

**LOUISIANA BOARD OF VETERINARY MEDICINE
BOARD MEETING
December 1, 2016**

Minutes

I. CALL TO ORDER

Board President, Dr. John Emerson, called the meeting to order at 8:44 a.m.
New Board member Dr. James Corley, was welcomed by the Board.

II. ROLL CALL –

Roll call was taken by Board Vice President, Dr. Fenton Lipscomb, with the following results:

Those present:

John S. Emerson, DVM	Board President
Fenton Lipscomb, DVM	Board Vice President
William H. Green, DVM	Board Secretary-Treasurer
James R. Corley, DVM	Board Member
Michael Tomino, Jr.	Board General Counsel
Wendy D. Parrish	Board Executive Director

Absent:

None.

Guests:

LVMA - Marion Sewell, DVM, and Stephanie Karaty

III. APPROVAL OF MINUTES

A. Board Meeting October 6, 2016

The Board reviewed the minutes from the October 6, 2016 Board meeting. Dr. Emerson noted a correction to be made on page 3. Motion was made by Dr. Lipscomb to accept the minutes as presented with the correction, seconded by Dr. Corley, and passed unanimously by voice vote.

IV. FINANCIAL MATTERS AND CONTRACTS

- A.** In the absence of the Board Secretary-Treasurer, Ms. Parrish presented the financial reports for the month of September and October 2016 for review. Following discussion and questions, motion was made by Dr. Lipscomb to approve the financial reports as presented, seconded by Dr. Green, and passed unanimously by voice vote.
- B. Nomination and Election of Secretary-Treasurer –** Motion was made by Dr. Lipscomb, seconded by Dr. Corley to nominate Dr. William H. Green to fill the vacation Secretary-Treasurer position. Motion was made by Dr. Lipscomb to close nominations, seconded by Dr. Corley and passed unanimously by voice vote.

Motion was made by Dr. Lipscomb to install, by acclamation, Dr. William H. Green as Board Secretary-Treasurer for the remainder of fiscal year 2017, seconded by Dr. Corley and passed unanimously by voice vote, effective December 1, 2016.

- C. **FY 2018 Proposed Budget** – Ms. Parrish presented proposed budget for FY2018 for review. Following discussion of income and expenditure projections, motion was made by Dr. Lipscomb, to accept the proposed budget as presented seconded by Dr. Green and passed unanimously by voice vote.

V. ADMINISTRATIVE PROCEEDINGS

None.

VI. DVM APPLICANT ISSUES

Motion was made by Dr. Lipscomb to go into executive session to discuss confidential matters regarding licensees and applicants not subject to public disclosure as per the law in VI. DVM APPLICANT ISSUES, seconded by Dr. Corley, and passed unanimously by voice vote.

Upon conclusion of executive session to review and consider all items in VI. DVM APPLICANT ISSUES, motion was made to return to regular session by Dr. Corley, seconded by Dr. Lipscomb, and approved unanimously by voice vote, to specifically address each item in the respective sections as follows:

- A. **John P. Kottenstette, II, DVM – Request Waiver of Preceptorship Requirement** – Dr. Kottenstette is a 1997 graduate of Texas A&M School of Veterinary Medicine, licensed in Texas, California, Rhode Island and Massachusetts. Following review of the documentation submitted Dr. Kottenstette, II, motion was made by Dr. Lipscomb, seconded by Dr. Green, to approve waiver of retake of the national examination and preceptorship requirements pending proper and complete documentation that employment meets the criteria of full-time clinical veterinary practice for the required period of time immediately prior to application. Motion passed unanimously by voice vote.
- B. **Catherine E. Love, DVM – Reconsider Request Waiver of Retake of National Examination and Preceptorship Requirement** – 2004 graduate of University of Wisconsin - Madison, licensed in Wisconsin, New York, and previously licensed in Louisiana. Following review of the additional documentation submitted by Dr. Love, motion was made by Dr. Lipscomb, second by Dr. Green, to defer approval of the waiver request due to insufficient and incomplete documentation regarding employment. Request for further specific employment information will be sent to Dr. Love. Motion passed unanimously by voice vote.
- C. **Lauren M. Anderson, DVM – Request Waiver of Preceptorship Requirement** – 2013 graduate of LSU School of Veterinary Medicine, licensed in Nevada. Following review of the documentation submitted by Dr. Anderson, motion was

made by Dr. Green, seconded by Dr. Corley, to approve waiver of preceptorship requirements as the documents provided meet the criteria of full-time clinical veterinary practice for the required period of time immediately prior to application. Motion passed unanimously by voice vote.

