

GEORGIA STATE BOARD OF VETERINARY MEDICINE
Rules Committee WebEx Meeting Minutes
Tuesday, October 1, 2024 - 12:00 p.m.

The Georgia State Board of Veterinary Medicine, Rules Committee, met via WebEx on Tuesday, October 1, 2024. The following Committee members were present:

Committee Members Present

Dr. William Wright, DVM, Committee Chair
Dr. Wendy Cuevas, DVM, Committee Vice Chair
Ms. Jessica Sewell, LVT, Committee Member

Staff Present

Adrienne Price, Executive Director
Meagan Doss, Licensing Supervisor
Michelle Hornaday, Board Support Specialist
Sherry Strong, Licensing & Complaints Analyst

Committee Members Absent

No Committee Members absent.

Attorney General's Office

No Assistant Attorney General present.

Visitors Present

Nicole Northrup
Keri Riddick, DVM, Executive Director, Georgia Veterinary Medical Association (GVMA)

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

OPEN SESSION

Agenda The Committee accepted the agenda as presented.

Discussion – Proposed Revisions to Board Rule 700-14 Scope of Practice for Veterinary Technicians. from Georgia Veterinary Medical Association (GVMA)

Jessica Sewell joined the meeting at 12:10 p.m.

The Committee entered a discussion regarding the proposed rule revision submitted by the Georgia Veterinary Medical Association (GVMA) for Rules Chapter 700-14 Scope of Practice for Veterinary Technicians. After detailed analysis, the Committee determined that the rule amendments suggested by GVMA, and those changes that their discussion fine-tuned, serve to safeguard and protect veterinarians from over work and burnout which may be a danger to the clients/patients, particularly when there are many more duties that veterinarian technicians can carry out. Georgia veterinarians should be able to leverage their staff to provide care in a safe and efficient manner.

The Committee determined that the recommendations protect the public by increasing access to care and delegating more of the practice workload to the licensed technicians. The workflow delegation will allow veterinarians to serve a greater client base and not suffer themselves in the process. Large animal vets are overworked and stretched, especially in rural areas. The basis for rule promulgation loosens the perceived reigns for the LVT roles and expands their scope of practice while under some level of supervision by the licensed veterinarian.

It was noted that the laws and rules in Georgia define direct and indirect supervision and the GVMA and American Veterinary Medical Association (AVMA) has shared that their research reveals that veterinarians want to expand access to care while at the same time covering themselves and their clients/patients. The proposed amendments to the Board Rule will provide clarity to the licensed veterinarian about the skills and practices licensed veterinary technicians are able to perform. The amendments may also stay any efforts by non-profit groups, such as the Mid-level Practitioner Coalition, to statutorily establish a mid-level practitioner rule when licensed veterinary technicians already possess the level of training and expertise to perform additional tasks in the veterinary healthcare environment. Other jurisdictions, such as Arizona and Colorado, had legislation introduced to develop mid-level practitioners in veterinary medicine and the statute has passed in Colorado; however, the implementation has proven problematic as there is some confusion about the difference between those practitioners and licensed veterinary technicians.

The Committee further noted that whereas the Georgia Veterinary Practice Act may be a little outdated when it comes to the scope of practice for a licensed veterinary technician, the Board does have some discretion in clarifying the scope within the rules to represent the evolution in scope for veterinary technicians.

Dr. Riddick was invited to detail why the rule revision was formulated and she explained that GVMA created a taskforce to review the current standards for LVTs. She continued that GVMA has historically been watching LVTs in the legislative arena and has had concerns for at least the last 10 years. Dr. Riddick noted that AAVSB and AVMA do not see a need for mid-level practitioners. Instead, they are lobbying for an increase in scope of practice for LVTs. From a practitioner point of view, it's now time to understand more than ever what LVTs do is critically necessary. There is not enough information published on what license technicians can do legally. Conversely, there are lot of untrained individuals and veterinary assistants performing services and duties they are not trained nor qualified to perform.

Dr. Riddick used the example of the state of Texas where their practice act does not detail the specific duties of LVTs, but provides more clarity on direct and indirect supervision which allows veterinarians to use discretion. She continued that GVMA also followed the model language provided by AAVSB as well as the rationale they provided for the suggested changes submitted to the Board. Dr. Riddick noted that Michigan and Colorado did not have regulation for technicians until recently which created a legal liability for the veterinarian in those jurisdictions.

