

OVMEB BOARD MEETING PUBLIC SESSION	May 7-8, 2026,	8:30 AM
	Zoom Conference:	
	https://us06web.zoom.us/j/85226267961?pwd=7JugbaUBdH1aXYXLXWOTaa2XNmVcYU.1	
	Meeting ID: 852 2626 7961 Passcode: GSM1AQ	
Phone 971-673-0224 Fax 971-673-0226		
Board President: Max Rinaldi, DVM		

May 7-8, 2026, 8:30 AM

Convene Public Session

1. CALL TO ORDER

Public Session is scheduled to start at 8:30AM and will continue until the end of business. Executive Session (closed to the public) will follow, continuing until the end of business. The Board expects to come out of Executive Session and into Public Session for the purpose of voting on the cases discussed during Executive Session and other applicable Board business.

2. Roll Call

3. OVMEB BOARD CHAIR’S COMMENTS

a. Welcome comments from Max Rinaldi, OVMEB Board Chair

4. PUBLIC COMMENTS – For Items Not on the Agenda (Comments must be limited to 3-5 minutes, limited to 1 hour for the full comment period. For planning and scheduling purposes, the Board requests public participants to notify the office in advance if you wish to address the Board.)

5. CONSENT AGENDA

a. Today’s Agenda

b. March 11-12, 2026- Public Board Meeting Minutes

6. UPDATE FROM STATE VETERINARIAN – Dr. Ryan Scholz

7. EXECUTIVE DIRECTOR REPORT – OVMEB Peter Burns

8. DISCUSSION AND ACTION ITEMS

- i. CVT Workgroup Update - OVMEB Director Pete Burns and Dr. Emilio DeBess
- ii. Well-Being in Oregon – A Regulatory Framework – Dr. Charles Hurty

iii. Rulemaking Update – OVMEB Director, Pete Burns

9. Next Board Meeting- July 16-17, 2026

10. EXECUTIVE SESSION: The Oregon Veterinary Medical Examining Board will now go into Executive Session pursuant to ORS 192.660(2)(L), ORS 192.660(2)(f), ORS 192.660(2)(h), and 676.175(1) concerning discipline, litigation, and exempt public records. Representatives of the news media and designated staff will be allowed to attend the Executive Session. All other members of the audience are asked to leave the room. Representatives of the news media are specifically directed not to report on any of the deliberations during the Executive Session except to state the general subject of the session as previously announced. No decision will be made in Executive Session. At the end of the Executive Session, we will return to open session and welcome the audience back into the room.

11. IN THE MATTERS OF (following Executive Session)

4. Public Comment

Recruitment Email Template: Anonymous Survey

Hello,

Researchers at Johns Hopkins School of Public Health in Baltimore, MD invite you to participate in a national study on veterinarians' experiences with risk communication for high-consequence animal diseases (e.g., Highly Pathogenic Avian Influenza, Rabies, New World Screwworm).

Your perspective is vital. The online survey will:

- Take ~20 minutes
- Be completely anonymous
- Contribute to improving veterinary preparedness and well-being during high-consequence animal disease outbreaks

As a thank-you, the Johns Hopkins P.O.E. Total Worker Health[®] Center in Mental Health is offering participants receive FREE access to a RACE-approved, 1 credit-hour Veterinary Continuing Education module on occupational and Total Worker Health[®].

You are eligible to participate in this study if you are 18 years of age or over and have worked in the United States within the past 3 years (2023-2025). If you would like to participate in this study, please click on the link below:

Study Title: Veterinarians' Knowledge, Attitudes, Practices in Risk Communication Beyond Animal Health (VETCOM)

IRB No.: 34995

Principle Investigators: Dr. Teresa Schlanser (Student PI) and Dr. Meghan Davis (PI)

Link: <https://redcap.link/VETCOM>

Please feel free to share this invitation with colleagues who may also be interested.

