

**GEORGIA STATE BOARD OF VETERINARY MEDICINE**  
**Board Meeting Minutes**  
**Professional Licensing Boards**  
**237 Coliseum Drive, Macon, GA**  
**August 20, 2014 \* 9:30am**

**Board Members Present**

Dr. Larry Corry, President  
Dr. Beckey Malphus  
Dr. Edsel Davis  
Dr. Henry Bohn  
Dr. John Sundstrom  
Mr. Jeff Smith

**Staff Present**

Ms. Adrienne Price, Executive Director  
Mrs. Wanda Jaffe, Licensing Supervisor  
Ms. Tamara Elliott, Board Support Specialist

**Attorney General's Office**

Amelia Baker, Senior Assistant Attorney General

**Visitors Present**

Gary Walker, Georgia Farm Bureau  
Steve McCarter, Tyson Foods  
Greg Chamber, Georgia Farm Bureau  
Katie Roberts, GVMA  
Don Wandris, Zoetis  
Lee Jones, Georgia Cattlemen Association  
Trisha Johnson, Vet Solutions  
Sammy Perkins, Georgia Farm Bureau  
Terry Danforth, Georgia Farm Bureau  
Mike Giles, Georgia Poultry Federation  
Bud Butcher, Georgia Farm Bureau  
Vince Obsitnik, GVMA

John A. Smith, Fieldale Farms  
Jeffrey Harvey, Georgia Farm Bureau  
Jon Manus, Georgia Farm Bureau  
Betsy Choder, Vet Counsel  
Melvin Porter, Georgia Cattlemen Association  
Chris Taylor, Georgia Cattlemen Association  
Spenser Tally, Atlanta Vet  
Will Bentley, Georgia Cattlemen Association  
Scott Piper, GVMA  
Heather Lindell, UGA  
Robert Cobb, GDA

Dr. Corry established a quorum and called the meeting to order at 9:35a.m.

**OPEN SESSION**

**Public Rules Hearing BR 700-8-.01**

**SYNOPSIS OF PROPOSED CHANGES TO THE GEORGIA STATE BOARD OF VETERINARY MEDICINE  
RULE FOR CHAPTER 700-8, UNPROFESSIONAL CONDUCT, RULE 700-8-.01**

**Purpose:** The purpose of this rule amendment is to further define what constitutes a veterinarian/client/patient relationship and the prerequisites for prescribing drugs.

**Main Features:** The rule will clarify that the veterinarian must have conducted an in-person examination of the animal as one of the bases for establishing a patient/client relationship and it must be done prior to releasing, prescribing or dispensing prescription drugs.

**DIFFERENCES BETWEEN THE EXISTING RULE AND THE PROPOSED AMENDMENTS TO THE  
GEORGIA STATE BOARD OF VETERINARY MEDICINE RULE FOR CHAPTER 700-8,  
UNPROFESSIONAL CONDUCT, RULE 700-8-.01.**

[Note: underlined text is proposed to be added; lined-through text is proposed to be deleted.]

**700-8-.01 Unprofessional Conduct**

Within the meaning of Ga. Code subsection 43-50-21(a)(7), unprofessional conduct means:

(a) Advertising – defined: Advertising shall mean any information communicated in a manner designed to attract public attention to the practice of the licensee or registrant. Advertising shall include but not be limited to, a communication, published or displayed through the use of newspaper, internet, telephone directory, pamphlets or handouts, radio, television, signs, billboard, window display or any other means of medium.

1. A licensee or registrant shall not make any false, misleading or deceptive communication in any form of advertising.
2. Advertisement of prices must contain a complete description of veterinary services included in any advertised price and disclosure of any extra charges that may be required to serve the consumer's needs.

(b) Professional Relationships:

1. It shall be unprofessional conduct for a licensee or registrant without just cause and in bad faith or for the purpose of soliciting patronage or personal pecuniary gain to disparage the profession or professional capabilities of another licensee or registrant.

2. It shall be unprofessional conduct to aid any person, firm, or corporation to engage in the unauthorized practice of veterinary medicine.

3. It shall be unprofessional conduct for a licensee or registrant to guarantee a cure or to offer his name in a commercial setting in a testimonial as to virtues of proprietary remedies or foods.

4. Consultation by an attending veterinarian with other veterinarians expert in the particular matter on which consultation is sought is in the public interest and thus is expected of the attending veterinarian when the need arises. But such consultation is discouraged if the consulting veterinarian employs the relationship so created to disparage the attending veterinarian or to solicit business; such practices are not in the public interest.

(i) It shall therefore be unprofessional conduct for a licensee called as a consulting veterinarian to disparage in the presence of the client the competence of the attending veterinarian. The Board does, however, expect any incompetence or negligence to be reported to it and nothing in this rule prohibits such reports or the giving of testimony in public or private litigation.

(ii) It shall be unprofessional conduct for a consulting veterinarian to assume unauthorized control of the case or to utilize the consulting relationship to solicit business for himself or others.

5. It shall be unprofessional conduct for a licensee employed to render professional advice by one party in negotiations concerning the sale of an animal to accept a fee from the other party.

(c) Failure to Maintain Patient Records:

1. A veterinarian shall prepare and maintain a record reflecting the care and treatment of animals treated.

2. These records shall contain clinical information sufficient to justify the diagnosis and warrant treatment and shall, if applicable, include but not be limited to the following information:

(i) Name, address and telephone number of the animal's owner;

(ii) Name of attending veterinarian and staff rendering care;

(iii) Patient identification, including name, ages, sex and breed;

(iv) Dates of examination, treatment and custody of the animal;

(v) Patient history;

(vi) Presenting complaint;

(vii) Vaccination history;

(viii) Findings from physical examination, including temperature and weight;

(ix) Clinical lab reports, if applicable;

(x) Medication and treatment, including frequency;

(xi) Anesthetic, including type and amount, if applicable;

(xii) Details of surgical procedure with complications and/or abnormalities noted, if applicable;

(xiii) Progress and disposition of the case;

(xiv) Differential diagnoses; and

(xv) X-rays if applicable.

3. All records shall be kept in a readily retrievable form, shall be recorded contemporaneously, and shall be filed promptly following treatment.

4. Patient records shall be kept by a veterinarian for three (3) years after a patient's last visit, notwithstanding any other provisions of law.

5. Copies of patient records must be made available to the owner of the animal upon written request to the veterinarian who treated the animal or to the veterinarian facility where the treatment was provided. Such records must be made available within ten (10) business days from request. The veterinarian may charge a reasonable charge for the search, retrieval, duplication and, if applicable, mailing of the patient records.

6. Failure to keep records as required by this subparagraph shall constitute a failure to conform to the minimal standards of acceptable and prevailing veterinary medical practice.

(d) Failure to have an appropriate Veterinarian/Client/Patient Relationship. An appropriate veterinarian/client/patient relationship will exist when:

1. 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 (owner or other caretaker) has agreed to follow the instructions of the veterinarian;

2. The veterinarian has conducted an in-person examination of the animal(s) and 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). 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; and

3. When the practicing veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy.

(e) Prescription Drugs:

1. After a valid veterinary/client/patient relationship has been established, a veterinarian must make available, upon request, at a reasonable cost, a written prescription.
2. It is unlawful for a veterinarian to release, prescribe, and/or dispense any prescription drugs without having conducted an in-person examination ~~examined~~ of the animal and established a valid veterinary/client/patient relationship.

**Authority: O.C.G.A. §§ 43-1-19, 43-1-25, 43-50-21, and 43-50-41.**

**BR 700-8-.01 Public Rule Comments made by the following:**

John A. Smith, Fieldale Farms  
Trisha Johnson, Vet Solutions  
Lee Jones, Georgia Cattlemen Association  
Greg Chamber, Georgia Farm Bureau  
Bud Butcher, Georgia Farm Bureau  
Vince Obsitnik, GVMA  
Gary Walker, Georgia Farm Bureau  
Sammy Perkins, Georgia Farm Bureau  
Chris Taylor, Georgia Cattlemen Association  
Terry Danforth, Georgia Farm Bureau  
Robert Cobb, GDA  
Mike Giles, Georgia Poultry Federation  
Melvin Porter, Georgia Cattlemen Association  
Steve McCarter, Tyson Foods

Dr. Malphus motioned, Dr. Sundstrom seconded and the Board voted unanimously in favor of the motion to table the vote to adopt the proposed amendment 700-8-.01 as presented.

**Public Rules Hearing BR 700-12-.02**

**SYNOPSIS OF PROPOSED CHANGES TO THE GEORGIA STATE BOARD OF VETERINARY MEDICINE  
RULE FOR CHAPTER 700-12, MINIMUM STANDARDS, RULE 700-12-.02, FACILITY STANDARDS.**

**Purpose:** The purpose of this rule amendment is to require a veterinary facility to display in a prominent public area the current licenses of all veterinarians and veterinarian technicians working in the facility.

**Main Features:** The rule will require the posting of veterinarians and veterinarian technicians licenses for public review.

**DIFFERENCES BETWEEN THE EXISTING RULE AND THE PROPOSED AMENDMENTS TO THE  
GEORGIA STATE BOARD OF VETERINARY MEDICINE RULE FOR CHAPTER 700-12, MINIMUM  
STANDARDS, RULE 700-12-.02, FACILITY STANDARDS.**

[Note: underlined text is proposed to be added; lined-through text is proposed to be deleted.]

**700-12-.02 Facility Standards**

- (1) A licensed veterinarian employed at a veterinary facility is responsible to assure that the following criteria pertaining to facilities are met:
  - (a) Facility must maintain appropriate federal, state and local permits.
  - (b) Facility must be appropriately secured.
  - (c) Facility must be sanitary.
  - (d) Facility must be well ventilated.
  - (e) Facility must be appropriately illuminated.
  - (f) Facility must be in a good state of repair.
  - (g) Facility walls and floors must be easily sanitized.
  - (h) Facility must have means for disposal of dead animals, tissue, hazardous materials, medical waste which must meet local and state requirements.
  - (i) Facility must have exterior legible sign.
  - (j) Facility must keep grounds clean and orderly, if applicable.
  - (k) Facility must have a restroom in working order which is maintained in a clean and orderly manner. Mobile clinics are exempt from this requirement.
  - (l) Facility must have clean and orderly receiving area.
  - (m) Facility must have a telephone answering machine or answering service available after business hours.

- (n) Facility must have a holding or housing area with proper sanitation, ventilation, lighting, size, and temperature appropriate for the animal species.
- (o) Facility must have appropriate waste receptacles available.
- (p) Facility must have effective insect and rodent control.
- (q) Facility must store pharmaceuticals, biologicals, reagents and lab samples in accordance with label directions or other instructions.
- (r) Facility must have fire extinguisher with current annual inspection.
- (s) Facility must post in a prominent public area a copy of the current license issued by the Georgia State Board of Veterinary Medicine or current online verification of licensure from the Board website for each veterinarian and veterinary technician working at the facility.

**Authority: O.C.G.A. §§ 43-1-25, 43-50-21, 43-50-55, 43-50-63 and 43-50-90.**

**BR 700-12-.02 Public Rule Comments made by the following:**

No public comments made

Dr. Malphus motioned, Dr. Davis seconded and the Board voted unanimously in favor of the motion to adopt the 700-12-.02 proposed amendment as presented.

Dr. Malphus motioned, Dr. Davis seconded and the Board voted unanimously in favor of the motion that the formulation and adoption of this rule does not impose excessive regulatory cost on any licensee and any cost to comply with the proposed rule cannot be reduced by a less expensive alternative.