The Committee entered a discussion of the economic impact of the recommended rule amendment and determined this will be positive for veterinarians as they can now feel more confident in leveraging the LVTs to provide services to clients/patients that they once had to perform; thus, allowing them to care for more patients and generate more revenue for the practice. The LVTs may also be able to receive higher wages for the scope expansion. Elevating their role may help to improve or saturate the availability of LVTs in the state of Georgia where there is currently a shortage. There is a slight potential for a negative economic impact in relation to the cost for a veterinarian to hire LVTs; however, such impact is negated by the elevation of the LVT role for the more the more capacity the licensed veterinarian has to utilize LVTs, the more care is provided which generates more revenue for all and may also prove to help the profession retain LVTs as well as encourage others to enter into the profession.

The Committee voted by acclamation to refer BR 700-14 Scope of Practice for Veterinary Technicians to the full Board for their review with a recommendation that the Board vote to refer to the Attorney General's Office for authority and if authority is granted, post for hearing.

Rule 700-14-.01. Immediate Supervision

- (1) Immediate Supervision means that the duly licensed veterinarian is in audible and in visual range of the animal patient and the person treating the animal.
- (2) A veterinary technician working under the direction, supervision and control of a duly licensed veterinarian may provide the following animal patient care under immediate supervision:
 - (a) Surgical assistance.
 - (b) Placement of abdominal, thoracic or percutaneous gastrostomy (PEG) tubes.

Cite as Ga. Comp. R. & Regs. R. 700-14-.01

Authority: O.C.G.A. Secs. [43-1-25](#), [43-50-3](#), [43-50-21](#), [43-50-24](#).

Rule 700-14-.02. Direct Supervision

- (1) Direct supervision means that the duly licensed veterinarian is on the premises and is quickly and easily available and that the animal patient has been examined by a licensed veterinarian at such time as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task.
- (2) A veterinary technician working under the direction, supervision and control of a duly licensed veterinarian may provide the following animal patient care under direct supervision:

- (a) Euthanasia;
- (b) Administration of blood or blood components to animal patients;
- (c) Application of splints and slings;
- (d) Dental procedures including, but not limited to the removal of calculus, soft deposits, plaque and stains; the smoothing, filing, and polishing of teeth; or the floatation of equine teeth;
- (e) Non-emergency intubations;
- (f) Induce anesthesia;
- (g) Maintenance of anesthesia;
- (h) Assisting any duly licensed veterinarian in the measuring of quantities of medication, but excluding the dispensing, compounding, or mixing of drugs;
- (i) Dental extraction not requiring sectioning of the tooth or the resectioning of bone;
- (j) Perform central venous;
- (k) Perform arterial catheterization/arterial collection;
- (l) Regional anesthesia, including paravertebral blocks, epidurals, local blocks;
- (m) Placement of tubes, including but not limited to gastric, nasogastric, and nasoesophageal;
- (n) Fluid aspiration from a body cavity or organ (thoracocentesis, abdominocentesis);
- (o) Suturing, stapling, and gluing of an existing surgical incision;
- (p) Suturing a gingival incision;
- (q) Placement of epidural, intraosseous, and nasal catheters; and,
- (r) Castrate, dehorn, dock, for livestock and food animals, excluding equine species, in accordance with acceptable livestock and food animal management practices and the minimum standard of care;
- (s) Replacing a rectal prolapse with a purse string or a vaginal prolapse with a Buhner stitch or purse string for livestock and food animals, excluding equine species, in accordance with acceptable livestock and food animal management practices and the minimum standard of care.

Cite as Ga. Comp. R. & Regs. R. 700-14-.02

Authority: Authority O.C.G.A. Secs. [43-1-25](#), [43-50-3](#), [43-50-21](#), [43-50-24](#).

History. Original Rule entitled "Direct Supervision" adopted. F. Oct. 5, 2006; eff. Oct. 25, 2006.

