

**GEORGIA STATE BOARD OF VETERINARY MEDICINE**  
**Board Rules Committee Zoom Meeting Minutes**  
**Thursday, December 17, 2020 – 8:30 a.m.**

The Georgia State Board of Veterinary Medicine, Rules Committee, met via Zoom meeting on Thursday, December 17, 2020. The following members were present:

**Committee Members Present**

Dr. Becky Malphus, DVM, Committee Chair  
Dr. Matthew Bradley, DVM, Committee Member  
Dr. William Wright, DVM, Committee Member

**Staff Present**

Adrienne Price, Executive Director  
Michelle Hornaday, Board Support Specialist

**Attorney General's Office**

No Attorney General present.

**Visitors Present**

Dr. Jill Lancaster, DVM, Georgia Veterinary Medical Association (GVMA)  
Ms. Susan Blevins, Georgia Veterinary Medical Association (GVMA)  
Dr. Mike Zager, DVM, Georgia Veterinary Medical Association (GVMA)  
Dr. Vince Obsitnik, DVM  
Dr. Wendy Cuevas-Espelid, DACVPM  
Inidentified caller (1)

**Administrative Staff Absent**

Charlotte Mason, Licensing Supervisor  
Meagan Doss, Complaints/Compliance Analyst

**Call to Order:** Dr. Malphus called the Committee meeting to order at 8:41 a.m.

**OPEN SESSION**

**Agenda** The Committee accepted the agenda as presented.

**Discussion – Board Rules**

The Committee discussed amending BR 700-8-.01. Unprofessional Conduct, BR 700-12-.08. Surgical Standards, BR 700-12-.09. Examination Area, and BR 700-12-.11. Patient Care.

The Committee stated that this discussion is to ensure all of these rules are aligned with the statute. The review also addresses concerns received from Public and Written Comments during the December 2, 2020 Public Rules Hearing during which these Board Rules were referred back to the Rules Committee.

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

The Committee recommended the following amendments to Rule 700-8-.01. Unprofessional Conduct for the purpose of ensuring public safety. The Committee discussed that the amended language would ensure competent practitioners by requiring better documentation of the medications used within patient charts; thereby carrying out the policy objectives expressed in the statute.

The Committee discussed multiple variations and determined the amended language will be the least restrictive in which to accomplish the state's policy and still maintain public safety. The committee noted how other states have handled this and stated the amendment will bring the Board Rule in line with the current statutes and rules already in place for veterinary boards throughout the country.

Independent support for their recommendations comes from comments and input from stakeholders. The amended rule will affect most veterinarians because they are required to document all areas of patient treatment, which allows for public safety.

The Committee entered into a discussion regarding the economic impact of the rule on veterinarians in the state of Georgia to include small, independently owned, and operated businesses and determined the amendments help lessen restrictions as well as clarifies documentation requirements with radiographs.

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

Within the meaning of Ga. Code subsection 43-50-21.1(a)(67), Unprofessional conduct means shall include, but not limited to, the following:

(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 to 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 or boarded.

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 for each examination;

(ix) Clinical lab reports, if applicable;

(x) Medication prescribed or recommended, and treatment, including dose, strength, and frequency;

(xi) Anesthetic, including dose, strength, type, -and-amount and monitoring of vital signs at frequent intervals, if applicable;

(xii) Details of surgical procedure including-with complications and/or abnormalities noted with documentation of suture materials used, if applicable;

(xiii) Progress and disposition of the case to include client communications and copies of any written instructions for home care;

(xiv) Differential diagnoses; and

(xv) ~~X-rays if applicable~~ Radiographs to include radiographic interpretations.

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. A veterinarian shall respond to an inquiry by the Board within fifteen (15) days and/or provide the Board with evidence that requested records have been released to the client.

(7) 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. 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 is personally acquainted with the keeping and care of the animal(s) by virtue of:

(i) ~~an~~ An examination of the animal by the veterinarian within the last twelve (12) months, or

(ii) ~~medically~~ Medically appropriate and timely visits by the veterinarian to the premises where the patient is kept;

3. A veterinarian/client/patient relationship cannot be established solely by telephone, computer or other electronic means; and

4. A licensed veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy.

(e) Prescription Drugs:

1. It is unlawful for a veterinarian to release, prescribe, and/or dispense any prescription drugs without having established a valid veterinary/client/patient relationship.