**Open Session Board Minutes**

**1. June 11, 2014 Board Meeting**

Dr. Malphus motioned, Dr. Davis seconded and the Board voted unanimously in favor of the motion to approve the June 11, 2014 open session minutes as amended.

**2. August 19, 2014 IC Meeting**

Dr. Bohn motioned, Mr. Smith seconded and the Board voted unanimously in favor of the motion to approve the August 19, 2014 open session minutes.

**Licenses to Ratify April 10, 2014 – August 19, 2014** Dr. Malphus motioned, Dr. Davis seconded and the Board voted unanimously in favor of the motion to ratify licenses issued from April 10, 2014 – August 19, 2014.

**Correspondence and Public Comment from Betsy Choder – Licensing Requirements**

Ms. Choder made public comments in reference to licensing requirements and the Board accepts the correspondence as information for their consideration and indicated that some of the issues raised are reviewed on a case by case basis.

**Correspondence from Ben B. Smith – Medical Record**

Dr. Davis motioned, Dr. Sundstrom seconded and the Board voted unanimously in favor of the motion to open a complaint case relevant to concerns raised.

The Board requested that Scott Piper speak with the Georgia Veterinary Medicine Association about helping the Board to encourage licensees and the public to report any facilities who may be advertising veterinary services without a veterinarian on staff.

**Correspondence from Chrissy Bagby – AAVSB Video Procedures**

The Board accepts the correspondence as information

**Correspondence from Katherine Book – Supervision of Canine Certified Rehabilitation Therapist**

Dr. Malphus motioned, Dr. Davis seconded and the Board voted unanimously in favor of the motion to refer Ms. Book to O.C.G.A. §43-50-3 and BR 700-5-.03 regarding supervision.

**Discussion – BR 700-2-.02 Application for Licensure**

Dr. Malphus motioned, Dr. Sundstrom seconded and the Board voted unanimously in favor of the motion to leave rule in its current form, amend the policy regarding Application Time to include language that the fee is non-refundable and add information relevant to the policy to the FAQs on the Board website.

**Discussion – BR 700-4-.01 Temporary License**

Dr. Malphus motioned, Dr. Sundstrom seconded and the Board voted unanimously in favor of the motion to repeal Board Rule 700-4-.01 and refer to Attorney General’s office for a memorandum of authority.

**Discussion – BR 700-7-.03 Continuing Veterinary Education 7& 00-7-.04 Veterinary Tech Continuing Education**

The Board accepts the changes presented as information.

**Discussion – Ethics and Boundaries Assessment Services, LLC** The Board accepts the correspondence information and directs Executive Director to request additional information in reference to an assessment form being drafted specifically for Veterinarians.

**Discussion - Rule Variance Request – Shores, Deborah Lynn** Dr. Malphus motioned, Mr. Smith seconded and the Board voted unanimously in favor of the motion to grant the petitions for variance of Board Rules 700-7-.03 (b)(3)(ii) and 700-7-.03 (7)(b)(1).

**Discussion – Rule Waiver– Emmalee R. Walter** The Board upholds the previous decision to require the applicant to take a course in life sustaining oxygen before a license can be issued. If she has further questions on locating a course, please direct her to Dr. Malphus for assistance.

**Miscellaneous**

**Continuing Education Review** Dr. Malphus motioned, Dr. Sundstrom seconded and the Board voted unanimously in favor of the motion to approved program titled Essential Animal Chiropractic Course submitted by Robbie Hroza for 210 Hours.

**Board Chair’s Report – L. Corry** No report presented

**Executive Director’s Report – A. Price** Ms. Price presented the Board with statistical data relevant to the processing of applications and complaints/compliance. The Board accepts the report as presented.

**EXECUTIVE SESSION**

**Executive Minutes**

- 1. June 11, 2014 Board Meeting** Dr. Malphus motioned, Dr. Davis seconded and the Board voted unanimously in favor of the motion to approve the June 11, 2014 executive session minutes as amended.
- 2. August 19, 2014 IC Meeting** Dr. Malphus motioned, Dr. Davis seconded and the Board voted unanimously in favor of the motion to approve the August 19, 2014 executive session minutes.

**Applications**

- 1. K.E.D.** Dr. Davis motioned, Mr. Smith seconded and the Board voted unanimously in favor of the motion to approve to take the VTNE for a fourth time.

**Discussion – NVBME** The Board accepts the correspondence as information and directs Executive Director to schedule for meeting for the National Board of Veterinary Medical Examiners (NBVME) to come and speak with the Board about the North American Veterinary Licensing Examination (NAVLE).

**Attorney General’s Report –A. Baker** The Board accepts the status report and memorandum of advice as presented.

- 1. M.J.B.** Dr. Malphus motioned, Dr. Davis seconded and the Board voted unanimously in favor of the motion to proceed to a hearing in this matter.
- 2. D.W.** Dr. Malphus motioned, Dr. Davis seconded and the Board voted unanimously in favor of the motion to accept the amended signed Consent Order upon receipt of the original document.

**Investigative Committee Report – E. Davis & B. Malphus** Dr. Bohn motioned, Mr. Smith seconded and the Board voted unanimously in favor of the motion to accept the following recommendations made in Executive Session.

- 1. VET120066** Send a mitigating circumstances letter to the respondents requiring that they take additional in person LEAP Continuing education.
- 2. VET130004** Reaffirm previous decision by the Board to close case with a letter of concern for misapplication of the Vet Lien Law. Close the case with no further action.
- 3. VET140092** Close case with a letter of concern to the respondent referencing the rule pertaining to adequate medical records and that the committee also recommends the use of consent forms and exam reports.

4. VET140077 Close with a letter of concern regarding release of records and recommend that the respondent have an emergency protocol in place for the release of medical records in the event of an emergency.
5. VET140089 Close with a letter of concern regarding standard of care and recommend that the respondent obtain signatures from owners when services are declined.
6. VET140093 Close case with no action. No violations of standard of care.
7. VET150004 Close
8. VET130053 Close with a letter of concern regarding continuity of daily care for boarded patients and recommend documentation of care within in the medical record when treatments are provided.
9. VET140084 Close
10. Graham, Jordan Accept Cease & Desist Order and close the case.
11. Newsom, Suzanne Accept Cease & Desist Order; Refer case to local District Attorney for criminal prosecution. Notify applicant that the application for reinstatement is denied. Applicant may reapply when the applicant can submit 2 yrs of continuous, documented sobriety from the date of the new application.
12. Long, Linda Accept Cease & Desist Order and close the case.
13. VET140100 Close case, no action

No further business, the meeting adjourned at 2:35pm

**Minutes recorded by:** Tamara Elliott, Board Support Specialist  
**Minutes reviewed and edited by:** Wanda Jaffe, Licensing Supervisor & Adrienne Price, Executive Director  
**Minutes approved on:** October 22, 2014

LARRY CORRY, DVM  
**BOARD PRESIDENT**

ADRIENNE PRICE  
**EXECUTIVE DIRECTOR**



**Georgia Farm Bureau Federation**  
1620 Bass Road - P.O. Box 7068 - Macon, GA 31209-7068  
Telephone: 478-474-8411 - Fax: 478-474-8750

# FAX

Date: 8-12-14  
To: LISA DURDEN  
From: GA FARM BUREAU  
Subject: COMMENTS

COMMENTS: Please see attached  
Comments regarding GA BOARD  
OF VET MEDICINE, UNPROFESSIONAL  
CONDUCT, PROPOSED CHANGES

This transmission contains 2 pages,  
including this cover sheet as page 1.  
If you did not receive all the pages,  
please call (478) 474-0679, ext. 5284.

[www.gfb.org](http://www.gfb.org)



www.gfb.org

## Georgia Farm Bureau

Georgia Farm Bureau Federation, Inc.  
Georgia Farm Bureau Mutual Insurance Company  
Georgia Farm Bureau Investment Company  
Georgia Farm Bureau Casualty Insurance Company

Georgia Farm Bureau Holding Company  
Georgia Farm Bureau, Incorporated  
Georgia Farm Bureau Brokerage, Inc

August 12, 2014

Lisa W. Durden, Director  
Office of Secretary of State  
Professional Licensing Boards Division  
Georgia Board of Veterinary Medicine  
237 Coliseum Drive  
Macon, Georgia 31217

**Re: Proposed Amendment to the Georgia State Board of Veterinary Medicine Chapter 700-8, Unprofessional Conduct, Rule 700-8-.01 (d)(2) and 700-8-01(c)(2)**

We appreciate the opportunity to express our concerns with the amendments offered by the Georgia State Board of Veterinary Medicine to the Unprofessional Conduct Rule. Georgia Farm Bureau is the state's largest general farm organization, and our primary purpose is to be the "Voice of Georgia Farmers" in the legislative and regulatory arenas. Our members are directly impacted by this regulatory change.

Livestock and poultry producers understand the importance of healthy animals in their farming operations. One sick animal may lead to an infection of the entire herd or flock. Farmers are required to respond to these threats as quickly as possible. Under this proposed rule, our producers would be required to have an "in-person" visit from a veterinarian before utilizing common medications needed to prevent an illness from spreading throughout a herd or flock. This requirement is unreasonable for agricultural producers, and we urge that it be reevaluated.

For many years, Georgia Farm Bureau has expressed concern with the shortage of large animal veterinarians in the state. Our organization has worked, with limited success, to initiate programs to supply more large animal veterinarians to Georgia farmers. The proposal offered by the State Board of Veterinary Medicine will exacerbate this problem by placing additional requirements for farmers to utilize the services of those veterinarians. The shortage of large animal veterinarians will become more acute if this regulation is adopted.

On April 11, 2012, the U.S. Food & Drug Administration (FDA) released a guidance document requiring a veterinary prescription for medications administered through feed or water. This FDA guidance, coupled with this proposal by the State Board of Veterinary Medicine, could dramatically increase the requirement for additional "in-person" visits by licensed veterinarians. Livestock and poultry producers will be negatively affected by this junction of governmental regulations. We urge an exemption for livestock and poultry from this state rule.

We are concerned the vast majority of those affected by this proposal are unaware of its consideration. We request an extension of the comment period to allow livestock and poultry producers to learn more about what is being proposed. Our members make up a significant portion of the stakeholders involved in this issue. From an animal health perspective, we see no reason to adopt this proposal in urgency. We believe a more prudent course would be to spend additional time to educate stakeholders and receive their feedback to develop a better rule.

Sincerely,

A handwritten signature in black ink, appearing to read "Zippy Duvall".

Zippy Duvall, President



RECEIVED

AUG 13 2014

SECRETARY OF STATE

Randy Stroud  
Pilgrim's – Live Operations Office  
624 Mt. Pleasant Street  
Pittsburg, TX 75686

August 8, 2014

Ms. Lisa W. Durden, Director  
Office of the Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Coliseum Drive  
Macon, Georgia 31217

Dear Ms. Durden:

I wish to comment on the proposed amendment to Rule for Chapter 700-8, Unprofessional Conduct, Rule 700-8-.01 under part (d). The appropriate Veterinarian/Client/Patient Relationship (VCPR) section 2. The addition of "The veterinarian has conducted an in-person examination of the animal(s) and..." This change to the VCPR definition for the State of Georgia will cause extreme and unnecessary encumbrance of licensed poultry veterinarians practicing in Georgia. The change will result in the inability of veterinarians to treat flocks in a timely manner as it is physically impossible to personally assess every single sick flock of chickens in order to prescribe the necessary treatments thereby inevitably culminating in serious animal welfare issues and economic losses for both the company and its contract growers. Pilgrim's believes that if the latter requirement is added to the VCPR definition, it will not provide additional benefits to the industry and will in fact cause extreme hardship.