Rule 700-14-.03. Indirect Supervision

- (1) Indirect supervision means the duly licensed veterinarian is not on the premises but has given either written or oral instructions for the treatment of the animal patient and the animal has been examined by a licensed veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated health care task.
- (2) A veterinary technician working under the direction, supervision and control of a duly licensed veterinarian may provide the following animal patient care under indirect supervision:

- (a) Administration and application of treatments, drugs, medication and immunological agents, unless prohibited by government regulation;
 - (b) Perform intravenous catheterizations and maintenance of intraarterial catheterizations;
 - (c) Radiography including settings, positioning, processing, and safety procedures;
 - (d) Collection of blood for diagnostic purposes; collection of urine by expression, or catheterization; collection of feces; collection and preparation of tissue, cellular, or microbiological samples by skin scrapings, impressions, or other non-surgical methods for diagnostic purposes;
 - (e) Routine laboratory test procedures;
 - (f) Collection of urine by cystocentesis;
 - (g) Blood or blood component collection and preparation for transfusion;
 - (h) Imaging including, but not limited to, radiography, ultrasonography, computed tomography, magnetic resonance imaging, and fluoroscopy and the administration of radio-opaque agents/materials;
 - (i) Monitoring including, but not limited to, electrocardiogram (ECG), blood pressure, carbon dioxide (CO₂) and blood oxygen saturation;
 - (j) Laser therapy;
 - (k) Animal rehabilitation therapies;
 - (l) Ocular tonometry, Schirmer tear test, and fluorescein stain application;
 - (m) Application of bandages; and,
 - (n) Suture and staple removal.
- (3) A veterinary technician working under the direction, supervision and control of a duly licensed veterinarian may provide the following emergency animal patient care under indirect supervision:
- (a) Application of tourniquets and/or pressure bandages to control hemorrhage;
 - (b) Initiate and perform CPR, including administration of medication and defibrillation, and provide immediate post-resuscitation care according to established protocols;
 - (c) Application of temporary splints or bandages to prevent further injury to bones or soft tissues;
 - (d) Application of appropriate wound dressings and external supportive treatment in severe wound and burn cases;
 - (e) External supportive treatment in heat prostration cases
 - (f) Administration of a drug to manage and control pain, to prevent further injury, and prevent or control shock, including parenteral fluids, under direct communication with a Veterinarian or in accordance with written guidelines consistent with accepted standards of veterinary medical practice;
 - (g) Administration of a drug to prevent suffering of an animal, up to and including euthanasia, under direct communication with a Veterinarian;
 - (h) Anti-seizure treatment; and,
 - (i) Placement of orogastric, nasogastric, and nasoesophageal tubes.

- (4) Grooming procedures and non-invasive skin (topical) treatment; and
- (5) Handling and disposal of biohazardous waste materials.
- (6) Ear notch, or remove needle teeth for livestock and food animals, excluding equine species, in accordance with acceptable livestock and food animal management practices and the minimum standard of care.

Cite as Ga. Comp. R. & Regs. R. 700-14-.03

Authority: O.C.G.A. Secs. [43-1-25](#), [43-50-3](#), [43-50-21](#), [43-50-24](#), [43-50-51](#), [43-50-54](#).

History. Original Rule entitled "Indirect Supervision" adopted. F. Oct. 5, 2006; eff. Oct. 25, 2006.

Repealed: New Rule of same title adopted. F. Aug. 24, 2007; eff. Sept. 13, 2007.

Rule 700-14-.04. Restrictions

- (1) Nothing in this chapter shall be construed to permit a veterinary technician to do the following:
 - (a) Make any diagnosis or prognosis;
 - (b) Prescribe any treatments, drugs, medications, or appliances;
 - (c) Perform surgery; or
 - (d) Administer a rabies vaccine to any official vaccinate.

Cite as Ga. Comp. R. & Regs. R. 700-14-.04

Authority: Authority O.C.G.A. Secs. [43-1-25](#), [43-50-3](#), [43-50-21](#), [43-50-24](#).

History. Original Rule entitled "Restrictions" adopted. F. Oct. 5, 2006; eff. Oct. 25, 2006.

Discussion – Radiology Safety CE Program Update, Jessica Sewell, LVT

Ms. Sewell reported that Gwinnett Technical College will record an on-demand Radiological Safety Training course. Since the school is AVMA accredited, the CE will be accepted by the Board. If the school goes through the college CE department, there will be a cost; however, if Gwinnett Tech is able to have their VET Radiology professors to create the program, there would be no cost. Ms Sewell said they should have the CE program ready by the summer of 2025.

Ms. Sewell will present her update to the full Board during their next meeting.

The Committee accepted the information regarding the Radiological Safety CE update as information.