If you would like more information on this study or would prefer to complete it through verbal administration by a research team member, please let us know. We are happy to answer any questions. The point of contact for this study is the student investigator, Dr. Teresa (Teri) Schlanser at tschlan1@jh.edu.

Thank you for helping strengthen veterinary communication and preparedness.

Very Respectfully,

Teri Schlanser, DVM, MPH, DACVPM (Epi)

PhD Candidate, Health Security | Environmental Health and Engineering

Bloomberg School of Public Health | Johns Hopkins University



Veterinarians: We need your voice!

Johns Hopkins researchers are conducting a national study on veterinarians' experiences with risk communication during high-consequence animal disease events—with the goal of strengthening veterinary preparedness and well-being.

What's involved:

- ✓ ~20-minute anonymous survey
- ✓ **FREE RACE-approved 1 CE credit** (Total Worker Health®)

Eligibility: Vets 18+ who worked in the U.S. in last 3 years

Study Title: VETCOM | **IRB No.:** 34995

PIs: Dr. Teresa Schlanser & Dr. Meghan Davis

 **Take the survey:**

<https://redcap.link/VETCOM>

Questions? Contact Dr. Schlanser at tschlan1@jh.edu



JOHNS HOPKINS
UNIVERSITY

Veterinarians: We need your voice!

Johns Hopkins researchers are conducting a national study on veterinarians' experiences with risk communication during high-consequence animal disease events with the goal of strengthening veterinary preparedness and well-being.

What's involved:

- ✓ ~20-minute anonymous survey
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Eligibility:

Veterinarians 18+ who worked in the U.S. in last **3 years**.

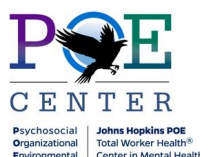
Study Title:

VETCOM

IRB No.: 34995

PIs: Dr. Teresa Schlanser & Dr. Meghan Davis

Questions? Contact Dr. Teresa Schlanser at tschlan1@jh.edu



JOHNS HOPKINS
UNIVERSITY

From:
Sent:
To:
Subject:

Attachments:

From: Erissa Jeffries <erissaruby78@gmail.com>
Sent: Saturday, March 14, 2026 6:37 PM
To: BURNS Peter J * OVMEB <Peter.J.BURNS@ovmeb.oregon.gov>
Subject: Re: Public Complaint Guidance Comparison – Materials Prepared for March Public Meeting Board Review

Good evening, Mr. Burns,

I apologize for my absence during the March public meeting, where I had originally planned to present the attached materials for the Board's consideration. A family emergency involving a Tribal hearing and motions filed, this created a scheduling conflict that required my attendance that same day.

I am providing the materials I prepared as a written comparison so they may still be available for the Board's consideration and inclusion in the public record if appropriate. Please accept the following materials for distribution to the members of the Oregon Veterinary Medical Examining Board for their review and consideration.

The focus of this review is how several state veterinary regulatory agencies present public-facing education and information regarding consumer complaints and participation in the regulatory process.

Comparative review of publicly available consumer guidance can be helpful when agencies evaluate opportunities to improve accessibility, transparency, and modernization of public-facing regulatory information systems. State Veterinary Medical Examining Boards regulate the veterinary profession while also serving as public safety, animal welfare, and consumer protection regulatory bodies. As such, they balance responsibilities related to continuing professional oversight and education for licensees with the need to provide clear public-facing education and information for the consumers they are mandated to protect. Maintaining that balance through clear communication and accessible public guidance is an important function of modern regulatory systems. Updates to publicly funded state information systems and regulatory websites can provide an opportunity to strengthen public education and ensure that consumers have access to basic information about regulatory standards, complaint processes.

For this comparison, I reviewed the public complaint guidance and online consumer resources provided by the following agencies:

- Idaho Division of Occupational and Professional Licenses
- Washington State Department of Health
- California Department of Consumer Affairs
- Oregon Veterinary Medical Examining Board

In comparing these resources, several differences in public-facing communication became apparent.