Pilgrim's currently operates seven Georgia broiler complexes that produce over 8.2 million broilers per week for processing and are composed of 10 hatcheries and almost 4000 broiler, breeder and pullet houses. While we have very good broiler health, it is essential for our veterinarians to be able to write prescriptions for sick flocks and general worming in breeders. As written, the proposed amendment to the VCPR would make it very difficult for our veterinarians to operate efficiently as they would not be able to visit every flock requiring a prescription.

In addition to the impact this rule would have on current production practices, the largest impact would be felt when the FDA Guidance Document #213 becomes implemented in 2016. The Agency will require a VFD for all antibiotics added to feed and a prescription for all water soluble antibiotics, which when implemented will make it physically impossible for poultry veterinarians to visit every farm that will need treatment.

Ms. Lisa W. Durden, Director  
Office of the Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
August 8, 2014  
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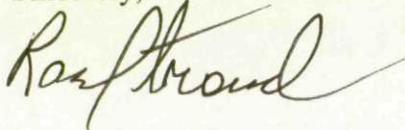
Pilgrim's veterinarians establish preventative and monitoring programs for nearly all poultry diseases. They have flock supervisors visiting all farms at least once per week and in some cases numerous times each week. These supervisors are trained by the company veterinarian to report abnormal health conditions to the company veterinarian. In addition to the flock visits, we routinely monitor serology for common poultry diseases. We also routinely conduct necropsy sessions to monitor flock health in all of our complexes.

While our farms are owned by our contract growers, the birds and feed belong to our company. Our feeding programs and bird health programs are strictly controlled by our company nutritionists and veterinarians. We utilize feed antibiotics for the control of diseases such as necrotic enteritis. When the new FDA regulations come into affect, the proposed change will require our veterinarians to visit almost 3000 broiler houses prior to use of any of these antibiotics. This would be impossible to do and would result in the inability to use these approved drugs for the control of common diseases. Necrotic enteritis is a serious disease that the poultry industry fights on a daily basis. Flocks affected by necrotic enteritis suffer from severe mortality and severe economical impact to both the grower and the company. In addition to the economic and animal welfare impact, flocks positive for necrotic enteritis have been shown to have higher levels of pathogens associated with food born illness.

For the reasons listed above, Pilgrim's feels that the proposed change to the rule would result in severe economic impact to both our company and our growers. This change would handicap our veterinarians and make it impossible for our company to produce poultry in Georgia in a manner that follows our basic poultry health and animal welfare programs.

For these reasons, I encourage you to adopt the AVMA approved Model Practice Act VCPR.

Sincerely,



Randy Stroud  
Sr. V.P.- Live Operations Technical Services  
Pilgrim's Pride Corporation



## Georgia Poultry Federation

August 11, 2014

Ms. Lisa W. Durden  
Director, Professional Licensing Boards Division  
Office of Secretary of State  
Georgia State Board of Veterinary Medicine  
237 Coliseum Drive  
Macon, Georgia 31217

2014 AUG 12 AM 10:56  
ACCOUNTING

Dear Ms. Durden:

I am writing to provide comments on the Georgia State Board of Veterinary Medicine's proposed amendments to Rule 700-8-.01 regarding Unprofessional Conduct.

The Georgia Poultry Federation is a trade association which represents poultry growers, poultry processors and allied industry in Georgia, the nation's leading poultry producing state. Poultry is the largest segment of agriculture and agribusiness in the state, and according to the University of Georgia, the poultry industry has a \$38 billion economic impact on Georgia's economy annually.

The proposed amendments would require an "in-person examination" of the animal(s) in order to establish an appropriate veterinarian/client/patient relationship and in order to legally "release, prescribe, and/or dispense any prescription drugs."

A number of Federation members have submitted written comments to the Board explaining in greater detail how the practice of veterinary medicine in the poultry industry does not allow for an "in-person examination" to take place in many instances. The proposed rule would make it impossible for poultry companies operating in Georgia to continue standard veterinary practices to protect the health of the flocks being raised in the state.

We urge the Board to consider these comments carefully as it moves forward with the rulemaking process.

Sincerely yours,

A handwritten signature in cursive script that reads "Mike".

Mike Giles  
President

## **700-7-.03 Continuing Veterinary Education.**

The Georgia State Board of Veterinary Medicine in accordance with the provisions of State Law and for the purpose of establishing certain minimum standards for continuing education in the best interest of and for the protection of the public health, safety and welfare hereby adopts the following rule:

### **(b) Approved Continuing Education Programs and Hours:**

**1.** Blanket approval is awarded to any National, State and International veterinary association meetings, United States Department of Agriculture and Georgia Department of Agriculture sponsored meeting, Board Certified Specialties programs recognized by the American Veterinary Medical Association, all AVMA accredited veterinary college or school sponsored classes and programs, all AAVSB RACE approved programs, any GVMA constituent organization programs, AAHA programs, programs sponsored by the United States or Southern Animal Health Association, **NAVC, Western Veterinary Conference, CVC**, and any course approved by

another state board. Blanket approval does not apply to any continuing education programs on Georgia laws, rules and professionalism.

**2.** Prior approval must be granted for any courses not offered by a blanket approved organization. Such requests shall include the following:

- (i) a detailed course outline or syllabus;
- (ii) a current curriculum must be provided for each speaker or lecturer;
- (iii) the procedure to be used for recording attendance;
- (iv) the number of continuing education hours for which the course sponsor requests approval.

**3.** Credit hours may be earned as follows:

- (i) One (1) hour may be given for each 50 minutes of contact time. Seminars are composed of lectures or labs; welcoming remarks, business sessions, unstructured demonstrations or degree programs are not considered seminars.
- (ii) Not more than three (3) hours can be for veterinary audio review. Three (3) hours can be for journal studies where follow-up testing is required. Fifteen (15) hours of interactive computer generated courses will be allowed. Follow-up testing is required.
- (iii) Not more than five (5) hours for hospital management.
- (iv) A maximum of twenty (20) hours will be allowed for any one meeting
- (v) A maximum of twelve (12) hours will be allowed per calendar day.

(vi) A maximum of six (6) hours for veterinarians can be acquired through in house training at the licensees' place of employment.

(vii) A maximum of ten (10) hours can be acquired through in house training for veterinary faculty at AVMA accredited institutions.

Authority O.C.G.A. Secs. 43-1-19, 43-1-24, 43-1-25, 43-50-2, 43-50-21, 43-50-26, 43-50-40. **History.**

Original Rule entitled "Continuing Veterinary Education" was filed November 4, 1988: effective November 24, 1988. **Amended:** F. Dec. 19, 1990: eff. Jan. 8, 1991. **Amended:** F. Jun. 20, 1997; eff. Jul. 10, 1997. **Repealed:** New Rule of same title adopted. F. Apr. 8, 2002; eff. Apr. 28, 2002. **Repealed:** New

Rule of same title adopted. F. Feb. 6, 2005; eff. Feb. 26, 2005. Amended: F. Aug. 24, 2007; eff. Sept. 13, 2007. Amended: F. Sept. 2, 2008; eff. Sept. 22, 2008. Repealed: New Rule of the same title adopted. F. Aug. 12, 2010; eff. Sept. 1, 2010. Repealed: New Rule of the same title adopted. F. Jun. 19, 2012; eff. Jul. 9, 2012.

RECEIVED

AUG 25 2014

SECRETARY OF STATE

 TONKON TORP<sup>LLP</sup>  
ATTORNEYS

1600 Pioneer Tower  
888 SW Fifth Avenue  
Portland, Oregon 97204

ANIMAL POLICY GROUP

Mark L. Cushing  
Admitted to practice in Oregon

503.802.2046  
503.972.3746  
mark.cushing@tonkon.com

August 19, 2014

Via Email & Hardcopy

Adrienne Price, Executive Director  
Georgia State Board of Veterinary Medicine  
214 Coliseum Dr.  
Macon, GA 31217

Re: Proposed Amendment to Continuing Education Rule

Dear Ms. Price:

We represent the three largest national providers of Continuing Education for Veterinarians: NAVC, Western Veterinary Conference and CVC. NAVC hosts its annual CE conference each January in Orlando plus providing additional CE throughout the year. Western Veterinary Conference hosts its annual CE conference each February in Las Vegas plus providing additional CE throughout the year. CVC hosts three conferences in Washington, DC, Kansas City and San Diego.

I have attached proposed amendments to your administrative rule (700-7-.03) placing these three organizations on similar standing to other large, trusted Veterinary CE providers. We would request that these proposed amendments be placed on the agenda for your Board at its earliest convenience. I would be

Page 2

pleased to discuss these with you, so let me know by email or phone when I may have that opportunity. Thank you for your consideration.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mark L. Cushing". The signature is fluid and cursive, with a prominent initial "M" and a long, sweeping underline.

Mark L. Cushing

MLC/akm

### **700-7-.03 Continuing Veterinary Education.**

The Georgia State Board of Veterinary Medicine in accordance with the provisions of State Law and for the purpose of establishing certain minimum standards for continuing education in the best interest of and for the protection of the public health, safety and welfare hereby adopts the following rule:

#### **(b) Approved Continuing Education Programs and Hours:**

1. Blanket approval is awarded to any National, State and International veterinary association meetings, United States Department of Agriculture and Georgia Department of Agriculture sponsored meeting, Board Certified Specialties programs recognized by the American Veterinary Medical Association, all AVMA accredited veterinary college or school sponsored classes and programs, all AAVSB RACE approved programs, any GVMA constituent organization programs, AAHA programs, programs sponsored by the United States or Southern Animal Health Association, **NAVC, Western Veterinary Conference, CVC**, and any course approved by

another state board. Blanket approval does not apply to any continuing education programs on Georgia laws, rules and professionalism.

2. Prior approval must be granted for any courses not offered by a blanket approved organization. Such requests shall include the following:

- (i) a detailed course outline or syllabus;
- (ii) a current curriculum must be provided for each speaker or lecturer;
- (iii) the procedure to be used for recording attendance;
- (iv) the number of continuing education hours for which the course sponsor requests approval.

3. Credit hours may be earned as follows:

- (i) One (1) hour may be given for each 50 minutes of contact time. Seminars are composed of lectures or labs; welcoming remarks, business sessions, unstructured demonstrations or degree programs are not considered seminars.
- (ii) Not more than three (3) hours can be for veterinary audio review. Three (3) hours can be for journal studies where follow-up testing is required. Fifteen (15) hours of interactive computer generated courses will be allowed. Follow-up testing is required.
- (iii) Not more than five (5) hours for hospital management.
- (iv) A maximum of twenty (20) hours will be allowed for any one meeting
- (v) A maximum of twelve (12) hours will be allowed per calendar day.

(vi) A maximum of six (6) hours for veterinarians can be acquired through in house training at the licensees' place of employment.

(vii) A maximum of ten (10) hours can be acquired through in house training for veterinary faculty at AVMA accredited institutions.