VII. RVT/CAET/RED ISSUES

- A. Elizabeth W. Duncan – Request for Education Equivalency to Take VTNE –** After review of the documentation from Mr. Duncan, motion was made by Dr. Lipscomb, seconded by Dr. Green, to inform Ms. Duncan that LA Veterinary Practice Act does not grant the Board the discretion to waive the formal veterinary technology education requirement necessary for registration and VTNE examinations as an RVT. Motion passed unanimously by voice vote.

VIII. CONTINUING EDUCATION ISSUES

- A. Safe Capture International (K. Amass, DVM) –** The board reviewed the request and documentation for DVM/RVT/CAET CE credits for participation in the proposed program, as well as approval for one of the requirement for CAET Lead status. Motion was made by Dr. Lipscomb, seconded by Dr. Green, to approve the program for DVM/RVT/CAET CE credits and meeting one of the requirements for CAET Lead status. Motion passed unanimously by voice vote.

IX. POLICY, PROCEDURE, AND RULES

- A. General Rule Update -** None.
- B. Policy and Procedure –** None.
- C. Practice Act, Rules/Related Matters/Declaratory Statements –**
1. Mr. Tomino updated the Board on the status of Task Force/SCR 65 recommending to the Senate Committee on Health & Welfare proposed solutions and potential items to be considered by the Legislature in 2017 General Session regarding the effects of the *N.C. Dental* case. There is no anticipated recommendation by the Task Force to amend the definitions of any professional practice, nor change the composition of the state boards comprised of active market participants. Active state supervision requirement will be addressed by a suggested government attorney panel to first review any proposed LDH boards' action that could potentially be argued to be a restraint of lawful trade scenario. LVMA representatives were present during the update.
 2. Jenny Breaux, DVM, submitted a query regarding whether or not an examination is required prior to administering a rabies vaccination. After careful consideration, the Board concluded that a physical examination prior to administering a rabies vaccination is the required proper standard of veterinary practice. When a strong biological agent, such as a rabies vaccine, is given to an animal, an examination is needed to determine if the animal appears to be healthy enough to safely receive the product and that the animal's body may hopefully respond correctly to the product.

3. David Butler, DVM, submitted an initial query regarding 1) whether or not an examination is required as a standard of veterinary care prior to administering a rabies vaccination; and 2) is the veterinary-client-patient relationship (VCPR) still valid if the veterinarian has not seen the animal for a year. His questions appear to revolve around the administration of the three (3) year vaccine with one year tags being consecutively issued.

After careful consideration, the Board concluded that with regards to his first question, a physical examination prior to administering a rabies vaccination is the required proper standard of veterinary practice. When a strong biological agent, such as a rabies vaccine, is given to an animal, an examination is needed to determine if the animal appears to be healthy enough to safely receive the product and that the animal's body may hopefully respond correctly to the product.

In response to his second question, there is no automatic time expiration on the existence of the VCPR. The VCPR is the professional relationship established by the veterinarian with the client and patient which includes, among other elements, the veterinarian's obligations of confidentiality and the maintenance of the medical record for the required five (5) year period from the date the animal has last received veterinary care services. The Board has concluded that the VCPR can be terminated prospectively by the veterinarian as a business decision if, and only if, the patient is not prejudiced at the time of such termination and notice to the client. In concluding, the veterinarian was advised that the confidentiality and maintenance of the medical record obligations remain after such termination.

Thereafter, Dr. Butler submitted a supplemental request for clarification. In response, after the required initial exam and the 3 year vaccine is administered, an exam is not required for the remaining consecutive years 2 and/or 3 if only the tag/license is what the animal is being seen for by the veterinarian. This response is based on the Board's jurisdiction regarding the standard of veterinary care in rabies vaccination. However, should local government require such an exam pursuant to its jurisdiction regarding the tag/license issue for consecutive years 2 and/or 3, then the required exam(s) would be more in the nature of a ministerial issue, but not as a standard of veterinary care.