The Idaho, Washington, and California systems appear to emphasize consumer accessibility and public education. These agencies provide step-by-step guidance for filing complaints, explain how investigations proceed, and include structured portals or tutorials designed to help members of the public navigate the complaint process.

For example, Idaho's Division of Occupational and Professional Licenses provides user guidance explaining how complaints move through review and investigation. Washington's Department of Health offers structured complaint forms and clear instructions for submitting regulatory concerns. California's Department of Consumer Affairs provides digital tutorials and an online complaint portal that guides consumers through the process step by step.

In contrast, the Oregon Veterinary Medical Examining Board’s public complaint page places greater emphasis on jurisdictional limitations, confidentiality provisions, and the legal parameters of investigations. While those explanations are certainly important, the structure of the page may unintentionally create the impression that the Board is primarily discouraging complaints rather than guiding consumers through the reporting process.

Another notable difference is that several peer agencies provide a brief explanation of how complaints move through the investigative and disciplinary process. Including a simple overview of the investigative pathway can help consumers understand what occurs after a complaint is submitted and how concerns are evaluated by investigators and the Board.

In general terms, the comparison suggests that Idaho, Washington, and California utilize what could be described as a “guided complaint model,” where consumer navigation and process explanation are presented first. Oregon’s current approach appears closer to a “defensive intake model,” where legal parameters and jurisdictional limitations are emphasized at the outset.

Complaint intake systems effectively function as the entry point—or gatekeeping mechanism—for regulatory oversight. The structure and tone of public complaint guidance can therefore influence whether members of the public feel encouraged to report concerns or uncertain about whether their concerns fall within the agency’s jurisdiction. When complaint guidance is structured primarily around limitations rather than reporting pathways, some potential complainants may hesitate to submit information that could otherwise assist regulatory review.

For that reason, public interface design, jurisdiction explanations, and complaint intake communication tools are often considered important components of administrative transparency and public reporting accessibility within professional regulatory systems.

One potential improvement could be reorganizing the complaint guidance so that instructions for filing a complaint and a brief explanation of the review process appear before the section describing jurisdictional limitations. Several peer agencies use this structure, which helps consumers understand the process before reviewing legal constraints.

Some agencies also provide simple visual diagrams or step-by-step descriptions outlining how complaints move through investigation and board review. Including a similar overview could further improve transparency and public understanding of the process.

In reviewing these systems, some agencies appear to structure their complaint guidance primarily around helping consumers understand how to report concerns and what to expect from the review process, while others place greater emphasis on explaining jurisdictional limitations at the outset. Structuring public guidance around the reporting process first, followed by jurisdiction explanations, may help reduce confusion and improve complaint routing by ensuring that members of the public understand how concerns can be appropriately directed within the regulatory system.

Clear public complaint guidance can also serve an important risk-management function for regulatory agencies. When jurisdictional boundaries and reporting pathways are clearly explained, members of the public are better able to direct urgent safety concerns—such as

criminal conduct, threats, or animal abuse—to the appropriate authorities while still utilizing the regulatory complaint process for professional conduct review. Structuring public guidance in this way helps reduce confusion, improves complaint routing efficiency, and supports coordinated oversight across regulatory and law-enforcement systems.

Another usability feature present in many regulatory complaint systems is an automated confirmation message acknowledging receipt of a complaint submission. These confirmations often include brief guidance explaining that licensing boards investigate professional conduct but cannot respond to immediate safety threats. In situations involving criminal animal abuse, harassment, threats, or other criminal behavior, complainants are typically advised to contact local law enforcement or emergency services if they feel unsafe. Including a similar automated acknowledgement and safety disclaimer could help clarify jurisdictional boundaries while ensuring that members of the public receive appropriate guidance if they are experiencing urgent safety concerns.

