

GEORGIA STATE BOARD OF VETERINARY MEDICINE
Board Rules Committee Zoom Meeting Minutes
Wednesday, August 4, 2021 – 12:00 p.m.

The Georgia State Board of Veterinary Medicine, Rules Committee, met via Zoom meeting on Wednesday, August 4, 2021. The following members were present:

Committee Members Present

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

Committee Members Absent

No Committee Member absent.

Visitors Present

Dr. Wendy Cuevas, GVMADACVPM
Dr. Jill Lancaster, GVMA
Ms. Susan Blevins, GVMA
Dr. Justin Toth, GVMA

Staff Present

Adrienne Price, Executive Director

Attorney General's Office

No Assistant Attorney General present.

Administrative Staff Absent

Charlotte Mason, Licensing Supervisor
Michelle Hornaday, Board Support Specialist
Meagan Doss, Complaints/Compliance Analyst

Call to Order: Dr. Malphus called the Committee meeting to order at 12:07 p.m.

OPEN SESSION

Agenda The Committee accepted the agenda as presented.

Discussion – Correspondence from Dr. Justin Toth, DVM, President, GVMA on Board Rule 700-8-.01. Unprofessional Conduct

The committee reviewed the correspondence and made the following recommendations as it relates to the suggested rule amendments within the correspondence (See Attachment A):

Additional Section 8.1.d.3.1

Dr. Malphus motion, Dr. Wright seconded and the Committee recommended to accept the recommendation as amended during the committee meeting and to refer it to the full Board.

Additional Section 8.1.d.5.1

Dr. Wright motion, Dr. Malphus seconded and the Committee recommended to decline to refer the recommendation to full board due to redundancy with language in the statute.

Additional Section 8.1.d.5.2

Dr. Wright motion, Dr. Malphus seconded and the Committee recommended to decline to refer the recommendation to full board due to redundancy with language in the statute.

Additional Section 8.1.d.5.3

Dr. Malphus motion, Dr. Wright seconded and the Committee recommended to decline to refer the recommendation to full board due to redundancy with language in the statute.

Additional Section 8.1.d.5.4

Dr. Malphus motion, Dr. Wright seconded and the Committee recommended to decline to refer the recommendation to full board due to redundancy with language in the statute.

Additional Section 8.1.d.5.5

Dr. Malphus motion, Dr. Wright seconded and the Committee recommended to decline to refer the recommendation to full board due to redundancy with language in the statute.

Additional Section 8.1.d.5.6

Dr. Malphus motion, Dr. Wright seconded and the Committee recommended to decline to refer the recommendation to full board due to redundancy with language in the statute.

Additional Section 8.1.f.1

Dr. Malphus motion, Dr. Wright seconded and the Committee recommended to decline to refer the recommendation to full board due to redundancy with language in the statute.

Additional Section 8.1.f.2

Dr. Malphus motion, Dr. Wright seconded and the Committee recommended to send a letter to GVMA to request they consider submitting an amendment to the veterinary practice act to include definitions for telehealth and telemedicine.

Dr. Malphus motion, Dr. Wright and the Committee recommended to refer Rule 700-8-.01. Unprofessional Conduct as amended below to the full Board for review.

Rule 700-8-.01. Unprofessional Conduct. Amended.

Unprofessional conduct 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. 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 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 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.
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 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 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, including dose, strength, and frequency;
 - (xi) Anesthetic, including dose, strength, type, amount and monitoring of vital signs at frequent intervals, if applicable;
 - (xii) Details of surgical procedure including complications and/or abnormalities noted with documentation of suture materials used;
 - (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) 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 examination of the animal by the veterinarian within the last twelve (12) months, or
 - (ii) 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; howeverand,
 - (i) Once a veterinarian/client/patient relationship is established, it may be maintained telephonically, electronically, or by any other method of communication between:
 - A. In person medically necessary examinations; or,
 - B. Visits to the premises where the animal is kept, provided that it is within the periods of time that are appropriate for the medical issue in question and the species and age of the animal; and,
 - C. A failure to require in person examinations or visits in accordance with the minimum standard of care for the diagnosis, treatment, or other practice of veterinary medicine for an animal shall be considered unprofessional conduct.
 - i. A licensed veterinarian may provide advice and recommendations via electronic means in an emergency where death is imminent if an in-person examination of the patient will be conducted within 60 minutes of the provision of such advice or recommendations; 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.

Discussion – Veterinary Virtual Care Association (VVCA)

Dr. Wright motion, Dr. Malphus seconded and the Committee recommended referring the correspondence to GVMA to use as a telemedicine resource.

Discussion – Diversity, Equity and Inclusion CE Requirement - Mia Cary, DVM, CEO of Pride VMC

Dr. Wright motion, Dr. Malphus seconded and the Committee recommended that the Board accept and not require DEI CE that is offered within an approved LEAP course and send correspondence to GVMA and UGA to encourage them to include DEI material in future presentations of LEAP.

Adjournment No further business was discussed and the Committee meeting adjourned at 1:27 p.m.

Minutes recorded by: Adrienne Price, Executive Director
Minutes reviewed by: Adrienne Price, Executive Director
Minutes approved on: August 25, 2021

BECKEY MALPHUS, DVM
BOARD CHAIRPERSON

ADRIENNE PRICE
EXECUTIVE DIRECTOR