

GEORGIA STATE BOARD OF VETERINARY MEDICINE
Board Rules Committee Zoom Meeting Minutes
Thursday, November 18, 2021 – 9:00 a.m.

The Georgia State Board of Veterinary Medicine, Rules Committee, met via Zoom meeting on Thursday, November 18, 2021. The following members were present:

Committee Members Present

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

Committee Members Absent

No Committee Member absent.

Visitors Present

Ms. Susan Blevins, GVMA
Dr. Wendy Cuevas, GVMA, DACVPM

Staff Present

Adrienne Price, Executive Director
Michelle Hornaday, Board Support Specialist

Attorney General's Office

No Assistant Attorney General present.

Administrative Staff Absent

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

Call to Order: Dr. Wright called the Committee meeting to order at 9:02 a.m.

OPEN SESSION

Agenda The Committee accepted the agenda as presented.

Discussion – Board Rules

The Committee entered into a discussion regarding the Board Rules remanded back to the Board from the Governor's Office. The purpose of the discussion is to provide clearer reasoning, further justification and facts necessary and an impact analysis of the applications of the proposed rule amendments to 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.

1. BR 700-8-.01. Unprofessional Conduct

The Committee determined the purpose of the promulgating the existing rule, BR 700-8-.01. Unprofessional Conduct, is to further define how to integrate telemedicine once the VCPR has been established. This amendment is designed to prohibit unsafe practice and/or fraud in the use of telemedicine in maintaining the VCPR in an ethical manner. The amendment makes this possible by clarifying that a VCPR must be established and minimum standards of care must be met before telemedicine is employed.

Dr. Malphus joined the meeting at 9:16 a.m.

The Committee considered multiple variations and determined the language in the amendment will provide for the least economic burden on the client and the veterinarian, while maintaining access to care and the maintaining the public protection mandate. The Board reviewed and obtained feedback from the American Association of Veterinary State Boards (AAVSB), the American Veterinary Medical Association (AVMA) and the Georgia Veterinary Medical Association (GVMA) in discussing the amendments to the rule. Independent support for the amendments were received from the GVMA, various stakeholders as well as articles and cases in the media relevant to the use of telemedicine in veterinary medicine.

In considering who the amendment will impact, the Committee determined the change will affect the veterinarians, support staff, the clients, and the patients as it requires the veterinarian to be more efficient and responsible in caring for the patient, improves access to care and client communication, as well as safety to the patient.

The Committee assessed that there will be no economic impact or undue burden on any practitioner or business as the use of telemedicine is not required but optional. Should a practitioner opt to use telemedicine there would be some cost associated with establishing the safety protocols to ensure that all systems are compliant with all state and federal regulations relevant to transmitting health information by electronic means; however, costs associated may vary based on the services the practitioner opts to utilize.

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; ~~however and~~,
 - (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.

- (f) Failure to cooperate with an investigation of the board to include but not limited to allowing agents of the Board to inspect veterinary premises and equipment, including mobile veterinary clinics.

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. BR 700-12-.08. Surgical Standards

The Committee determined the purpose of the promulgating the existing rule, BR 700-12-.08. Surgical Standards, is to ensure that veterinarians are meeting minimum standards relevant to documenting all aspects of the use of anesthesia during surgical procedures, that the patient is continuously treated, pain-free and monitored during the entire procedure in order to maintain patient and practitioner safety, and that the documentation within the patient record accurately reflects what has occurred.

This amendment is designed to prohibit/prevent unsafe practices which carries out policy objectives to ensure that veterinarians are practicing with reasonable skill and safety to the animal patients. This is accomplished by further defining the minimum industry standards of care concerning the care and comfort of surgical patients and documentation of care.

The Committee considered multiple variations and determined the language in the amendment most accurately reflects minimum industry standards in the least restrictive manner. Independent support was received from the GVMA as well as from the review of AAVSB standards and board rules from other jurisdictions.

In considering who the amendment will impact, the Committee determined the change will affect the rule amendments will equally effect practitioners, clients and patients, as the changes, when implemented properly, will help to ensure more positive patient outcomes through patient monitoring and accurate and timely documentation of the care provided.

The Committee assessed the economic impact of the amendments and determined practitioners who do not currently meet minimum standards may need to incur an expense to either pay a staff person to monitor the patient; or to purchase monitoring and warming devices as well as receive proper training on their usage. However, the result of not having these in place may result in the demise or irreparable damage to the patient as well as create an emotional hardship on the client.

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 cannot 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. BR 700-12-.09. Examination Area

The Committee entered into a discussion for making recommended amendment to BR 700-12-.09. Examination Area. They stated that purpose of this rule amendment is housekeeping in nature which carries out policy objectives that are expressed in a statute relevant to practitioners practicing with reasonable skill and safety and within the minimum reasonable standards of care. The amended language prohibits/prevents unsafe practices by ensuring public safety.

The Committee did not consider multiple variations as the rule is based on national Occupational Safety and Health Administration (OSHA) standards which provided the independent support for the recommendations. The Committee determined that this amendment will affect practitioners, clients and patients equally by preventing injury to anyone in the workplace, and minimizing any hazards and risks.

The Committee accessed the economic impact of the amendment and stated that it is a state and federal requirement to practice and is the price of doing business in the state of Georgia. As a result, the economic impact is the same for all veterinary business.

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. A sink in a restroom is not considered acceptable.
- (d) The examination table must have an impervious surface suitable for cleaning and disinfecting.
- (e) Minimum Occupational Safety and Health Administration (OSHA) 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. BR 700-12-.11. Patient Care

The Committee discussed the purpose of amending BR 700-12-.11. Patient Care, and determined the recommended changes will ensure that patients are regularly cared for and assessed on a daily basis by a licensed veterinary professional or trained designee. to the amendments also help to prohibit and prevent unsafe practices by requiring licensed or trained persons to closely assess recovering or hospitalized patients for any potential medical complications.

The Committee considered multiple variations and determined the language in the amendment is the best choice as it allows for trained persons or healthcare professionals to assist the licensed veterinarian in regular monitoring of hospitalized patients; thus, alleviating some restrictions on who can perform the task.

Independent support for these recommendations was received from the GVMA, AVMA as well as from the review of AAVSB standards and board rules from other jurisdictions. This amendment will affect practitioners, clients and patients equally by enabling the practitioners to respond to any identified complications and adverse reactions in a timely manner which will likely result in a positive outcome for all parties involved.

The Committee determined that the overall economic impact is favorable in that it will cost less to have a veterinary technician or trained designee to monitor the patient instead of the veterinarian, it allows for more equal distribution of workload which minimizes opportunities for medical errors and creates more employment opportunities by providing options for additional personnel to assist.

Rule 700-12-.11. Patient Care

- (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. ~~visit the facility and see each animal daily.~~
- (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. ~~Patients recovering from anesthesia must be properly monitored as appropriate.~~

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

The Committee recommended referring 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, back to the full Board for review during their December 8, 2021 Zoom meeting.

Adjournment No further business was discussed and the Committee meeting adjourned at 10:47 a.m.

Minutes recorded by: Michelle Hornaday, Board Support Specialist

Minutes reviewed by: Adrienne Price, Executive Director

Minutes approved on: December 8, 2021

WENDY CUEVAS, DACVPM
BOARD CHAIRPERSON

ADRIENNE PRICE
EXECUTIVE DIRECTOR

WILLIAM WRIGHT, DVM
COMMITTEE CHAIRPERSON