Now, if there are different veterinarians at different facilities in consecutive years 2 and/or 3, if it can be confirmed and documented in the medical record by the current, attending veterinarian that a 3 year vaccine was initially used, there would be no requirement for additional exams pursuant to the Board's jurisdiction on the standard of veterinary care. Again, the Board must defer to local government regarding the tag/license issue pursuant to its jurisdiction as delegated to it by the Legislature.

4. Tom Greene, DVM, submitted a query regarding the “requirements for pre-surgery/anesthesia blood work and the owner’s option to refuse it, by signing a form.” In response, pre-anesthetic blood work prior to general anesthesia is the required proper standard of veterinary practice. However, the decision to have such performed, or not, rests with the informed client. Accordingly, pre-anesthetic blood work prior to general anesthesia must be explained and offered to the client prior to the general anesthesia. Such can be accomplished by a simple form which when signed by the client, either accepting or denying the pre-anesthetic blood work, properly documents the medical record if the matter is later raised by the client and then questioned by the Board. It was suggested that the veterinarian review Rule 1039.B, C, and D which addresses Anesthesia Consent Forms in emergency and non-emergency situations, and further defines an emergency situation.

Furthermore, the Board has consistently concluded that sedation (for example: Dexdomitor and Butorphanol) is included within the concept of general anesthesia thereby requiring a signed consent form by the client prior to administration. In comparison, a topical or local anesthetic does not require such a signed consent form.

The Board was not unanimous in its conclusion with Dr. Lipscomb in disagreement.

The Board elected to insert an article on this subject matter in the upcoming Dec/Winter 2016 edition of its *Newsletter*.

Thereafter, Dr. John Fletcher submitted a request for clarification after reading the *Newsletter* article regarding "pre-anesthetic blood work prior to general anesthesia is the required proper standard of veterinary practice" His question is “what constitutes appropriate "blood work"? Is a PCV/TP/Glucose adequate or is a complete CBC/Chem Panel needed or something in between?”

The following response was authorized by the Board President in keeping with the Board’s decision made on December 1, 2017. Accordingly, as stated in the recent *Newsletter* (Winter 2016-17), pre-anesthetic blood work prior to general anesthesia is the required proper standard of veterinary practice. However, the type of blood work required is dependent on the condition and specific circumstances of veterinary care for the respective patient. Therefore, whether it is “a PCV/TP/Glucose adequate or is a complete CBC/Chem Panel needed or something in between,” is a fact sensitive determination. The review standard of the type of pre-anesthetic blood work required in a given matter is “the same degree of care, skill, and diligence as are ordinarily used in the same or similar circumstances by average members of the veterinary medical profession” as provided in Rule 1023.

5. Dale L. Paccamonti, DVM, with LSU-SVM, submitted a question regarding “how do faculty that have federal accreditation, either Level 1 or 2, get a number that they can use to sign regulatory papers (health certificates, TB/brucellosis/Coggin’s papers, etc.) in Louisiana.” He was advised to have the Faculty Licensed Veterinarians use the number assigned to him/her on the respective license as issued by the Board for the USDA certificate.

It is also noted that the Board previously communicated with the pertinent USDA and LDAF persons, as well as informed LSU-SVM, (prior to the effective date of Oct 1 of the new Rule 303) that the holder of a faculty license may issue a health certificate and perform a Coggins test on an animal owned by a member of the public whether by referral from a private practice veterinarian, or by direct patient solicitation/access without referral, as part of his employment at the school. However, an active license is, and will continue to be, required for the provision of veterinary care on animals owned by the public outside of the school employment arena, including the issuance of a health certificate and performance of a Coggins test.

6. Lindsey S. Saunders, Academic Coordinator for LSU-SVM, submitted a query regarding whether the “house officers” who apply for faculty licensure in June and July 2017 will need to renew their licenses in September. It was concluded that, due to Rule 500 on Fees, such faculty licenses issued in May, June, July or August, will not have to renew in September of the same year.