Authority O.C.G.A. Secs. 43-1-19, 43-1-24, 43-1-25, 43-50-2, 43-50-21, 43-50-26, 43-50-40. **History.**

Original Rule entitled "Continuing Veterinary Education" was filed November 4, 1988; effective November 24, 1988. **Amended:** F. Dec. 19, 1990; eff. Jan. 8, 1991. **Amended:** F. Jun. 20, 1997; eff. Jul. 10, 1997. **Repealed:** New Rule of same title adopted. F. Apr. 8, 2002; eff. Apr. 28, 2002. **Repealed:** New

Rule of same title adopted. F. Feb. 6, 2005; eff. Feb. 26, 2005. Amended: F. Aug. 24, 2007; eff. Sept. 13, 2007. Amended: F. Sept. 2, 2008; eff. Sept. 22, 2008. Repealed: New Rule of the same title adopted. F. Aug. 12, 2010; eff. Sept. 1, 2010. Repealed: New Rule of the same title adopted. F. Jun. 19, 2012; eff. Jul. 9, 2012.

## Price, Adrienne

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**From:** Price, Adrienne  
**Sent:** Monday, August 18, 2014 10:00 AM  
**To:** 'chancabe@windstream.net'  
**Subject:** RE: Public Comment on Vet Rule

Mrs. Cabe:

I do apologize. I incorrectly determined your gender from the name ☺. As you know, board members are appointed by the Governor. I am uncertain which members of the Board work with large animals; however, if it is your desire to see a greater presence of large animal veterinarians serving on the Board, I would encourage you to reach out to the Governor's office of Executive Appointments and/or encourage some large animal veterinarians to submit a letter of interest to serve on the Board.

Thank you for the clarification. I will be sure to add your comments to the Board agenda.

Sincerely,

\*\*\*\*\*

Adrienne D. Price  
*Executive Director – Healthcare 2*  
Office of Secretary of State  
Professional Licensing Boards Division  
237 Coliseum Drive  
Macon, Georgia 31217  
Ofc: (478) 207-1693  
Fax: (478) 314-9156  
[aprice@sos.ga.gov](mailto:aprice@sos.ga.gov)

---

**From:** [chancabe@windstream.net](mailto:chancabe@windstream.net) [<mailto:chancabe@windstream.net>]  
**Sent:** Monday, August 18, 2014 9:35 AM  
**To:** Price, Adrienne  
**Subject:** Re: Public Comment on Vet Rule

Yes.... 700-8-.01

And that would be Mrs. Cabe....not Mr. :0)

In the description below I would love to “think” that it would include dropping this proposal and adding a large animal vet to sit on this board in the future to represent the industries of food animal production in this state.

Sincerely, Mrs. Lou Cabe

**From:** [Price, Adrienne](mailto:Price, Adrienne)  
**Sent:** Monday, August 18, 2014 8:58 AM  
**To:** [chancabe@windstream.net](mailto:chancabe@windstream.net)

**Subject:** Re: Public Comment on Vet Rule

Mr. Cabe:

Thank you for contacting the Georgia State Board of Veterinary Medicine. Please clarify which rule revision you are referencing as there have been several proposals generated by the Board. Are you referencing 700-8-.01(e)(2) Unprofessional Conduct?

Sincerely,

\*\*\*\*\*

Adrienne D. Price  
*Executive Director – Healthcare 2*  
Office of Secretary of State  
Professional Licensing Boards Division  
237 Coliseum Drive  
Macon, Georgia 31217  
Ofc: (478) 207-1693  
Fax: (478) 314-9156  
[aprice@sos.ga.gov](mailto:aprice@sos.ga.gov)

First Name	Lou	Information Not Found in KB	<input type="checkbox"/>
Last Name	Cabe	Information in KB is Incorrect	<input type="checkbox"/>
Phone Number	706-384-7119	Repeat Caller	<input type="checkbox"/>
Extension			
Email Address	<a href="mailto:chancabe@windstream.net">chancabe@windstream.net</a>		
License #			
App #			
SSN #			
Company Name			

☐ Additional Information:

Subject Had questions about a rule change that was proposed about prescription drugs available to individuals. Wanted someone to be aware that it would affect beef and poultry producers and would make costs go up dramatically.

Description Thinks it would be wise for there to be a large animal vet on the board.

No virus found in this message.

Checked by AVG - [www.avg.com](http://www.avg.com)

Version: 2014.0.4716 / Virus Database: 4007/8057 - Release Date: 08/18/14

## Price, Adrienne

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**From:** Price, Adrienne  
**Sent:** Monday, August 18, 2014 9:01 AM  
**To:** 'chancabe@windstream.net'  
**Subject:** RE: VET Rule Proposal

Mr. Cabe:

Thank you for contacting the Georgia State Board of Veterinary Medicine. Please clarify which rule revision you are referencing as there have been several proposals generated by the Board. Are you referencing 700-8-.01(e)(2) Unprofessional Conduct?

Sincerely,

\*\*\*\*\*

Adrienne D. Price  
*Executive Director – Healthcare 2*  
Office of Secretary of State  
Professional Licensing Boards Division  
237 Coliseum Drive  
Macon, Georgia 31217  
Ofc: (478) 207-1693  
Fax: (478) 314-9156  
[aprice@sos.ga.gov](mailto:aprice@sos.ga.gov)

-----Original Message-----

From: [chancabe@windstream.net](mailto:chancabe@windstream.net) [<mailto:chancabe@windstream.net>]  
Sent: Friday, August 15, 2014 4:38 PM  
To: Office of Secretary of State  
Subject: Web E-Mail From Lou Cabe

Name: Lou Cabe  
Phone: (706) 384-7119  
Address: 721 Sosby Rd  
City: Carnesville  
State: Georgia (GA)  
Zip Code: 30521  
E-mail: [chancabe@windstream.net](mailto:chancabe@windstream.net)

Question / Comment: Just now it has been brought to my attention that there is a proposal before the State Board of Vet Medicine that will change the guidelines for the distribution of prescription animal drugs.

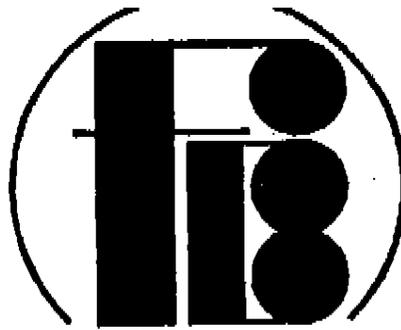
Because of the space here I will be brief but will ask your board to fail this motion as it is being proposed as it will greatly impede efficiency and production to those of us who are in the food animal production here in our great state of Georgia.

My family and I are beef and poultry producers on our farm in the NE area of the state. This proposal will limit our ability to care for animals in the event that medications should need to be administered. I am afraid that this proposal could cause a lapsed time where the infected animal untreated would be a threat to the rest of the stock.

It is my desire that you NOT vote on this at the upcoming meeting and consult large animal veterinarians to confirm the concerns of myself and other livestock producers (most of whom do not know about this proposal). I also would like to ask that you communicate with the governor the importance of having large animal representation on the board to help bring an insight from the farmers across the state.

We as producers have gone to great lengths to become better educated in the area of animal husbandry over the years and understand our responsibility to the American Consumer.

In Regards, Lou Cabe  
Carnesville, GA



**fleldale farms corporation**

P.O. BOX 558  
BALDWIN, GEORGIA 30511  
CORPORATE PHONE NUMBER  
706-778-5100

**FAX COVER LETTER**

DATE: 7 August 2014 FAX#: 866.888.7127

TO: Ms. Lisa W. Durden

FROM: John A. Smith DVM EXT: \_\_\_\_\_

SUBJECT(S):  
Amendments to Rule 700-8-.01  
(d)(2) and 700-8-.01(e)(2)

COMMENT(S):  
An original is being mailed to  
you today. John A. Smith DVM

NUMBER OF SHEETS BEING SENT (INCLUDING COVER) ?

**LPO (Live Operations Office)**  
**800-241-5400**  
**706-776-6032 or 706-776-6033**  
**Fax: 706-776-2361**

**Comments:** The information contained in this message and any attachments may be privileged and confidential and protected from disclosure. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this communication or any of its attachments is strictly prohibited. If you have received this fax in error, please notify the sender immediately and destroy the information received.



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**fieldale farms corporation**

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August 5, 2014

Ms. Lisa W. Durden, Director  
Office of the Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Colliseum Drive  
Macon, GA 31217  
Fax (866) 888-7127

RE: NOTICE OF INTENT TO ADOPT A PROPOSED AMENDMENT TO THE GEORGIA STATE BOARD OF VETERINARY MEDICINE CHAPTER 700-8, UNPROFESSIONAL CONDUCT, RULE 700-8-.01 (d)(2) AND 700-8-.01 (e)(2), AND NOTICE OF PUBLIC HEARING

Dear Ms. Durden:

I am writing in opposition to the proposed amendments to Rule 700-8-.01 (d) (2) and 700-8-.01 (e) (2).

*Executive Summary*

The proposed rule changes will have severe adverse impacts on the practice of poultry medicine, on the delivery of adequate, expert veterinary care to the poultry flocks of Georgia, on poultry health and welfare, and by extension on public health. In promulgating the Veterinary Feed Directive (VFD) and Guidance for Industry #209 and #213, the US Food and Drug Administration (FDA) sought to increase veterinary oversight of antimicrobial use in food-producing animals. FDA wisely recognized that considerable flexibility would be needed in the application of practice standards, and specifically in the veterinarian-client-patient relationship (VCPR), in applying these new oversight systems, especially in large and extensive agricultural production systems. The proposed changes to the VCPR in Georgia are directly the opposite of FDA's intentions, and will result in major logistical issues in the delivery of adequate care and treatment to Georgia's poultry flocks. Today's specialized poultry veterinarians practice preventive population-based medicine and are responsible for huge numbers of farms and flocks. They practice via a network of experienced managers in the integrated production system. The requirement that these veterinarians see each and every flock prior to prescribing population-based interventions is not possible, feasible, prudent, or necessary and in fact will seriously interfere with the delivery of judicious, responsible, and critically important population-based medical services by a currently limited supply of highly trained and specialized professionals. I urge you to reconsider and to reject these proposed changes. The following text offers concrete data and examples to support the contentions in this summary.

