

**LOUISIANA BOARD OF VETERINARY MEDICINE
BOARD MEETING
February 2, 2017**

Minutes

I. CALL TO ORDER

Board President, Dr. John Emerson, called the meeting to order at 8:32 a.m.

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 - Patrick Thistlethwaite, DVM, and Stephanie Karaty

III. APPROVAL OF MINUTES

A. Board Meeting December 1, 2016

The Board reviewed the minutes from the December 1, 2016 Board meeting. Dr. Emerson noted a correction to be made on page 2. 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. Dr. Green, Board Secretary-Treasurer, and Ms. Parrish presented the financial reports for the month of November and December 2016 for review. Ms. Parrish advised of recent notice of projected increase of contribution rate for FY2018 LASERS and budget impact. Following discussion and questions, motion was made by Dr. Lipscomb to approve the financial reports as presented, seconded by Dr. Corley, and passed unanimously by voice vote.

V. DVM 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 V. DVM ISSUES and 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 V. DVM ISSUES and VI. DVM APPLICANT ISSUES, motion was made to return to regular session by Dr. Corley, seconded by Dr. Green, and approved unanimously by voice vote, to specifically address each item in the respective sections as follows:

- A. Gerald Abdalla, Jr., DVM – Request Status Change and Refund of Renewal Fee** – Following review of the documentation submitted Dr. Abdalla, motion was made by Dr. Green, seconded by Dr. Corley, to approve status change to Inactive Retired, but deny refund of renewal fee for Renewal Year 2016-2017. Motion passed unanimously by voice vote.

VI. DVM APPLICANT ISSUES

- A. Susan K. Akers, DVM – Request Waiver of Retake of National Examination and Preceptorship Requirement** – 2009 graduate of Mississippi State University, licensed in Texas. Following review of the documentation submitted Dr. Akers, motion was made by Dr. Lipscomb, seconded by Dr. Green, to approve waiver of retake of the national examination and 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.
- B. Charles F. Aldridge, DVM – Request Waiver of Retake of National Examination and Preceptorship Requirement** – 2010 graduate of University of George College of Veterinary Medicine, licensed in California and Alabama. Following review of the additional documentation submitted by Dr. Aldridge, motion was made by Dr. Lipscomb, second by Dr. Corley, to approve waiver of retake of the national examination and 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.
- C. Mollie Mesman Aldridge, DVM – Request Waiver of Retake of National Examination and Preceptorship Requirement** – 2012 graduate of LSU School of Veterinary Medicine, licensed in California and Alabama. Following review of the documentation submitted Dr. Aldridge, motion was made by Dr. Corley, seconded by Dr. Green, to approve waiver of retake of the national examination and 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.
- D. Gregory S. Payne, DVM – Request Waiver of Retake of National Examination and Preceptorship Requirement** – 1992 graduate of Oklahoma State University, licensed in New Mexico, Colorado and Texas. Following review of the documentation submitted Dr. Payne, motion was made by Dr. Green, seconded by Dr. Lipscomb, to approve waiver of retake of the national examination and 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.

- E. Kathryn R. Sykes, DVM – Request Waiver of Retake of National Examination and Preceptorship Requirement** – 2008 graduate of Atlantic Veterinary College - UPEI, licensed in Nova Scotia, New York and Connecticut. Following review of the documentation submitted Dr. Sykes, motion was made by Dr. Lipscomb, seconded by Dr. Corley, to **deny** waiver of retake of the national examination as the documents provided did not meet the criteria of full-time clinical veterinary practice for the required period of time immediately prior to application. Motion was made by Dr. Green, seconded by Dr. Lipscomb to **approve** waiver of the preceptorship requirement as the documents provided meet the criteria of full-time clinical veterinary practice for the required period of time immediately prior to application. Both motions passed unanimously by voice vote.
- F. Jamie M. Torres, DVM – Request Waiver of Retake of National Examination and Preceptorship Requirement** – 2007 graduate of University of Minnesota College of Veterinary Medicine, licensed in Maryland, Virginia, New Jersey and Minnesota. Following review of the additional documentation submitted by Dr. Torres, motion was made by Dr. Lipscomb, seconded by Dr. Corley, to approve waiver of retake of the national examination and 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.
- G. 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, seconded by Dr. Corley, to defer consideration of the waiver request due to insufficient and incomplete documentation regarding employment, until additional information is submitted. Dr. Love will be notified of request for additional information. Motion passed unanimously by voice vote.
- H. Amanda J. Anderson, DVM – Request for Waiver of Preceptorship Requirement** – 2014 graduate of Oklahoma State University, licensed in Oklahoma. Following review of the documentation submitted by Dr. Anderson, motion was made by Dr. Lipscomb, seconded by Dr. Green, 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.
- I. Yaritza E. Serrano-Laureano, DVM – Request for Waiver of Preceptorship Requirement** – 2015 graduate of LSU School of Veterinary Medicine, licensed in Oklahoma. Following review of the documentation submitted by Dr. Serrano-Laureano, motion was made by Dr. Corley, seconded by Dr. Lipscomb, 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. CONTINUING EDUCATION ISSUES

A. Hazardous Waste Training (Christy White, DVM) – The board reviewed the request and documentation for DVM CE credits for participation in the hazardous waste training at Pennington Biomedical Research. Motion was made by Dr. Green, seconded by Dr. Lipscomb, to deny the program for DVM CE credits as it does not meet criteria for DVM CE credits. Motion passed unanimously by voice vote.