2. After a valid veterinary/client/patient relationship has been established, a veterinarian must make available, upon request, at a reasonable cost, a written prescription.

**Authority: O.C.G.A. §§ 43-1-19; 43-1-25, 43-50-21, 43-50-41, 43-50-90 and 43-50-110.**

## **2. Rule 700-12-.08. Surgical Standards**

The Committee recommended the following amendments to Rule 700-12-.08. Surgical Standards, for the purpose of encouraging public safety by clearing up vagueness in dosages of anesthetic medications.

The Committee discussed that the amended language would ensure competent practitioners and carry out policy objectives expressed in the statute by requiring veterinarians to be more thorough with anesthetic dosing. The recommended amendments also require the documentation of radiographic findings and they will ensure patient safety during anesthesia which enhances the care given to patients.

The Committee considered multiple variations and determined the amended language will be the least restrictive in which to accomplish the state's policy and still maintain public safety. The committee noted how other states have handled this and stated the amendment will bring the Board Rule in line with current statutes and rules already in place for veterinary boards throughout the country.

Independent support for their recommendations comes from comments and input from stakeholders. The amended rule will affect most veterinarians who use anesthesia during patient treatment.

The Committee entered into a discussion regarding the economic impact of the rule on veterinarians in the state of Georgia to include small, independently owned and operated businesses and determined this helps lessen restrictions as well as allows licensees to use warming devices as appropriate which reduces any economic impact.

### **Rule 700-12-.08. Surgical Standards**

- (1) A licensed veterinarian employed at a veterinary facility must ensure that the following criteria pertaining to surgical standards are met if surgical procedures are performed in the facility:
- (a) Dose, ~~and~~ type and strength of anesthesia, and weight and physical exam findings, ~~as appropriate,~~ must be recorded in the patient record.
  - (b) Name of licensed veterinarian performing the surgery must be recorded in the patient record.
  - (c) A surgery table must be used ~~as appropriate for non-ambulatory procedures.~~ Such table must have an impervious surface suitable for cleaning and disinfecting. The surgical area must be clean, orderly, and well illuminated. If the practitioner does not use a surgery table, the rationale for foregoing its use must be documented within the patient record.
  - (d) All surgery must be performed by a licensed veterinarian utilizing aseptic technique as appropriate for the procedure.
  - (e) Surgical equipment must be sterilized in the following manner:
    - 1. Cold sterilization must be limited to instruments used in minor ~~or other~~ procedures ~~as appropriate,~~ or limited to those instruments that can-not be sterilized otherwise.
    - 2. Surgical instruments other than those applicable to ~~(e)(1),~~ above must be sterilized utilizing autoclave, gas, or other technique acceptable to the Board.
  - (f) Oxygen and equipment for administration must be available ~~as appropriate.~~
  - (g) For patients under general anesthesia for more than five minutes an endotracheal tube must be utilized as appropriate for the procedure.
  - (h) For patients under general anesthesia monitoring and vital signs must be recorded at intervals in accordance with minimal standards.
  - (i) Warming devices for patients undergoing general anesthesia is required as appropriate.
  - (j) Pain management is required for patients undergoing surgical procedures.
  - (k) Facilities and equipment for resuscitation must be readily available ~~as appropriate.~~

**Authority: O.C.G.A. §§ 43-1-25, 43-50-21(a)(8), 43-50-90(a), and 43-50-110.**

### **3. Rule 700-12-.09. Examination Area**

The Committee recommended the following amendments to Rule 700-12-.09. Examination Area for the purpose of ensuring public safety.

The Committee discussed that the amended language would prevent unsafe practices and/or fraud by clarifying safe areas for patients and clients. This allows for carrying out policy objectives expressed in the statute by better defining what those objectives are.

The Committee discussed multiple variations and determined the amended language will be the least restrictive in which to accomplish the state's policy and still maintain public safety. The committee noted how other states have handled this and stated the amendment will bring the Board Rule in line with current statutes and rules already in place for veterinary boards throughout the country.

Independent support for their recommendations comes from comments and input from stakeholders. The amended rule will affect veterinarians and potentially, clients and patients as it relates to adherence to the minimum safety standards.

The Committee entered into a discussion regarding the economic impact of the rule on veterinarians in the state of Georgia to include small, independently owned and operated businesses and determined this helps lessen restrictions by removing the requirement of having a sink in the exam room but clarifying that one must be accessible in a veterinary facility and not be same one that clients would use if going to the restroom.