*Supporting data and examples*

I have been licensed to practice veterinary medicine in the State of Georgia since 1975 (License Number 1745). I have been the corporate veterinarian for Fieldale Farms Corporation, a privately held broiler chicken producer with headquarters in Baldwin, GA, for 23 years. The proposed rule changes will have a devastating effect on the practice of poultry medicine and will be counterproductive to the objectives of judicious use of drugs in broiler and breeder chickens, and in many other classes of food-producing animals raised under modern integrated systems, such as table egg layers and swine. The in-feed use of all antibiotics important in human medicine ("medically important antibiotics", a list which includes essentially all antibiotics used in poultry, with the exceptions of bacitracin, bambamycin, and the ionophore coccidiostats) will shortly be subject to the Veterinary Feed Directive (VFD). The VFD is tantamount to a prescription, and the US Food and Drug Administration (FDA) regulations promulgating the VFD require adherence to "all applicable veterinary licensing and practice requirements", including state-defined veterinarian-client-patient relationships (VCPR). The FDA has expressly left the definition of the VCPR to the state licensing authorities, but with the implied intent that such definitions would likely resemble the model VCPR advanced by the American Veterinary Medical Association (AVMA). I have attached a current copy of the AVMA model VCPR for your reference. Under FDA Guidance for Industry #209 and #213, with which all US animal drug manufacturers have now agreed to comply, the use of medically important antibiotics in food animals by all other routes, including injection and water administration, will soon be by prescription as well, and will fall under similar practice ethics guidelines. The following quote is from page 5 of the Federal Register Notice of the proposed rule amending the VFD in 21 CFR Parts 514 and 558 [Docket No. FDA-2010-N-0155]:

"In order to provide increased flexibility for licensed veterinarians issuing VFDs, FDA is proposing to revise the definition of the term "Veterinary Feed Directive" in § 558.3 (21 CFR 558.3) which currently includes a relatively prescriptive, federally defined, code of veterinary professional conduct known as the veterinarian-client-patient relationship (VCPR). Specifically, the Agency proposes to remove the explicit VCPR provision and replace it with the requirement that veterinarians ordering the use of VFD drugs must do so "in compliance with all applicable veterinary licensing and practice requirements." The purpose of this revision is to provide greater flexibility for veterinarians by deferring to the veterinary profession and individual states for the specific criteria for acceptable veterinary professional conduct, rather than relying on a more rigid, one-size-fits-all, Federal standard. From a practical standpoint, this enables the veterinary profession and individual states to adjust the specific criteria for a VCPR to appropriately align with current veterinary practice standards, technological and medical advances, and other regional considerations. For example, greater flexibility could allow veterinarians to more effectively provide services to food animal producers in remote geographical areas where veterinary professional resources are limited and distances are great."

The changes that have been proposed to Georgia's definition of the VCPR will create exactly the opposite set of conditions the FDA was attempting to address with their changes to the VFD and Guidance for Industry #209 and #213. These changes will decrease flexibility and impose a rigid, prescriptive, one-size-fits-all standard that will hamstring poultry and swine practitioners, that is not aligned with current veterinary practice standards in those industries, that does not incorporate the current technological and medical realities of integrated poultry and livestock production, and that does not recognize the current state of limited services and limited practitioners qualified and specialized in the highly technical practice of population medicine in integrated livestock production systems.

As the corporate veterinarian for Fieldale Farms Corporation, I am responsible for the care of roughly 21 million broilers, 425,000 pullets (immature breeders), and 850,000 breeder hens at any one time. This population is constantly turning over; we place about 3 million baby broiler chicks per week, and

slaughter 3 million young chickens (broilers) per week. To provide these broiler chicks, we place about 50,000 baby breeder pullet chicks every two weeks, and deplete roughly that number of completed 65-week-old breeder hen flocks every two weeks. The company maintains ownership of all of these birds for their entire lives. We also own the breeder pullet farms; three hatcheries; two feed mills and the feed used to feed all of these animals; and two slaughter plants, with associated rolling stock (feed trucks, live haul trucks, etc). We contract the raising and care of the breeder hens and broilers to private family farmers who are our partners in the business. We have a staff of full-time employees, (variously known as flock supervisors or field service persons), many with bachelor's degrees in poultry science, who are our liaison with our family farmer partners, who oversee the proper care of the animals and adherence to our rearing programs, and who are in constant communication with me as the veterinarian. I am ultimately responsible for the health and welfare of these birds, including the design, implementation, application, and monitoring of all vaccination, treatment, and other preventative and restorative health programs. I am intimately familiar with the skills and knowledge level of our flock supervisors, have educated them on the implementation of our bird health programs, and depend on and work with them to maintain our flocks' health. My activities involve all of the areas and facilities mentioned above—pullets, breeders, hatcheries, broiler farms, and slaughter plants, and I am a full-time employee of the company.

My job is population-based medicine, and revolves around preventative medicine. I treat only when my preventative programs have failed, and only until I can determine the cause and institute new preventative measures. However, failures do occur and when they do, timely treatment is essential and is frequently applied *on a population basis*. Due to the integrated nature of our operations and our universal, population-based preventative programs, such problems tend to be complex-wide, and essentially all flocks and farms in the operation are at potential risk for a new problem. The population response is responsible and judicious, and not profligate, and I would like to explain why.

Georgia is the largest broiler producing state in the US, and is also number seven in table egg production. Some areas of our state, such as northeastern Georgia where our operations are located, as well as northwestern Georgia and parts of southern Georgia, have very dense poultry populations. In Franklin and Hart Counties, there are broiler and breeder farms contracted with Pilgrim's Pride, Wayne Farms, House of Raeford (Columbia Farms), Fieldale Farms, Mar-Jac Poultry, and Harrison Poultry, as well as several large table egg operations, several hatching egg producers, and numerous backyard and hobby flocks. Some of our diseases, such as Infectious Bronchitis Virus and Infectious Bursal Disease Virus, are highly mutable. In such large rapidly turning populations, mutations are common, allowing the virus to evade the current vaccines, and large outbreaks can result. Development of new strains of vaccines is a slow process, so resolution sometimes requires an extended period of time. Other diseases, such as Infectious Laryngotracheitis and *Mycoplasma synoviae*, while not mutable, are very contagious, and we have experienced recent outbreaks of both in spite of good biosecurity programs. Finally, some diseases such as coccidiosis are constantly present and if the standard control measures (such as in-feed ionophore or chemical coccidiostats) develop resistance, treatment may be temporarily necessary until control is re-established, usually with rotation to a new program. In all of these cases, the outbreaks are population events and a rapid, population-wide response is critical. *It is not possible, necessary, or prudent to see each and every animal or farm in order to institute a timely and judicious population response.*

I would like to stress that it frequently is not possible to see each and every farm in an affected population, due to the number of farms and animals under the care of a relatively few veterinarians, as is the norm in integrated systems, and as is recognized by the FDA in their revisions to the VFD, where

they recognize that "services to food animal producers in remote geographical areas where veterinary professional resources are limited and distances are great" requires flexibility. The examples given above for my personal practice are actually less severe than in many situations, including many here in Georgia. As just one example, Pilgrim's Pride, the second largest broiler producer in the US, currently slaughters over 33 million head per week nationally (11 times the size of Fieldale Farms), in 26 different slaughter plants in numerous states, including several in Georgia. Pilgrim's has three full-time veterinarians. These veterinarians are in constant contact with the local managers and flock supervisors in each local complex and these managers and supervisors are experienced, trained poultry husbandmen. These veterinarians visit each complex periodically and are intimately familiar with the "care and keeping" of the animals, the disease control programs in each complex, and the local disease situations. They, as do I, also have the assistance of a cadre of poultry specialist veterinarians at the University of Georgia (or Auburn University, NC State, MS State, and so on in those poultry producing states) or the Georgia Poultry Laboratory Network, as well as similar colleagues with the biological and pharmaceutical companies that serve our industry. These company veterinarians can make judicious, responsible, timely, and critically necessary decisions about population treatments without seeing each animal and farm as prescribed in these proposed changes, by relying on these colleagues and fellow company employees and their periodic visits to the locations. It simply is not possible for them (or me) to comply with these changes and perform our jobs to protect animal and human health.

The supply of qualified veterinarians specializing in poultry is limited. The American Association of Avian Pathologists (AAAP) is the professional organization for poultry veterinarians, and is a constituent organization of the AVMA. There are currently approximately 326 domestically licensed DVM members of the AAAP who could potentially prescribe VFD or prescription drugs; only 59 of these reside in Georgia. These members are the basic cadre of licensed veterinarians specializing in poultry medicine available to care for all commercial poultry in the US, including turkeys, ducks, table egg layers, primary breeders, and broilers. A small minority work for production companies; for instance, there are currently 37 veterinarians working for the integrated broiler operations in the US, and even smaller numbers work for table egg layer, turkey, and primary breeder companies. By my own count, of the 37 who work for broiler integrators, about 10 provide services in Georgia. The rest are in academia, government, diagnostic laboratories, biologics companies, pharmaceutical companies, and so forth. According to the USDA National Agricultural Statistics Service, in 2013 the US slaughtered approximately 8,648,756,000 chickens of all types, 239,386,000 turkeys, and 24,575,000 ducks, for a total of over 8.9 billion head. And, there are approximately 326 qualified, specialized veterinarians to write prescriptions and VFD's for these animals.

If local managers and producers are required to have a veterinarian examine each animal or farm in order to secure urgently needed treatment, and a trained specialist in poultry medicine is not available in a timely manner, and that trained specialist furthermore is now prohibited from writing that prescription for a population until he/she has seen each and every farm, what is that manager to do? It has been suggested that some may seek help from licensed but otherwise non-specialist practitioners (such as companion animal practitioners) to fill the gap, hopefully with the advice of the attending but remotely located specialists. This puts all parties at jeopardy, for no real gain in animal or public health or judicious drug use.

The FDA has attempted to establish better veterinary oversight and control of drug use in these animals, while still making it feasible for us to perform our jobs in protecting animal and public health and animal welfare. Georgia's proposed changes to the practice act go in exactly the opposite direction. It is not reasonable, and in fact is irresponsible, to insist that this admittedly limited group of highly trained

professionals see each and every animal or farm in order to practice judicious, responsible, and critically important population-based medicine. These changes pose a threat to poultry health, poultry welfare, family farm and business viability, and public health. I urge you to reconsider and to reject these proposed changes.

Thank you for your consideration of my comments.

Sincerely,



John A. Smith DVM, MS, MAM  
Diplomate, American College of Veterinary Internal Medicine (Large Animal)  
Diplomate, American College of Poultry Veterinarians  
Director of Health Services  
Fieldale Farms Corporation  
P. O. Box 558  
Baldwin, GA 30511  
Office 706.776.6032  
Cell 706.499.3227  
Fax 706.776.2361



The veterinarian-client-patient relationship (VCPR) is the basis for interaction among veterinarians, their clients, and their patients and is critical to the health of your animal.

**A VCPR means that all of the following are required:**

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 treatment, compliance, and outcome.
5. Patient records are maintained.



1641 New High Shoals Road Suite 5  
Watkinsville, GA 30677  
706-310-0020; Fax 706-310-0025  
1-800-337-0555

**GEORGIA MILK PRODUCERS, INC.**

# Fax

<b>To:</b> Lisa Durden	<b>From:</b> Farrah Newberry
<b>Fax:</b> 866-888-7127	<b>Pages:</b>
<b>Phone:</b>	<b>Date:</b> 8/13/2014
<b>Re:</b>	<b>CC:</b>

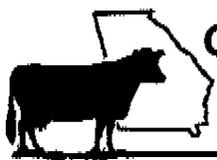
**Urgent**     **For Review**     **Please Comment**     **Please Reply**     **Please Recycle**

● **Comments:**

**Ms. Durden,**

**Please review and submit the attached letter in regards to the recent proposal submitted by the GA State Board of Veterinary Medicine.**

**Sincerely,  
Farrah Newberry  
GA Milk Producers, Inc.  
Fax – 706-310-0025**



## GEORGIA MILK PRODUCERS, INC.

1641 New High Shoals Road, Suite 5, Watkinsville, Georgia 30677  
1-800-337-0555 or 1-706-310-0020, Fax 1-706-310-0025

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August 12, 2014

Lisa W. Durden  
Director, Office of Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Coliseum Drive  
Macon, GA 31217

RE: Amendment to Rule Chapter 700-8, Unprofessional Conduct, Rule 700-8-.01(d)(2) and 700-8-01(e)(2)

Dear Ms. Durden:

Thank you for the opportunity to make comments on the proposed amendment to Rule Chapter 700-8, Unprofessional Conduct, Rule 700-8-.01(d)(2) and 700-8-01(e)(2). The purpose of the rule amendment, as set forth by the Board, is to define what constitutes a veterinarian/client/patient relationship and the prerequisites for prescribing drugs. If changed as proposed, the rule will have serious implications on the Georgia dairy industry.