VIII. PRECEPTORSHIP ISSUES

A. Equi-Vet, LLC – The board reviewed the request and documentation for preceptorship site approval status. Motion was made by Dr. Lipscomb, seconded by Dr. Green, to approve the facility as a Limited preceptorship site. 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. In keeping with the conclusions/discussions of the Task Force/SCR 65 regarding the effects of the *N.C. Dental* case and recommendations made to the Senate Committee on Health & Welfare, a “Statement of Obligations” of the Board members, as approved, will be inserted in the board books for each future meeting, as well as read into the Minutes at each meeting.

2. David Butler, DVM, submitted a request for clarification of the Board’s response last meeting regarding rabies vaccinations and tags. In further response, the Board concluded that 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.

In addition, 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.

3. Catherine Garon, DVM, submitted a query regarding a veterinarian's professional obligation regarding: 1) whether a positive titer for rabies would be considered "vaccinated" if the dog bites someone; and 2) it is permissible for a veterinarian to vaccinate with a 3 year vaccine in a 1 year parish, and the patient be considered "vaccinated" for the 3 years if it bites someone. In responding, the Board reviewed the Practice Act and its Rules, as well as the State Sanitary Code and the *Compendium of Animal Rabies Prevention Control* (2016) which states that "rabies virus antibody titers are indicative of an animal's response to vaccine or infection. Titers do not directly correlate with protection because other immunologic factors also play a role in preventing rabies and our abilities to measure and interpret those other factors are not well developed. Therefore, evidence of circulating rabies virus antibodies in animals should not be used as a substitute for current vaccination in managing rabies exposures or determining the need for booster vaccination."

Accordingly, based on the legal authority, a positive titers test is not the same as "vaccinated" against rabies. In the event a particular animal demonstrates a problem with rabies vaccine, it is strongly suggested that the veterinarian document the medical records of the animal at issue and confirm the client/owner's knowledge and prior consent of the action suggested and taken in a given case. Such a suggestion may play a pivotal part in defense of a complaint if the animal should thereafter bite a person or animal, or if euthanasia is ultimately required at a later date. In addition, it is highly recommended that the veterinarian confer with the local health authority in each particular case in order to comply with any requirements it may have under the circumstances. However, it is doubtful that a local governmental entity will approve the issuance of a rabies tag based on the results of a titers test.

In reference to the second question regarding the use of a 3 year vaccine as being considered "vaccinated in a 1 year vaccine parish," again from a veterinary practice standpoint, a 3 year vaccine is a three year vaccine from a practical standpoint. However, again it must be stated that deference is given by State law to the local governing authority regarding rabies vaccine administration and the issuance of tags. In addition, per Board Rule 705.B, any violation of local legal authority is also sanctionable by the Board against its licensee.

With regards to any liability in a civil court, the Board must defer to the court's jurisdiction and application of civil law on such issues. The Board does not have the authority to legally decide on whether the statute's acceptance of 3 year or 1 year rabies vaccine legally primes the statute's deference given to local government on rabies vaccination, including it selecting the 1 year vaccine for its jurisdiction. It is respectively suggested that the local veterinarians interface with the parish government on the subject matter of the query.

4. Charles McCauley, DVM, with LSU-SVM submitted a question regarding the medical record for a horse that is presented to a veterinary clinic for a pre-purchase examination. More specifically, who is the client for VCPR purposes and the dissemination of information.

At the outset, a pre-purchase examination is the practice of veterinary medicine in that a LA licensed veterinarian must perform the service. Accordingly, the Board has administrative jurisdiction over the pre-purchase exam service. However, to fully understand the concept, one must look at the substance and purpose of the pre-purchase exam.

The pre-purchase exam is more in the nature of a specific service in the practice of veterinary medicine. Such exam is not truly in the nature of determining “the condition of the animal for the need for medical treatment to which the client agrees to follow” which is the foundation of the “veterinarian-client-patient relationship” (VCPR), but rather for soundness of the animal which is an element of the pending sale. The general principle of the VCPR, citing the owner of an animal as the client, must yield to the specific principle in Rule 1003 where the Board accepts that a veterinarian may be employed/engaged by a buyer (not yet owner) of the animal for the limited purpose of inspecting the animal for soundness. It is also possible that a potential seller may employ/engage the veterinarian for the pre-purchase exam, although this is generally not the custom. However, it is indisputable that the veterinarian cannot accept a fee from both potential seller and potential buyer in the same pre-purchase exam scenario per Rule 1003.

Therefore, in the limited circumstance of a pre-purchase examination, the client is the one who has requested the pre-purchase exam and paid for it, regardless of whether he is the potential seller or the potential buyer. In addition, Rule 1003 allows the veterinarian to share the results of the pre-purchase exam with both potential seller and potential buyer, but only if both potential seller and potential buyer give express consent after full disclosure of the facts (meaning potential seller and potential buyer understand that the results of the exam will be shared with all parties involved in the pending sale). It is strongly recommended that in this situation the veterinarian have such express consent of both potential seller and potential buyer documented in his records if such is later questioned by the parties or the Board.