An additional observation relates to the use of the term “bedside manner” in public-facing complaint guidance. While the phrase may be intended to distinguish routine customer service concerns from regulatory issues, it is an informal and potentially ambiguous term that does not correspond to language used within the Veterinary Practice Act or associated professional conduct standards. In practice, members of the public may report situations involving abuse, threats, yelling, intimidation, coercive communication, or other forms of unprofessional conduct that may fall within established professional standards governing licensee behavior. Characterizing such concerns as “bedside manner” issues may unintentionally minimize conduct that could otherwise warrant regulatory review under codified standards of professional conduct, or in some circumstances involve behavior that may fall within criminal jurisdiction. Clarifying this distinction in public guidance may help ensure that consumers better understand which concerns are appropriate for regulatory complaint review and which situations may warrant contacting law enforcement authorities.

The 2025–27 Government Relations Board (GRB) report notes that the Board regulates the practice of veterinary medicine through rulemaking and complaint investigation, and that most complaints originate from members of the public. The report also emphasizes that dishonorable or unprofessional conduct, negligence, and failure to meet minimum practice standards are recurring grounds for complaint review. Aligning public-facing terminology with these codified standards—rather than relying on informal phrases such as “bedside manner”—could help the public better understand which forms of conduct fall within the Board’s regulatory jurisdiction and which do not.

The GRB report also describes a growing backlog of investigative cases associated with a significant increase in complaints. The GRB report attributes the increase in complaint volume in part to rising pet ownership and a reduction in the number of practicing veterinarians, a trend observed nationwide. Another factor that can influence complaint volume in professional regulatory systems is the continued licensing, reinstatement, or renewal of high-risk practitioners who present elevated compliance risks or have prior disciplinary history. When regulatory oversight capacity is limited, licensing decisions involving higher-risk applicants may contribute to foreseeable patterns of recurring spikes in complaints, placing additional strain on investigative resources. Risk-based screening, monitoring, and supervision are

commonly used regulatory tools to help mitigate these pressures while supporting the Board's responsibility to protect public safety and animal welfare.

Investigators are responsible for assessing jurisdiction, and complaints involving matters outside the Board's authority—such as fees, clinic hours, or general customer service issues—may not proceed to investigation. While statute requires the Board to review complaints that are filed, staff may exercise delegated authority to assess and resolve matters determined to be outside the Board's jurisdiction.

Improving coordination between regulatory and criminal jurisdictions may help streamline this process. When complaints involve conduct that falls outside administrative regulatory authority but may involve criminal behavior, clear guidance directing complainants to appropriate law enforcement channels could reduce confusion and improve case routing. Providing structured guidance, automated notifications, or referral pathways may help ensure that non-jurisdictional complaints are directed to the appropriate authorities while maintaining public trust in the complaint review process.

Strengthening public-facing complaint guidance in this way may support clearer jurisdictional understanding, reduce administrative strain from misdirected complaints, and help ensure that concerns involving both professional misconduct and potential criminal violations are directed to the appropriate oversight and law enforcement systems.

Taken together, these observations reflect a broader difference in how regulatory complaint systems can be structured. Many peer agencies appear to use a guided complaint model that emphasizes public education, clear jurisdiction explanations, and structured intake guidance to help consumers understand how concerns should be reported and where they should be directed. By contrast, complaint systems that rely primarily on jurisdiction disclaimers or informal terminology may unintentionally create confusion about which concerns fall within regulatory authority and which should be directed to other oversight or law enforcement systems. Strengthening public-facing guidance and referrals may therefore help improve complaint routing, reduce administrative strain from misdirected reports, and support clearer public understanding of the Board's regulatory role.

These observations are offered in the spirit of constructive comparison and public policy review. The intent is not to criticize the Board's current practices, but rather to highlight how peer agencies present similar information to the public and how those approaches may influence accessibility and understanding of the complaint process.

Small differences in how public information is structured can meaningfully influence whether consumers feel informed and able to participate in regulatory oversight systems.