Our organization represents 232 Grade A dairy farms and over 82,000 dairy cows in Georgia. We have many dairy farms, especially in rural areas surrounding Atlanta, which find it challenging to locate a large animal veterinarian practicing in their community. This is due in part to the dwindling support services for agriculture. As we lose dairy farms, the supporting infrastructure drains as well, including large animal veterinary practices.

Under modern dairy production medicine, dairymen follow a program (which includes a supply of prescription drugs) set in place by their veterinarian to treat cows as needed under their supervision. As we understand the new rule change when a dairyman has a sick animal he would contact his veterinarian and wait for his arrival (sometimes a day or more) before treatment can begin. Because of the time lag and medicine availability (dairies could not stock prescription drugs ahead of time); animal suffering and disease spread would increase greatly under this rule change. This would be a giant step backwards in food animal care.

Thank you for the opportunity to submit comments. Please further investigate the impact this rule change will have to the food animal industries of Georgia. We will gladly meet the Board to further discuss this proposal to accomplish a goal that benefits both the consumer and livestock stakeholders.

Sincerely,

A handwritten signature in black ink that reads "J. Everett Williams". The signature is written in a cursive, flowing style.

J. Everett Williams  
President



Gary W. Black  
Commissioner

# Georgia Department of Agriculture

Capitol Square • Atlanta, Georgia 30334-4201 • (404) 656-3671

August 12, 2014

Ms. Lisa W. Durden, Director  
Office of Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Coliseum Drive  
Macon, Georgia 31217

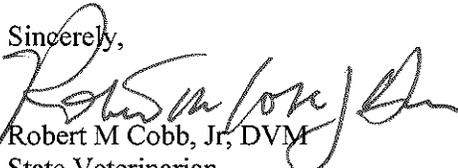
Dear Ms. Durden:

In the past weeks, my office has received numerous inquiries concerning the proposed changes to the Georgia State Board of Veterinary Medicine, Chapter 700-8, Unprofessional Conduct, rule 700-8-.01(d)(2) and 700-8-.01(e)(2). Some of the inquiries are in strong opposition; some are questioning the intent; some are concerned about the far reaching implications; and some feel that modification of the proposed language is necessary. It appears that the rule changes, as written, will have considerable opposition.

The livestock and poultry industries utilize herd/flock type veterinary services. This includes the poultry, beef and dairy cattle, swine and small ruminant industries. In this population medicine, the veterinarian does not come in contact with each sick animal, but institutes a program that the animal group follows. Once a diagnosis has been made, medications are dispensed to treat the whole group. To require an in-person examination of each animal would not be practical and would seriously harm our animal industries.

On numerous occasions, the Department of Agriculture has utilized stakeholder groups to help identify the problems and propose solutions. I recommend that you consider stakeholder involvement from outside the formal hearing to help formulate a rule that will accomplish your goals and be beneficial to our livestock and poultry industries. Perhaps a postponement of the hearing would allow time to institute meetings with stakeholder groups to accomplish this goal.

Thank you for your attention to this matter. If I can be of assistance, please do not hesitate to contact my office.

Sincerely,  
  
Robert M Cobb, Jr, DVM  
State Veterinarian  
Division Director of Animal Industry

RMC/jm

cc: Dr. Larry Corry

August 4, 2014

RECEIVED  
AUG 07 2014  
SECRETARY OF STATE

Lisa W. Durden, Director  
Office of Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Coliseum Dr.  
Macon, Georgia 31217

Dear Ms. Durden,

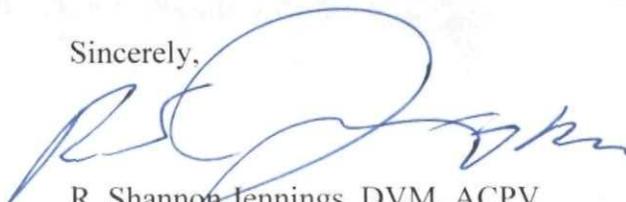
I would like to comment on a proposed amendment to the Georgia State Board of Veterinary Medicine Chapter 700-8, Unprofessional Conduct Rule 700-8-.01 (d)(2) and 700-8-01 (e)(2); which is scheduled for public hearing on August 20, 2014.

I disagree with the proposed amendment and would like the board to vote it down. I am a veterinarian for a poultry production company which grows chickens in Georgia, North Carolina and South Carolina. I am also licensed to practice veterinary medicine in North Carolina, South Carolina and Georgia. I visit the live operations often, but it would not be physically possible to visit each individual flock before prescribing any medication.

I am aware of the disease and health situation of the operations not only because of my visits to the birds in the field, but also because of the great poultry diagnostic lab system in Georgia. The service techs (similar to nurse practitioners in human medicine) routinely take birds to the lab for disease monitoring and diagnosing. Routine serology is taken by the service techs on a regular schedule and sent to the lab for disease monitoring. I also utilize the services of pharmaceutical company veterinarians for quarterly postmortem exams of birds at different ages to monitor the health and score the coccidial load in order to determine how well it is controlled.

In flock medicine I have to be aware of the disease situation even if I cannot visit each flock individually. If this amendment passes, a disease situation may go untreated causing mortality, condemnation at the plant, and untold financial losses for the poultry industry and the individual family farmers of Georgia. Thank you for your consideration.

Sincerely,



R. Shannon Jennings, DVM, ACPV  
Corporate Veterinarian  
House of Raeford/Columbia Farms  
Box 699  
Rose Hill, NC 28458  
Georgia license VET 3885



# Sanderson Farms, Inc.

COLLINS PRODUCTION DIVISION

Post Office Box 519 • Collins, Mississippi 39428

Telephone (601) 765-2221 • Facsimile (601) 765-6063

August 8, 2014

Ms. Lisa W. Durden, Director  
Office of Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Coliseum Drive  
Macon, Georgia 31217

Dear Ms. Durden:

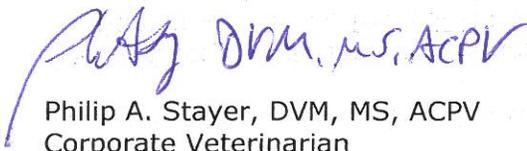
This note is to bring your attention to the unintended consequences for poultry veterinarians if the proposed amendment to Rule Chapter 700-8, Unprofessional Conduct, Rule 700-8-.01(d)(2) and 700-8-.01(e)(2) goes into effect. I am requesting that the currently approved rule stand without alteration.

I am a Georgia licensed veterinarian (#7198) practicing commercial poultry medicine only for Sanderson Farms, Inc. (SFI) flocks. As SFI Corporate Veterinarian, I am based in Mississippi and have oversight for flocks in Georgia, Mississippi, North Carolina and Texas. In accordance with AMDUCA I write prescriptions to cover all chickens in these states since we treat each embryo with *in ovo* antibiotics to control ubiquitous *E. coli* infections. I occasionally prescribe antibiotics for other reasons, which seem to occur late Friday evening when it is almost impossible to visit the flocks across various states.

To overcome my inability to be in four states at one time I train our locally based service personnel (B.S. graduates) to be my veterinary technicians. These folks have responsibilities for several farms and visit the flocks repeatedly every week. The service personnel call me if they see something "ain't right" and I guide them through diagnostic and therapeutic interventions. I regularly get to sick flocks across the various states, but often after the disease was treated: rarely do I get to see a flock in person before treatment is initiated. If I must see each sick flock prior to treatment, animals will suffer unnecessarily.

As SFI has trained personnel close at hand in southern Georgia, I recommend the Georgia law to stay with the current language, "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)." Thank you for considering my request.

Sincerely,



Philip A. Stayer, DVM, MS, ACPV  
Corporate Veterinarian

1140 Briarcliff Rd., #2  
Atlanta, GA 30306  
3 August 2014

Ms. Lisa W. Durden,  
Director, Office of Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Coliseum Drive  
Macon, Georgia 31217

Dear Ms. Durden:

Thank you for receiving comment on the proposed changes to 700-8-.01 (d)(2) and (e)(2). Just this past week, a woman came the clinic where I was working demanding a refill when she had not brought her dog in for well over a year. Without the law to frame the discussion, she likely would never have stopped bullying the staff. So I appreciate the intent of the stricter regulation.

However, what will be the fallout for shelter animals? Responsible shelter vets nationwide write standard operating procedures (SOPs) to maximize the health and welfare of their charges, since there is often no practicable way for the veterinarian to examine every animal that comes through a shelter, especially not immediately upon intake. For example, all animals entering a shelter should be vaccinated (DHPP or FVRCP, for example), dewormed and treated for ectoparasites, regardless of the hour or the day. Failure to do so puts the entire population and community at greater risk for disease outbreak. Under the changed rule, this would not be permissible?

SOPs for shelters usually include staff instructions of what to do for common shelter diseases. For example, "Administer gentocin drops per nostril BID to any BAR kitten with oculonasal discharge. If the kitten does not improve within 48 hours or if the kitten declines at all, notify the veterinarian." The new rule would preclude such SOPs?

Shelters must care for animals after hours when the vet is not present. Again, if I am understanding correctly, staff could no longer call the vet to get authorization to give pain medication to a lame dog that came in on the animal control truck in the evening. Is that right?

A change to Texas's practice rules has left their shelter animals similarly at risk and veterinarians are at pains to correct the sad consequences of a that law. No other state so hinders its shelter vets. Should Georgia? Might you include an explicit exception for shelter animals so that they can continue to be treated as a "herd" whose living conditions the vet knows sufficiently to proffer an initial working diagnosis and care plan, as the current language allows?

Finally, since such untoward consequences as I posit are clearly not the Board's intention, please specify precisely what problem(s) these changes are intended to remedy?

Thank you for your attention to these welfare concerns. I look forward to the Board's reply.

Regards,



Mary-Elizabeth Ellard, MS, DVM



## Sanderson Farms, Inc.

Post Office Box 988 • Laurel, Mississippi 39441-0988  
Telephone (601) 649-4030 • Facsimile (601) 426-1461

RECEIVED  
AUG 14 2014  
SECRETARY OF STATE

August 11, 2014

Ms. Lisa W. Durden, Director  
Office of Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Coliseum Dr.  
Macon, GA 31217

Dear Ms. Durden:

I am writing this letter to express my concerns about the proposed amendment to Rule Chapter 700-8, Unprofessional Conduct, Rule 700-8.01(d)(2) and Rule 700-8.01(e)(2) which would require that each animal be physically seen prior to the initiation of treatment. As a graduate of the University Of Georgia College Of Veterinary Medicine in 1987, I returned to the College to specialize in Poultry Medicine and received an MAM from the College in 1994. Indeed, after being out of private practice for a number of years, I now take our pets to Dr. Nate Mosely, our "Real Vet". All laughing aside, however, poultry medicine takes years of specialized study and has a qualifying board examination through the American College of Poultry Veterinarians.

