM

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The process is time consuming and does not have clear guidelines. I am unsure what needs to be registered and what does not. It seems odd to be tracking the prescription by the animal when we are concerned about human abuse. Maybe we should collect the owner's information as well.

1/14/2020 5:40 PM

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This is a cumbersome difficult system to use that rejects half of our submissions and hasn't helped with any decisions.

1/14/2020 5:16 PM

[View respondent's answers](#) [Add tags](#) ▼

The PDMP is not a universal solution for monitoring all professions

1/14/2020 4:47 PM

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For small business this is extremely time consuming. It is difficult that it must only be done by the practioner. There are a lot of unanswered questions like how will this stop humans from using their pet's medication? Those that abuse will abuse, we can not stop that, but it is not fair to those that don't and we as practioners can not help our patients due to limitations. What happened to do no harm?

1/14/2020 4:21 PM

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I feel like the program, while slightly time-consuming, has been good overall. It has helped my practitioners think a little harder about the medications dispensed and which ones to order at a pharmacy with the quantities. I think it is good to think about it more to prevent abuse of medications. Veterinarians do not want to be responsible for making a problem identified in human medicine even worse, especially in Alaska, which has very high rates of drug abuse already.

1/14/2020 4:17 PM [View respondent's answers](#) [Add tags](#) ▼

It is an over-step/reach into human medicine to require veterinarians to participate in this program. Veterinarians are not licensed to make judgement calls on human health issues unless it related to zoonotic disease transmission, which this clearly does not. The system is not set up to include an doctor-client-patient relationship, will violate human confidentiality laws, and in effect have veterinarians practicing human medicine without a license when it comes to making judgement calls about human medications and behavior.

1/14/2020 4:14 PM [View respondent's answers](#) [Add tags](#) ▼

Veterinarians should be exempt because our patients are not people.

1/14/2020 4:02 PM [View respondent's answers](#) [Add tags](#) ▼

I do not feel it is helping with the opioid crisis in any way.

1/14/2020 3:50 PM [View respondent's answers](#) [Add tags](#) ▼

The amount of controlled drugs we use and the type that are prescribed is so low and insignificant compared to that human physicians use. I understand the crisis that faces American health care. This does not involve veterinarians please don't penalize us.

1/14/2020 3:41 PM [View respondent's answers](#) [Add tags](#) ▼

I work for UAF and am not working in private practice. However, I like a few other veterinarians in public practice, still have to enroll. I support exempting all Alaska veterinarians from the PDMP.

1/14/2020 3:23 PM [View respondent's answers](#) [Add tags](#) ▼

We do prescribe very small numbers/amounts of controlled drugs (and typically not the hot-button Rx opioids), but despite the hassle I do believe that all prescribers should be part of any such program.

1/14/2020 3:21 PM [View respondent's answers](#) [Add tags](#) ▼

It was a good idea in theory, but in practice it is difficult to navigate and easily become out of compliance.

1/14/2020 3:00 PM [View respondent's answers](#) [Add tags](#) ▼

In addition to the above, the PDMP places an additional burden on veterinarians with regards to the time involved in tracking prescriptions, then creating reports. Additionally the PDMP is designed around humans receiving medications, not animals. A drug-seeking owner can take their dog to a different clinic under a different name-trying to track this is next to impossible.