For reference, I have attached several examples of public-facing complaint guidance and consumer resources from peer veterinary regulatory agencies. These materials were originally compiled for a comparison presentation prepared for the March public meeting.

Attachments included:

1. Idaho Division of Occupational and Professional Licenses – Complaint Resolution Process (User Guidance)

2. Idaho Division of Occupational and Professional Licenses – Online Complaint Portal Overview
3. Washington State Department of Health – Veterinary Complaint Forms and Public Guidance
4. California Department of Consumer Affairs – BreEZe Consumer Complaint Portal Tutorials
5. Oregon Veterinary Medical Examining Board – Public Complaint Guidance Page (Current Version)

Cross-jurisdictional comparison is commonly used in administrative policy review to evaluate how similar regulatory agencies structure consumer access to complaint reporting systems. Examining publicly available complaint guidance across multiple states can help identify communication practices that support transparency, consumer navigation, and effective public reporting pathways.

The following comparison summarizes publicly available consumer-facing complaint guidance across several comparable regulatory agencies.

Comparative Review of Public-Facing Complaint Guidance

Feature	Idaho Division of Occupational and Professional Licenses	Washington State Department of Health	California Department of Consumer Affairs (BreEZe)	Oregon Veterinary Medical Examining Board
Public explanation of complaint process	Clear step-by-step description	Clear guidance and consumer instructions	Extensive tutorials and guidance videos	Limited explanatory guidance
Online complaint portal	Yes	Yes	Yes (BreEZe system)	Yes
Consumer education materials	Public-facing guidance explaining how complaints are reviewed	Consumer resources explaining reporting options	Tutorials and educational materials for consumers	Minimal consumer education language
Complaint submission confirmation	Yes, system acknowledgment of submission	Yes, confirmation or follow-up communication	Yes, portal confirmation and tracking	No, automated confirmation. No acknowledgment of submission. No visible tracking.
Jurisdiction guidance	Explains what the agency can and cannot investigate	Explains scope of authority and referral pathways	Detailed instructions about complaint eligibility	Limited jurisdiction explanation

Safety disclaimer (criminal threats or emergencies)	Guidance directing individuals to appropriate authorities when needed	Clear distinction between regulatory complaints and law enforcement matters	Jurisdictional guidance included in help resources	No visible safety or emergency disclaimer in the complaint link, portal or process referring the public
Consumer navigation tools	Simple complaint instructions and forms	Clear navigation for filing and tracking complaints	Tutorials and help documentation	Limited guidance and navigation

The purpose of this comparison is not to criticize Oregon’s system but to highlight opportunities for improving public-facing education, communication, safety and complaint navigation. Several comparable regulatory agencies provide clearer consumer education, jurisdiction guidance, and automated complaint confirmation tools. These features help ensure that members of the public understand the difference between administrative complaint processes and situations requiring immediate law enforcement assistance.

In regulatory systems more broadly, the structure and tone of public complaint guidance can sometimes influence reporting behaviors, whether members of the public feel encouraged to report concerns or uncertain about whether their concerns fall within the agency’s jurisdiction creating confusion and unnecessary frustration. Contributing to the public loss of trust in the process.

In regulatory systems more broadly, the accessibility and clarity of public complaint guidance play an important role in maintaining public confidence in oversight institutions. When members of the public clearly understand how to report concerns, what falls within regulatory jurisdiction, and what to expect after submitting a complaint, it helps strengthen transparency, improve the quality of complaint reporting, and support the board's ability to effectively carry out its public protection mission.

Oregon’s Veterinary Practice Act requires veterinarians to clearly communicate diagnoses, treatment options, risks, alternatives, and costs in order to obtain informed client consent. Structuring the Board’s public-facing complaint guidance with a similar emphasis on clarity and accessibility could likewise help ensure that members of the public understand how to engage with the regulatory complaint process. Clear and accessible public guidance supports informed participation, strengthens consumer protection, and helps the Board fulfill its role in protecting both animal welfare and public trust in the veterinary regulatory system.