#### **Rule 700-12-.09. Examination Area**

(1) A licensed veterinarian employed at a veterinary facility must ensure that the following criteria pertaining to the examination area are met:

(a) Area must be maintained in a clean and orderly manner.

(b) Impervious waste receptacle must be provided.

(c) Disposable towels and a sink must be readily accessible ~~as appropriate~~. A sink in a restroom used by clients is not considered acceptable.

(d) The examination table must have an impervious surface suitable for cleaning and disinfecting.

(e) Minimum safety standards must be in place for patient and client safety.

**Authority: O.C.G.A. §§ 43-1-25, 43-50-21(a)(8), 43-50-41; 43-50-90(a), and 43-50-110.**

#### **4. Rule 700-12-.11. Patient Care**

The Committee recommended the following amendments to Rule 700-12-.11. Patient Care for the purpose of ensuring proper patient care, and public and patient safety.

The Committee discussed that the amended language would prevent unsafe practices by requiring more supervision by trained professionals. The new requirement will expand access to care/services by those practitioners who were not previously allowed to check on patients daily.

The Committee discussed multiple variations and determined the amended language will be the least restrictive in which to accomplish the state's policy and still maintain public safety. The committee noted how other states have handled this and stated the amendment will bring the Board Rule in line with current statutes and rules already in place for veterinary boards throughout the country.

Independent support for their recommendations comes from comments and input from stakeholders. The amended rule will affect most veterinarians and their patients and clients because they will be required to daily document patient care, which enhances patient safety.

The Committee entered into a discussion regarding the economic impact of the rule on veterinary practitioners in the state of Georgia to include small, independently owned and operated businesses and determined this helps lessen the burden on veterinarians and allows other licensed practitioners as it relates to monitoring and determining patient safety.

#### **Rule 700-12-.11. Patient Care**

(1) ~~(1)~~ For hospitalized or sick ~~animals-patients~~ that are maintained in a veterinary facility, a licensed veterinarian or licensed veterinary technician must physically evaluate each patient daily.

(a) Patients recovering from anesthesia must be properly monitored.

(b) For hospitalized and sick patients, the licensed veterinarian must have appropriate measures in place to ensure patient comfort.

(2) For boarded animals that are maintained in a veterinary facility, a licensed veterinarian or his or her designee must physically visit the facility and see each animal daily.

~~(23) Patients recovering from anesthesia must be properly monitored as appropriate.~~

~~(4) For hospitalized and sick patients, the licensed veterinarian must have appropriate measures in place to ensure patient comfort.~~

**Authority: O.C.G.A. §§ 43-1-25, 43-50-21(a)(8), 43-50-90(a); and 43-50-110.**

After careful consideration, Dr. Wright motioned, Dr. Bradley seconded and the Committee unanimously voted in favor of the motion to refer BR 700-8-.01. Unprofessional Conduct, BR 700-12-.08. Surgical Standards, BR 700-12-.09. Examination Area, and BR 700-12-.11. Patient Care to the full Board for review during the February 10, 2021 meeting.

The Committee discussed the economic impact of BR 700-8-.01. Unprofessional Conduct, BR 700-12-.08. Surgical Standards, BR 700-12-.09. Examination Area, and BR 700-12-.11. Patient Care upon licensees. Dr. Bradley motioned, Dr. Wright 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.

Dr. Bradley motioned, Dr. Wright seconded, and the Board voted unanimously in favor of the motion that it is not legal or feasible to meet the objectives of O.C.G.A. §§ 43-1-19; 43-1-25, 43-50-21, 43-50-41, 43-50-90, 43-50-110; 43-50-21(a)(8), and 43-50-90(a); to adopt or implement differing actions for businesses as listed in O.C.G.A. § 50-13-4(3)(A), (B), (C), and (D). The formulation and adoption of this rule will impact every licensee in the same manner and each licensee is independently licensed in the field of Veterinary Medicine.

**Adjournment** No further business was discussed and the Committee meeting adjourned at 10:07 a.m.

**Minutes recorded by:** Michelle Hornaday, Board Support Specialist  
**Minutes reviewed by:** Charlotte Mason, Licensing Supervisor & Adrienne Price, Executive Director  
**Minutes approved on:** January 20, 2021

**BECKEY MALPHUS, DVM**  
**BOARD CHAIRPERSON**

**ADRIENNE PRICE**  
**EXECUTIVE DIRECTOR**