5. The Board received two (2) questions requesting clarification of the Board’s response last meeting regarding pre-anesthetic blood work as a proper standard of veterinary medicine. The Board provided the following responses.

a. John Fletcher, DVM, was informed that 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. Accordingly, 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.

b. Jason St. Romain, DVM, was informed that the use of oral Acepromazine, Valium, or Xanax is not considered general anesthesia/sedation for purposes of the pre-anesthetic blood work requirement. In addition, the use of Dexdormitor/torb combination for general anesthesia, including sedation (for nail trimming or grooming regardless of how often such is performed) requires the performance of pre-anesthetic blood work; however, at a minimum, the pre-anesthetic blood work must be offered to the client with the client’s consent or declination documented in the medical record.

6. A question was submitted regarding the display of a license when there exists multiple practice locations. The Board initially responded to this question in October 2015, and again responded here that Rule 1021 requires that the license shall be posted or displayed in full view of the clients at the principal practice location for the respective veterinarian (with the wallet annual renewal personally kept with the veterinarian while practicing at any satellite location).

7. Darryl Dahlquist, DVM, submitted a question regarding issues of notice and records retention regarding practice closure or possible sale. The Board responded that it is the obligation of the veterinarian to maintain the medical record of each patient and provide a copy of the records, if one is requested, at a reasonable reproduction cost to the owner of the animal. The veterinarian must maintain the records for the five (5) year period from the date of last treatment of the animal in question. Proper notice of practice closure should at a minimum include a mail out to the owner of each animal treated by the veterinarian and notice in the appropriate local newspaper of the practice’s closure, as well as information on how and where to obtain the medical records for a reasonable period of time. For example, the notice to be published for at least two (2) successive weeks at once per week, with the clients given an additional two weeks to obtain a copy of their records.

If another veterinarian were to purchase the practice, the new veterinarian owner could potentially “step into your shoes” from a practical standpoint as the seller’s agent, assuming he is agreeable to do so, with regards to being custodian of the records. However, by law, the seller is still the legal owner and custodian of the records and will be held accountable as such. The Board also feels that proper notice must be provided to each client by the seller which should at a

minimum include a mail out to the owner of each animal treated by him within the past five (5) years and notice in the appropriate local newspaper of the sale of the practice, as well as information on how and where to obtain the medical records if so desired by the clients. Such is based on the fact that the seller's clients are not bound to present their animals to the new veterinarian purchasing the practice. In short, the new veterinarian purchasing the practice will need to establish a veterinarian-client-patient relationship (VCPR) with each owner and animal on a individual basis.

8. The Board received a query regarding the permissible provision of veterinary services to rescued and/or service dogs by the fire and police departments. The Board has been consistent in its response that "general first aid can be administered to the animals by lay persons (firefighters, police, EMTs and paramedics in emergencies) until appropriate veterinary care can be administered by a Louisiana licensed veterinarian. It has been concluded that it is permissible for oxygen masks to be used on animals involved in situations demanding such since this is analogous to rendering first aid."

The difference between general first aid and the "practice of veterinary medicine" should be easily understood as such is defined in the LA Veterinary Practice Act to mean "to diagnose, treat, correct, change, relieve, or prevent animal disease, deformity, defect, injury, or other physical or mental conditions; including the prescription or administration of any drug, medicine, biologic apparatus, application, anesthetic, or therapeutic or diagnostic substance or technique, and the use of any manual or mechanical procedure for testing for pregnancy, or for correcting sterility, or infertility, or to render advice or recommendation with regard to any of the above." General first aid for animals should be discoverable in available subject matter materials, and common sense would dictate that it is somewhat analogous to general first aid for humans. However, any proposed general first aid must be in compliance with the LA Veterinary Practice Act's definition of the practice of veterinary medicine.

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

3445	Molitor	Laure Elizabeth
3446	Muniak	Maria Rae

Faculty DVM

FAC 071	Bennett, Jr.	Roger A.
FAC 072	Calder	Christine Dianne
FAC 073	Hauck	Marlene Lynn
FAC 074	Koch	Seth A.

FAC 075	Krotscheck	Ursula
FAC 076	Lindley	Stephanie Elizabeth Schleis

RVT

8376	Snyder-Francis	Whitley Rae
8377	Powers	Daina Kay
8378	Domingue	Jonnie Rae
8379	Timmons	Traci Marie
8380	Landry	Abby Lynne
8381	Scheuermann	Rebecca Joy

CAET

9817	Webb	Caylee C.
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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.

No action taken.

XII. ADJOURN

There being no further business before the Board, motion was made by Dr. Green, seconded by Dr. Lipscomb, and passed unanimously by voice vote to adjourn. The meeting was adjourned at 1:14 p.m.

MINUTES REVIEWED AND APPROVED BY FULL BOARD on April 6, 2017.

William H. Green, DVM, Board Secretary-Treasurer