1/14/2020 2:56 PM [View respondent's answers](#) [Add tags](#) ▼

- The program is not user friendly and takes up way too much time to go in and upload the controlled drugs sent out.
1/14/2020 2:52 PM [View respondent's answers](#) [Add tags](#) ▼
-
- Addiction issues in people should not place limits on a veterinarian's ability to manage pain in animals. Veterinarians should not be forced to use a program that does not work with their software so it requires manual daily processing. The controlled drug prescribing rules are not applicable to animals.
1/14/2020 2:51 PM [View respondent's answers](#) [Add tags](#) ▼
-
- Do to current requirements, animal patients are rarely sent home with schedule drugs even when indicated to relieve pain.
1/14/2020 2:50 PM [View respondent's answers](#) [Add tags](#) ▼
- I would like more clear direction from the State about what the requirements are and for veterinarians to be exempt from having to pay for their own registration.
1/14/2020 2:49 PM [View respondent's answers](#) [Add tags](#) ▼
-
- Veterinarians are not routinely HIPAA trained. Forcing us to access HIPAA-restricted information is a violation of our clients' privacy.
1/14/2020 2:46 PM [View respondent's answers](#) [Add tags](#) ▼
-
- While as a veterinarian, I am concerned with human opiate public health issues, the PDMP is neither a productive nor proper avenue for veterinarians' role in our community wellbeing.
1/14/2020 7:23 AM [View respondent's answers](#) [Add tags](#) ▼
-
- Why are we forced to violate Hippa.
1/13/2020 5:50 PM [View respondent's answers](#) [Add tags](#) ▼



HB 184 Highlights

“An Act exempting veterinarians from the requirements of the controlled substance prescription database.”

- Exempts veterinarians from the prescription drug monitoring program (PDMP) database. *Veterinarians are concerned about the opiate epidemic and are doing their part, but the PDMP is grossly inappropriate for veterinary use. 37 other states have already exempted veterinarians.*
- Veterinary prescription of controlled substances accounts for **0.34%** of all controlled substance prescriptions in the United States. *The PDMP is akin to using a nuclear bomb to catch a mouse when a mousetrap would do.*
- Animals do not have unique identifiers such as Social Security Numbers, or verifiable date of birth as human patients do. This fact makes the PDMP unusable for veterinarians. *PDMP rules are unclear as to who to query and who to enter prescription data under. Is it the dog? The husband? The wife? Both? The neighbor who brought the dog in? The State says it's about who has access to the drugs, so should **all** these people have their private health data exposed to a veterinary staff member to treat **one** animal patient? And should these people have their PDMP scores altered because of one animal patient? When a minor child gets a prescription, the child's PDMP score changes – the score doesn't change for **EVERYONE** in the household who has access.*
- Veterinarians are currently required to query the **human** owner's **private** medical prescription history before prescribing controlled substances for the **animal** patient. *Veterinarians are not trained to assess human prescription information, nor use that information to make informed decisions on how to treat or not treat their animal patients. This invasion of human privacy is overbroad for the treatment of animal patients.*
- Each time a veterinary prescription is entered into the PDMP database, that **animal** prescription changes the PDMP risk assessment score for the associated **human**. *The human(s) associated with the animal receiving a controlled substance has their PDMP scores changed by the mere fact their pet received a prescription. Human physicians are not trained to assess medications prescribed for animal patients. Blurring the human and animal database results in unusable data that may detrimentally affect human health care.*
- Alaska has a tramadol problem, with 1.5 million tablets brought into Alaska last year. The DEA states that this represents 20% of the tramadol in the United States. Tramadol is an **FDA human-labeled product** with limited veterinary application. No evidence implicates veterinarians in this problem. *Tramadol made veterinary news in 2017 with Dallas Seavey's sled dogs; however, Tramadol is a drug labeled for human use. Veterinarians believe that someone intentionally gave Seavey's dogs tramadol to decrease their athletic performance.*
- When veterinarians order any controlled substance through lawful means, the DEA has record of that purchase. The PDMP provides **no** additional information about the veterinarian's supply. If, in the extremely unlikely event that a veterinarian would obtain controlled substances through unlawful means, the PDMP would not be effective, as the veterinarian is not likely to use the PDMP to distribute unlawfully obtained medications.
- Alaska has a shortage of veterinarians and Alaska already has the highest licensing fees in the nation. Investigating veterinarians who didn't use an **unusable** PDMP is a waste of money and will only serve to increase

the licensing fees due to increased fees for investigation. Increasing licensing fees will deter veterinarians from practicing in Alaska.