7. Brent Robbins, DVM, LDAF Deputy Commissioner and State Veterinarian, submitted a query regarding communications with LSU-SVM on the recent flooding event/aftermath in South LA and the school’s participation. In the response to Dr. Robbins, a brief history of the protocol was first reviewed, and then, the specific questions and LBVM’s responses followed. Such are provided below.

I. Protocol.

The Governor first must declare a public health emergency. Pursuant to Rule 309 (promulgated pursuant to the 2006 Legislative Session), a determination must initially be made by the LBVM as to whether the public health emergency requires the implementation, by new emergency rule, for “temporary registration” of veterinarians or veterinary technicians whose licenses, certifications or registrations are current and unrestricted in another jurisdiction of the United States. The LBVM contacts the LA State Veterinarian as the legal entity to properly provide the LBVM with information for consideration regarding the necessity for temporary registration of out of state veterinarians and veterinary technicians due to a shortage of LA licensed veterinarians during the declared emergency.

By law, the LA State Veterinarian is in charge of the Incident Command Central effort during the declared emergency. It is the LBVM's understanding that input will be sought by the State Veterinarian's office from the appropriate Federal authorities, the LA Veterinary Medical Association-SART, and LSU-SVM, as well as other interested governmental entities including local authorities.

If the LBVM makes the informed determination that temporary registration of out of state veterinarians and veterinary technicians is not required for the declared emergency, then the current provisions of the LA Veterinary Practice Act regarding the necessity for a LA license, or a qualified exemption for a license, to practice veterinary medicine will apply. In other words, the current status quo requiring a LA license will remain in effect.

Again, the decision by the LBVM to issue temporary registration to qualified out of state veterinarians and veterinary technicians will be based primarily on whether the needs, during a declared disaster, are being sufficiently met by LA licensed veterinarians and LA registered veterinary technicians. It is the LBVM's further understanding that the entire protocol worked seamlessly in the recent flooding event/aftermath in South LA. There were sufficient LA licensed veterinarians to address the needs for veterinary care, without the need for out-of-state veterinarians, as reported by the State Veterinarian to the LBVM.

II. Specific Questions followed by the LBVM's Responses.

Question 1. May current "faculty licensed" veterinarians with LSU assist as veterinarians during a declared emergency though it may be outside of their regular functions?

Response: The triggering event is a mandated declaration of a public health emergency by the Governor. Then, Rule 309 protocol begins for the LBVM to determine if there is a need for temporary registration of out of state veterinarians and veterinary technicians due to a shortage of LA licensed veterinarians during the declared emergency. The LBVM is in communication with the State Veterinarian for information so that it may make an informed decision.

Effective October 1, 2016, Rule 303.E was promulgated to require a faculty license when a veterinarian faculty member engages in the direct (hands-on) practice of veterinary medicine on an animal owned by a member of the public whether by referral from a private practice veterinarian, or by direct patient solicitation/access without referral, as part of his employment at the school. Administrative regulatory accountability is required to insure the health, welfare, and protection of the animals and the public.

During a qualified, declared public health emergency, animals owned by members of the public are provided veterinary care in the affected areas as confirmed by the State Veterinarian. Accordingly, a faculty licensed veterinarian

may provide veterinary services in a qualified, declared emergency *if such is "part of his employment at the school" as defined by LSU-SVM*. There is no need for consideration of whether there is a shortage of active LA licensed veterinarians under this scenario due to the wording and effect of Rule 303.E.

In contrast, if a qualified, declared emergency *is not defined as "part of his employment at the school,"* then a faculty licensed veterinarian must monitor the LBVM's website and can only provide veterinary care pursuant to the requirements set forth in an Emergency Rule per the LBVM's decision in accordance with Rule 309's protocol. In this scenario, the faculty licensed veterinarian must first complete the temporary registration requirements of an Emergency Rule issued by the LBVM.

Question 2. May "non-faculty licensed" veterinarians with LSU assist as veterinarians during a declared emergency?

Response: No. Please refer to the response to Question 1 above. In short, a "non-faculty licensed" veterinarian must monitor the LBVM's website and can only provide veterinary care pursuant to the requirements set forth in an Emergency Rule per the LBVM's decision in accordance with Rule 309's protocol. The "non-faculty licensed" veterinarian must first complete the temporary registration requirements of an Emergency Rule issued by the LBVM.