I have been employed by Sanderson Farms, Inc (SFI), for the past 14 years. While headquartered in Laurel, MS, we raise and process millions of chickens in 5 different states. In total, our other SFI veterinarians and I have responsibility over millions of birds and hatching eggs located on well over 700 poultry farms, all of which have multiple houses. To address these responsibilities, grow-out and health programs have been implemented through the use of anticoccidials, vaccines, and when necessary, antibiotics. Our service technicians have been well trained to recognize and report health problems. Upon recognizing a problem and consulting with our veterinary staff, treatment is usually implemented before the veterinarian can physically see the flock. Not to do so would be irresponsible. Instead of "nipping the infection in the bud", the disease would fester, spread to more birds in the flock, leading to increased suffering and higher mortality rates. The animal welfare aspect of this is obvious. Further, such a delay in the initiation of treatment could have significant financial implications for the farmer, in that they could lose a number of birds (and pounds of meat) to send to the processing plant.

As a result, the proposed amendment will have a severe negative impact on poultry veterinarians, their patients and their clients. Eventually, the proposal could make Georgia less competitive for raising poultry and have a negative impact on what is now Georgia's largest

agricultural segment<sup>i</sup> Therefore, I recommend that Georgia keep the current language, "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)." Thank you for our consideration of the matter.

Sincerely,

*Martha L. Ewing, DVM*

Martha L. Ewing, DVM, MS, MAM  
Diplomate, American College of Poultry Veterinarians  
Director of Technical Services  
Sanderson Farms., Inc.  
*GA License # 4074*

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<sup>i</sup> <http://www.poultry.uga.edu/documents/PoultryChartsJuly2012.pdf>



August 7, 2014

Ms. Lisa W. Durden, Director  
Office of the Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Coliseum Drive  
Macon, GA 31217

RECEIVED  
AUG 11 2014  
SECRETARY OF STATE

Dear Ms. Durden,

We would like to comment on the proposed amendment to the Georgia State Board of Veterinary Medicine Rule for Chapter 700-8, Rule 700-8-.01(d)(2) and 700-8-01(e)(2). It is our belief that this rule does not “further define” the veterinary/client/patient relationship (VCPR) but rather **redefines** it.

In Section III of the AVMA’s Principles of Veterinary Medical Ethics, a VCPR is present when all of the following requirements are met:

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 veterinarian’s 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 treatment, compliance, and outcome.
5. Patient records are maintained.

Poultry veterinarians can operate very efficiently and judiciously under the AVMA’s current definition of a VCPR. Our flock supervisors are trained to recognize poultry diseases and visit every flock in our company at least once per week. If a poultry disease is recognized, our veterinarian is contacted. All of our health programs (preventative, monitoring, and treatment) are strictly controlled by our veterinarian, who is licensed and USDA-accredited in 6 states and is board-certified by the American College of Poultry Veterinarians.

Under the proposed amendment, it would be physically impossible for our veterinarian to examine every flock of chickens needing treatment, especially when FDA Guidance Document



Ms. Lisa W. Durden, Director  
August 7, 2014  
Page Two

#213 is implemented. The combination of this document and the proposed amendments listed above would require each flock to be examined every 2-3 months. Currently and at any one point in time, we have over 3,500 flocks/houses of chickens across 6 states. Further, should the proposed amendment be implemented, the change would result in sick animals not being treated in a timely manner.

We fervently request the Board to adopt the AVMA definition of VCPR and deny the proposed amendment to the Georgia State Board of Veterinary Medicine Rule for Chapter 700-8, Rule 700-8-.01(d)(2) and 700-8-01(e)(2).

Sincerely,

Mark A. Burleson, DVM, MS, DACPV  
Director, Veterinary Services  
Wayne Farms LLC

Elton Maddox  
Chairman & CEO  
Wayne Farms LLC

J. Clinton Rivers  
Chief Operating Officer  
Wayne Farms LLC

James R. Shepard  
Senior Director of Live Operations  
Wayne Farms LLC



August 8, 2014

**U.S. Poultry & Egg  
Association**

1530 Cooledge Road  
Tucker, GA 30084-7303, USA  
Telephone: 770.493.9401  
Facsimile: 770.493.9257  
www.uspoultry.org

Ms. Lisa Durden, Director  
Office of the Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Coliseum Drive  
Macon, Georgia 31217

Dear Ms. Durden:

Chairman  
Elton Maddox  
Wayne Farms  
Oakwood, GA

Vice Chairman  
Sherman Miller  
Cal-Maine Foods  
Jackson, MS

Treasurer  
Paul Hill  
West Liberty Foods  
West Liberty, IA

Secretary  
Jerry Moye  
Cobb-Vantress  
Siloam Springs, AR

Immediate Past Chairman  
James Adams  
Wenger Feeds  
Rheems, PA

President  
John Starkey  
U.S. Poultry & Egg Association  
Tucker, GA

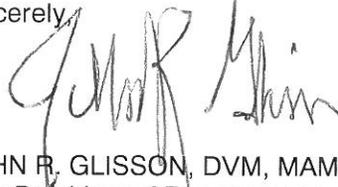
We would like to provide input on the proposed amendment to the definition of the appropriate Veterinarian/Client/Patient Relationship (VCPR) in Chapter 700-8. The proposed addition of the words, "The veterinarian has conducted an in-person examination of the animal(s)....," will be a great burden to licensed poultry veterinarians practicing in Georgia.

The commercial poultry industry is the largest agricultural business in Georgia. It is corporate-based, with the poultry companies owning the birds and the farmers acting as independent contractors to raise the birds. Each poultry company employs veterinarians whose job is to ensure the health of the flocks. The industry is organized into complexes, which have hatcheries, feed mills, slaughter plants, and all of the associated farms which grow the birds. A typical broiler complex in Georgia produces over one million broilers per week. This means that at all times the complex has 6-8 million birds growing on farms. The typical poultry veterinarian is responsible for several complexes. So it is easy to see that a poultry veterinarian cannot make in-person examinations of all birds in his/her care. Each poultry company has technicians who visit each farm 1-2 times per week. The technicians go through extensive training by the veterinarian to be able to recognize the clinical signs of disease, perform gross necropsies, and recognize gross lesions of disease. The technicians also frequently submit samples to the diagnostic laboratory to gain additional information. These technicians act as the eyes and ears of the veterinarian and quickly alert the veterinarian to any potential disease problem in a flock. Many times the veterinarian can visit the farm and perform an in-person examination. Oftentimes the veterinarian cannot visit a flock in a timely manner because of the logistical difficulties involved but can get, via telephone conversation and transmitted photographs from the technician, as well as reports from the diagnostic laboratory, the information needed to make a diagnosis and initiate a treatment plan. Therefore, the current language in Chapter 700-8, "There is sufficient knowledge of the animal(s) by the veterinarian to initiate a general....," describes precisely the manner in which poultry veterinarians often arrive at a treatment plan.

Ms. Lisa Durden, Director  
Georgia State Board of Veterinary Medicine  
Page 2  
August 8, 2014

We respectfully request that the Georgia State Board not change the current VCPR. For the poultry industry in Georgia, the prospect of not being able to treat ill flocks in a timely manner is a large concern. The proposed change would certainly cause harm to the flocks at stake and put at risk the health of the Georgia poultry industry.

Sincerely,

A handwritten signature in black ink, appearing to read "John R. Glisson". The signature is fluid and cursive, with the first name "John" being the most prominent.

JOHN R. GLISSON, DVM, MAM, Ph.D.  
Vice President of Research Programs  
[jglisson@uspoultry.org](mailto:jglisson@uspoultry.org)

cc: Mr. Mike Giles, Georgia Poultry Federation



**Claxton Chicken**

## **Fries Farms, L.L.C.**

P. O. BOX 727 • GLENNVILLE, GEORGIA 30427 • (912) 654-2133 • FAX: (912) 654-1355

---

**Ms. Lisa W. Durden, Director  
Office of the Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Coliseum Drive  
Macon, Georgia 31217**

**August 6, 2014**

Dear Ms. Durden,

The proposed amendment to the Rule for Chapter 700-8, Unprofessional Conduct, Rule 700-8-.01, part (d) referencing the appropriate Veterinarian/Client/Patient Relationship, section 2, if enacted as proposed, will result in the failure to provide timely therapies to innumerable flocks of poultry in the state of Georgia, or put the attending poultry veterinarian at risk of being charged with unprofessional conduct, should he/she choose to follow his Veterinary Oath. Let me explain why, by giving you some background on how poultry practice functions in our state.

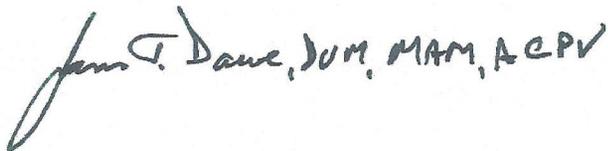
I am a typical poultry veterinarian, fully employed by Claxton Poultry (Fries Farms) as my sole responsibility. I graduated from UGA in 1980, earned my Masters of Avian Medicine from UGA in 1983, and am a diplomat of the American College of Poultry Veterinarians. Since 1983 I have practiced poultry medicine exclusively, with licenses held in Maryland, North Carolina, South Carolina, Arkansas and Georgia. All aspects of bird health, from the day old breeder to the processing plant, fall into my area of responsibility-- including vaccination program design, biosecurity program design, response to disease outbreaks, field diagnostics using the PDRC and Georgia Poultry Lab systems, training of service technicians on post mortem examination and diagnosis of mortality causation, design of NPIP serological monitoring, preventive and therapeutic interventions, the use of prescriptions when needed (AMDUCA compliant), and oversight and guidance on corporate SOPs for flock management and welfare. My veterinary peers in Georgia have similar duties, but many have more "complexes" separated by greater distances and representing many more birds. Claxton is a single "complex" whose design of vertical integration is replicated many times across our state under various ownerships. Claxton has 2 hatcheries; 46 pullet and layer farms representing 113 separate houses with 1,624,000 head of pullets and breeders, 191 separately located broiler farms with a total of 651 houses averaging about 26,000

head per house; a feed mill and a processing plant that slaughters 2,135,000 head per week. The processing plant kills 2 different ages of broilers—34 days and 46 days with respective weights of approximately 4 lbs and 6 lbs. The broilers and their feed are owned by the company and contract growers are paid to rear them to the point of catching for processing. Growers rear between 6 and 7 flocks per year. On any given day, Claxton has over 13 million birds in the field.

It would be logistically impossible for me to “conduct an in-person examination of the animal(s)” in every case requiring therapy, particularly in cases that are part of a widespread challenge affecting multiple flocks simultaneously, separated by distance and time. Remember that our broilers are slaughtered at 5-7 weeks of age, and infections must be treated immediately to stop the mortality in a population of 26,000 animals all under the same roof. It is also often dangerous to do this when the disease is highly infectious, eg, Infectious Bronchitis Virus, Infectious Laryngotracheitis, because it increases the risk of spreading the disease to other farms. We tend to think of each house of birds as a single animal or disease event, and all the houses and farms as an interconnected “herd”. Our primary goal is prevention of disease through vaccination, good management and biosecurity, and we train service technicians who visit farms weekly to open dead birds and report what they see, giving us a better picture of the entire population at a point in time. We are ever vigilant for new diseases via routine farm visits and post-mortems, are knowledgeable regarding exotic diseases and emerging variants of existing diseases, and always attend these personally to make an appropriate initial diagnosis and plan, so that we can protect the remaining populations (recent examples are the variant Reo viruses, group 1 and 2 primarily, and Ga13 bronchitis virus).

Hopefully I have helped elucidate why the proposed Rule change would put an untenable burden on Poultry practice in Georgia, and request that you either allow the original Rule to stand, exempt poultry practitioners from the proposed change, or apply the AVMA Model Practice Act VCPR, so that poultry practitioners can continue to practice medicine as we have been trained to do, and be compliant with ethical and professional guidelines.