Discussion – Procedure for Medical Records in the Case of Death or Incapacitation of the Licensee

The Committee determined that the recommended amendments to Board Rule 700-12-.04. Record Keeping will ensure continuity of care for patients in the event of untimely demise or incapacitation of the treating veterinarian. This will carry out policy objectives that are expressed in a statute and is in alignment with the patient rights act. Independent support for their recommendations came from other state boards, the medical board, state bar association, and independent support from constituents.

In discussing the economic impact of the proposed revision, it was determined that there could be a negative economic impact to require practices and veterinarians to maintain the records for the required period; however, it is necessary to ensure patient care is continuous and without interruption. Some cost may also be recovered should a fee be assessed for producing records. A positive economic impact is relative to the client not having to pay additional costs for a new assessment, vaccinations, and certificates completed within the provision of care.

Rule 700-12-.04. Record Keeping

Rule 700-12-.04. Record Keeping

- (1) Complete, accurate and legible records must be maintained on all animals, or animal groups, including but not limited to, animal owner information, animal identification, and veterinary care (hereinafter referred to as "patient records").
 - (a) All patient records must be maintained for a minimum of 3 years from the patient's last office visit (including diagnostic imaging and other patient data) by the veterinary facility where the patient received treatment. If treatment is not performed at a veterinary facility, a patient record must be maintained by the veterinarian who provided treatment of the patient.
 - (b) The veterinarian must furnish clients with an established mailing address for obtaining patient records.
 - (c) The requirements of subparagraphs (a) shall not apply to a veterinarian who has retired or sold his or her professional practice if said veterinarian has notified the client of such retirement or sale and offered to provide the patient records or copies thereof to another veterinarian of the client's choice or has furnished the client with an established mailing address to submit a request for obtaining patient records.
- (2) Each licensed veterinarian must execute and maintain record of an agreement naming an executor, administrator, or temporary administrator who shall be responsible for maintaining patient records for a period of six months from the date a veterinary facility closes or a licensed veterinarian dies, is incarcerated, or is no longer able to practice due to substantial impairment by reason of mental incompetence, illness or the use of alcohol, drugs, narcotics, chemicals, or any other type of material. Such agreement shall:
 - (a) Provide the name of the executor, administrator, or temporary administrator, the address where the records will be maintained, a phone number, and an email address and an acknowledgement that this information will be shared with the Georgia State Board of Veterinary Medicine and posted in the veterinary facility; and,
 - (b) Grant the Georgia State Board of Veterinary permission to post the contact information for the executor, administrator, or temporary administrator on the website for a period of six months from the date of occurrence for public access, and,
 - (c) Hold the executor, administrator, or temporary administrator responsible for notifying the clients of the basis for their possession of the records and how the records may be obtained.
 - (d) Entitle the executor, administrator, or temporary administrator to release any information contained in the files and records to the client with an acknowledgement of receipt from the client for the record charge a reasonable fee to reimburse their cost to mail or produce the records to the client.
- (3) On the 2026 renewal application and each renewal application thereafter, licensed veterinarians will be required to provide the name, address, contact number, and email address for the executor, administrator, or temporary administrator who is identified in the executed agreement as being responsible for the maintenance of patient records when the licensed veterinarian is no longer able.

Cite as Ga. Comp. R. & Regs. R. 700-12-.04

Authority: O.C.G.A. §§ [43-1-25](#), [43-50-21](#), [43-50-41](#).

History. Original Rule entitled "Record Keeping" adopted. F. Apr. 8, 2004; eff. Apr. 28, 2004.

Amended: F. Mar. 16, 2018; eff. Apr. 5, 2018.

The Committee voted by acclamation to refer BR 700-12-.04. Record Keeping to the full Board for their review with a recommendation that the Board vote to refer to the Attorney General's Office for authority and if authority is granted, post for hearing.

Adjournment No further business was discussed, and the Committee meeting adjourned at 2:16 p.m.

Minutes recorded by: Michelle Hornaday, Board Support Specialist

Minutes reviewed by: Adrienne Price, Executive Director & Meagan Doss, Licensing Supervisor

Minutes approved on: **October 15, 2024**

WILLIAM WRIGHT, DVM
COMMITTEE CHAIRPERSON

ADRIENNE PRICE
EXECUTIVE DIRECTOR

WILLIAM WRIGHT, DVM
BOARD CHAIRPERSON