Question 3. May LSU import veterinarians without a current faculty license from outside the state to assist as veterinarians with a declared emergency?

Response. No. Please refer to the Responses to Questions 1 and 2 above. These out-of -state veterinarians must comply with Rule 309 should an Emergency Rule be issued by the LBVM, after a public health emergency declared by the Governor, and the LBVM's determination that there are not enough LA licensed veterinarians to address the veterinary care needs during the emergency.

Question 4. May LSU students assist during a declared emergency?

Response. In a qualified, declared emergency, an LSU-SVM student may assist with veterinary services pursuant to the defined limitations and requirements set forth in Rule 714 "Student/Shelters and Faculty Veterinarians" which states: 1) he must be a regular student at LSU-SVM who is performing permissible duties or actions assigned by his instructors as part of his curriculum; and 2) the supervising, faculty licensed veterinarian must be within the permissible "part of his employment at the school," as well as the veterinarian of record for the patient. See Response to Question 1 above.

Also, please note that Rule 714.C states that “the supervising, faculty licensed veterinarian shall be ultimately responsible and held accountable by the LBVM for the duties, actions, or work performed by the student, however, at no time shall the student’s role extend beyond assisting the faculty licensed veterinarian in a support capacity during assessment, diagnosis, treatment, and surgery.”

In concluding, there exists no legal avenue for veterinary students from schools outside of Louisiana to provide any veterinary services commensurate to those within the permissible limits of the LSU-SVM students as stated herein.

Dr. Robbins and/or the representatives of LSU-SVM were invited to meet with the LBVM at an upcoming board meeting regarding this response and advised that the next scheduled LBVM meeting is February 2, 2017.

X. MISCELLANEOUS MATTERS

A. New Licenses and Certificates Issued:

Wall certificates were presented for signature for the following licenses/certificates issued since the previous Board meeting:

DVM

3435	Wahler	Brandon Michael
3436	Riedel	Rebekah Mary
3437	Hodgson	Michelle Marie
3438	Brown	Bradley Alan
3439	Adams	Hayley Hollier
3440	Cameron	Katelyn Marie
3441	Chouinard	Megan Elizabeth
3442	Lognion	Benjamin Alexander
3443	Murrell	Jerold Marcus
3444	Moseley	Weston Jeffrey

Faculty DVM

067	West	Jennifer Anne
068	McGill	Jennifer Elaine
069	Jania	Rachel Aurora
070	Myrna	Kathern Elizabeth

RVT

8374	Horsley	Sarah Elizabeth
8375	Terranova	Jessica L.

8376 Snyder- Whitley Rae
Francis

B. Winter 2016-2017 Newsletter – A proposed newsletter draft containing topics and statistics to be included in the Winter 2016-2017 newsletter was presented. Motion was made by Dr. Green, seconded by Dr. Lipscomb, to approve the newsletter as presented with the additional of an article regarding presurgery bloodwork consent forms. Motion passed unanimously by voice vote.

C. Customer Satisfaction Questionnaire – Ms. Parrish presented a summary of the customer service questionnaire comments from October 2015 through October 2016. The majority of the responses were positive and the results will be mailed to the appropriate state agency for reporting purposes. No action was taken on this item.

D. Non-Renewed DVM Listings with Louisiana Address – Ms. Parrish presented summary of non-renewed DVM licensees with Louisiana addresses for review. No action was taken on this item.

XI. EXECUTIVE SESSION

Motion was made by Dr. Green to go into executive session to discuss issues and receive legal advice regarding potential contested matters and personnel matters, seconded by Dr. Lipscomb, and passed unanimously by voice vote. Upon conclusion of discussion of the issues, motion was made to return to regular session by Dr. Lipscomb, seconded by Dr. Corley, and approved unanimously by voice vote.

A. No action taken.

XII. ADJOURN

There being no further business before the Board, motion was made by Dr. Lipscomb, seconded by Dr. Green, and passed unanimously by voice vote to adjourn. The meeting was adjourned at 1:28 p.m.

MINUTES REVIEWED AND APPROVED BY FULL BOARD on February 2, 2017.

William H. Green, DVM, Board Secretary-Treasurer