Sincerely,

A handwritten signature in black ink that reads "James F. Dawe, DVM, MAM, ACPV". The signature is written in a cursive, flowing style.

James F. Dawe, DVM, MAM, ACPV

Fries Farms/Claxton Poultry Corporate Veterinarian

1800 Simonton Bridge Road, Watkinsville, Ga. 30677 tel. 706-202-7531



12627 San Jose Blvd., Suite 202  
Jacksonville, Florida 32223-8638  
904-425-5735 (Office)  
281-664-4744 (Fax)  
aaap@aaap.info

August 12, 2014

Ms. Lisa W. Durden, Director  
Office of the Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Coliseum Drive  
Macon, GA 31217  
Fax (866) 888-7127

RE: NOTICE OF INTENT TO ADOPT A PROPOSED AMENDMENT TO THE GEORGIA STATE BOARD OF VETERINARY MEDICINE CHAPTER 700-8, UNPROFESSIONAL CONDUCT, RULE 700-8-.01 (d)(2) AND 700-8-.01 (e)(2), AND NOTICE OF PUBLIC HEARING

Dear Ms. Durden:

The American Association of Avian Pathologists, Inc. (AAAP) is a 501c(6) founded in 1957 and incorporated in 1960. The AAAP promotes scientific knowledge to enhance the health, well-being, and productivity of poultry to provide safe and abundant food for the world. It has over 900 members who are veterinarians and other poultry professionals dedicated to promoting food safety and avian health. AAAP is a Constituent Allied Organization of the American Veterinary Medical Association (AVMA).

The AAAP wishes to express our concerns with the proposed amendments to Rule 700-8-.01 (d) (2) and 700-8-.01 (e) (2).

The proposed rule changes will have significant adverse impacts on the timely delivery of necessary disease interventions to the poultry flocks in Georgia by our members, who are the recognized experts in commercial poultry medicine. Practitioners in modern integrated livestock production systems, such as the poultry industry in Georgia, are highly specialized experts who manage the health care systems for large numbers of birds and flocks, often scattered over wide geographical areas. These practitioners design, implement, and monitor preventative programs for entire operations (usually referred to as "complexes"), and are assisted by managers and flock supervisors in those complexes who they have trained and with whom they have long-term relationships, typically as fellow employees of the same production company. These practitioners are in constant communication with their managers, and are also assisted by other poultry specialists in university and state diagnostic laboratories and biological and pharmaceutical companies, with whom they also have established long-term collaborations. Poultry practitioners thereby have constant feedback on the health status of the populations in their areas of responsibility and on the development of population disease issues, which they periodically verify by appropriate and timely visits to the operations and selected farms. Because the systems are integrated, and the preventative health programs are generally universally applied for entire operations, disease incursions tend to be population events and population responses are necessary and prudent. It is not possible for these practitioners to physically examine each and every flock in a population in the face of a looming outbreak in order to prescribe rational and judicious interventions on the needed population-wide basis. To insist that they do so



12627 San Jose Blvd., Suite 202  
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904-425-5735 (Office)  
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aaap@aaap.info

jeopardizes the delivery of timely interventions necessary to treat, control, and prevent disease, animal suffering, and economic losses by both the production companies and the private contract farmers who grow the birds. The number of these specialists available to service the needs of the US and Georgia poultry industry is very limited. Such unreasonable requirements could conceivably drive these decisions into the hands of less-qualified practitioners and further compromise, rather than enhancing, judicious use of antibiotics and other drugs. The AAAP urges you to reconsider and reject these changes to the rules of practice in Georgia.

Thank you for your consideration of our comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'Francine', with a long, sweeping horizontal line extending to the right.

Francine Van Sambeek DVM, MAM  
Diplomate ACPV  
President, American Association of Avian Pathologists



# The University of Georgia

*College of Veterinary Medicine*  
Poultry Diagnostic and Research Center

Department of Population Health  
Athens, Georgia 30602-4875

Phone: (706) 542-1904  
FAX: (706) 542-5630

August 5, 2014

Ms. Lisa W. Durden, Director  
Office of the Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
237 Coliseum Drive  
Macon, Georgia 31217

RECEIVED  
AUG - 8 2014  
SECRETARY OF STATE  
Accounting

Dear Ms. Durden,

I wish to comment on the proposed amendment to Rule for Chapter 700-8, Unprofessional Conduct, Rule 700-8-.01 under part (d). The appropriate Veterinarian/Client/Patient Relationship (VCPR) section 2. The addition of "The veterinarian has conducted an in-person examination of the animal(s) and ....." This change to the VCPR definition for the State of Georgia is going to result in an extreme burden for licensed poultry veterinarians practicing in Georgia and could result in situations where a sick flock of chickens may not be able to be treated in a timely manner.

I am currently a member of the AVMA Veterinary Antimicrobial Use Steering Committee (VOSC) and am well aware of the significant changes that will occur when the FDA Guidance Document #213 becomes implemented within 3 years requiring a VFD for all in feed antibiotics and a prescription for all water soluble antibiotics. When this is implemented it will be very difficult if not impossible for most poultry veterinarians to get to every farm that will need a treatment.

Poultry veterinarians establish preventative and monitoring programs for nearly all poultry diseases. They have flock supervisors visiting all farms at least once per week. These supervisors are trained by the veterinarian to report abnormal health conditions to the veterinarian. Therefore, the current language is appropriate "There is sufficient knowledge of the animal(s) by the veterinarian to initiate a general ....."

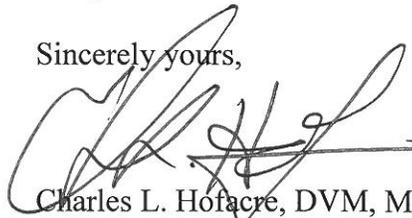
The poultry on the farms in Georgia are owned by the poultry company and so all of the programs are strictly controlled by the veterinarian. For an example, a veterinarian may have to use a preventative antibiotic treatment on all the 300+ farms because he/she has implemented a particular program to control coccidia to prevent a subsequent clostridial enteritis that is commonly seen with coccidia vaccine control programs. This change to the VCPR would require the veterinarian to go to all 300+ farms before writing the VFD. If these are broiler chickens that live only 35-42 days then every 35-42 days the veterinarian would have to go to all 300+ farms.

Ms. Lisa W. Durden, Director  
Office of the Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Veterinary Medicine  
August 5, 2014  
Page 2

I would request the Georgia State Board either not change the current VCPR or adopt the AVMA Model Practice Act VCPR, a copy of which I have enclosed.

I would be pleased to answer any further questions.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Charles L. Hofacre', written over a horizontal line.

Charles L. Hofacre, DVM, MAM, PhD  
Professor and Director of Clinical Services

CLH/dga  
Enclosure

- i. performance of any medical or surgical procedure, or
    - ii. prescription, dispensing, administration, or application of any drug, medicine, biologic, apparatus, anesthetic, or other therapeutic or diagnostic substance, or
    - iii. use of complementary, alternative, and integrative therapies, or
    - iv. use of any procedure for reproductive management, including but not limited to the diagnosis or treatment of pregnancy, fertility, sterility, or infertility, or
    - v. determination of the health, fitness, or soundness of an animal, or
    - vi. rendering of advice or recommendation by any means including telephonic and other electronic communications with regard to any of the above.
  - b. To represent, directly or indirectly, publicly or privately, an ability and willingness to do an act described in subsection 16(a).
  - c. To use any title, words, abbreviation, or letters in a manner or under circumstances that induce the belief that the person using them is qualified to do any act described in subsection 16(a).
17. "Practice of veterinary technology" means:
- a. To perform patient care or other services that require a technical understanding of veterinary medicine on the basis of written or oral instruction of a veterinarian, excluding diagnosing, prognosing, performing surgery, or prescribing.
  - b. To represent, directly or indirectly, publicly or privately, an ability and willingness to do an act described in subsection 17(a).
  - c. To use any title, words, abbreviation, or letters in a manner or under circumstances that induce the belief that the person using them is qualified to do any act described in subsection 17(a).
18. "Supervision":
- a. "Direct supervision" means a licensed veterinarian is readily available on the premises where the patient is being treated and has assumed responsibility for the veterinary care given to the patient by a person working under his or her direction.
  - b. "Indirect supervision" means a licensed veterinarian need not be on the premises; has given either written or oral instructions for treatment of the patient; is readily available by telephone or other forms of immediate communication; and has assumed responsibility for the veterinary care given to the patient by a person working under his or her direction.
19. "Veterinarian" means a person who has received a professional veterinary medical degree from a college of veterinary medicine.
20. "Veterinarian-client-patient relationship" means that all of the following are required:
- a. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the client has agreed to follow the veterinarian's instructions.
  - b. 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:
    - i. a timely examination of the patient by the veterinarian, or
    - ii. medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.
  - c. The veterinarian is readily available for follow-up evaluation or has arranged for the following:
    - i. veterinary emergency coverage, and
    - ii. continuing care and treatment.
  - d. The veterinarian provides oversight of treatment, compliance and outcome.
  - e. Patient records are maintained.

21. "Veterinary prescription drug" means a drug that may not be dispensed without the prescription of a



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August 12, 2014

Ms. Lisa W. Durden, Director  
 Office of the Secretary of State  
 Professional Licensing Boards Division  
 Georgia State Board of Veterinary Medicine  
 237 Coliseum Drive  
 Macon, Georgia 31217  
 Fax: 866-888-7127

Dear Ms. Durden

We are writing in regard to the Proposed amendment to the Georgia State Board of Veterinary Medicine, Chapter 700-8, Unprofessional Conduct, Rule 700-8-.01 (d)(2) and 700-8-01 (e)(2).

Perdue Foods LLC is the 4th largest broiler producer in the United States with poultry grown in 16 states, including Georgia. Our Georgia operation is comprised of two hatcheries, over 120 contract broiler farms, a feed mill, and a processing plant.

This change, requiring "an in-person examination" as a prerequisite for establishment of a Veterinarian/Client/Patient Relationship (VCPR) will make it extremely difficult, if not impossible, for Georgia poultry veterinarians to properly care for the flocks for which they are responsible.

Poultry veterinarians, employed by broiler producing companies such as ours, have intimate knowledge of the breeds, production facilities, and husbandry practices in their areas of responsibility. They plan all the preventive health programs and are responsible for diagnosing and treating diseases when they occur. While they regularly visit farms, they cannot visit every bird or flock for which they are medically responsible. Besides their own in-person farm visits, they rely on the observations of poultry farmers, flock supervisors, as well as reports from state diagnostic laboratories. Additionally, they have access to detailed flock records which include comprehensive data on feeding, house environment, growth rate, mortality, and condemnations due to disease processes.

Considering that each broiler farm will grow four to seven flocks annually, it makes the requirement of an in-person examination of every flock or bird a near impossible task logistically.

Adoption of this amendment would unnecessarily delay the timely treatment of many flocks. Furthermore, virtually every poultry veterinarian in the state would be in violation of this section the moment it was passed.

We urge you to either retain the current VCPR definition or to adopt wording similar to the AVMA Model Practice Act.

Thank you for your time and consideration.

Respectfully,

Bruce Stewart-Brown, DVM, Dipl. ACPV  
 Senior Vice-President of Food Safety, Quality and Live Production

David Shapiro, DVM, Dipl. ACPV  
 Director of Veterinary Services