The improvements discussed above primarily involve restructuring publicly available guidance and adding automated acknowledgement messaging to an existing complaint intake system. It is modernizing language, updating text and an approved-on switch for an automated submission acknowledgment. In many regulatory agencies, these types of usability improvements are considered low-cost administrative updates rather than large IT infrastructure projects. Public facing complaint guidance, clear jurisdiction explanations, and automated submission confirmations are common features in modern regulatory systems and can often be implemented through routine website content updates or simple form automation tools.

Because complaint systems function as the primary public entry point for regulatory oversight, even small improvements in clarity and navigation can significantly improve public understanding while reducing administrative strain caused by misdirected complaints.

These observations highlight how the structure and clarity of public-facing complaint guidance can influence both consumer understanding and the efficiency of regulatory oversight systems. Clear jurisdiction explanations, automated intake confirmations, and consistent terminology aligned with codified professional standards may help members of the public better understand how concerns should be reported and where immediate safety issues should be directed. At the same time, risk-based licensing oversight and careful monitoring of higher-risk practitioners can help mitigate foreseeable patterns of recurring complaints that place strain on investigative resources. Strengthening these complementary elements—public guidance, jurisdiction routing, and risk-aware regulatory oversight—may support the Board’s ongoing efforts to protect public safety, animal welfare, and public confidence in the veterinary regulatory system.

In many regulatory systems, members of the public effectively serve as an early warning component of professional oversight by reporting concerns that may indicate emerging compliance issues.

Thank you for your time and for considering these observations. I appreciate the responsibility the Board carries in protecting both public and animal health, and I hope this comparison may be helpful as agencies continue improving public access to information and services.

Respectfully,

Erissa Jeffries

Email: erissaruby78@gmail.com

PH: 503-660-6911



DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

FOR CONSUMERS

Check Licenses and file complaints.



FOR APPLICANTS AND LICENSEES

Applicant and licensing needs are available here.

You will need to [register](#), or use your existing user name and password

Returning User

Fields marked with * are required

* User ID:

* Password:

[Forgot Password?](#)

[Forgot User ID?](#)

[Sign In](#)

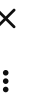
New Users

[BreEZe Registration](#)



BreEZe How-To Videos

🔒 Unlisted California Department of Consumer Affairs - 11 / 11



- 1 **BreEZe: Overview**
California Department of Consumer Affairs
- 2 **BreEZe: Registration**
California Department of Consumer Affairs
- 3 **BreEZe: Submit an Initial Application**
California Department of Consumer Affairs
- 4 **BreEZe: Submit Renewal**
California Department of Consumer Affairs
- 5 **BreEZe: Make Payments**
California Department of Consumer Affairs
- 6 **BreEZe: Update License Information**
California Department of Consumer Affairs

BreEZe: File a Complaint

🔒 Unlisted



California Department of Consumer Affairs
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Complaint Submission

[Introduction](#)

Before we begin, you should know...

The responsibilities of regulatory boards often include the review of complaints against licensees/registrants and taking appropriate disciplinary action against those who have violated the Board's laws or rules. The Idaho Division of Occupational and Professional Licenses (IDOPL) provides all of the investigative and inspection duties required of the boards.

This is **NOT** an application for medical malpractice pre-litigation screening or the form to file pre-litigation consideration of personal injury claim for money damages

You may want to collect these pieces of information prior to starting the complaint form:

- Name and contact information for the professional being reported
- License number of the professional being reported (if known)
- Any patient and witness information that is relevant
- Date, location, and description of the incident
- Relevant supporting documents (optional)

While a complaint can be filed with partial information and details, having as much supporting information, details, and documents pertaining to the incident will help the investigative process.

Please be mindful of the following:

- The complaint process must be completed in one sitting/session
- You cannot save and return later



Cancel

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dopl.idaho.gov

[Contact Us](#)

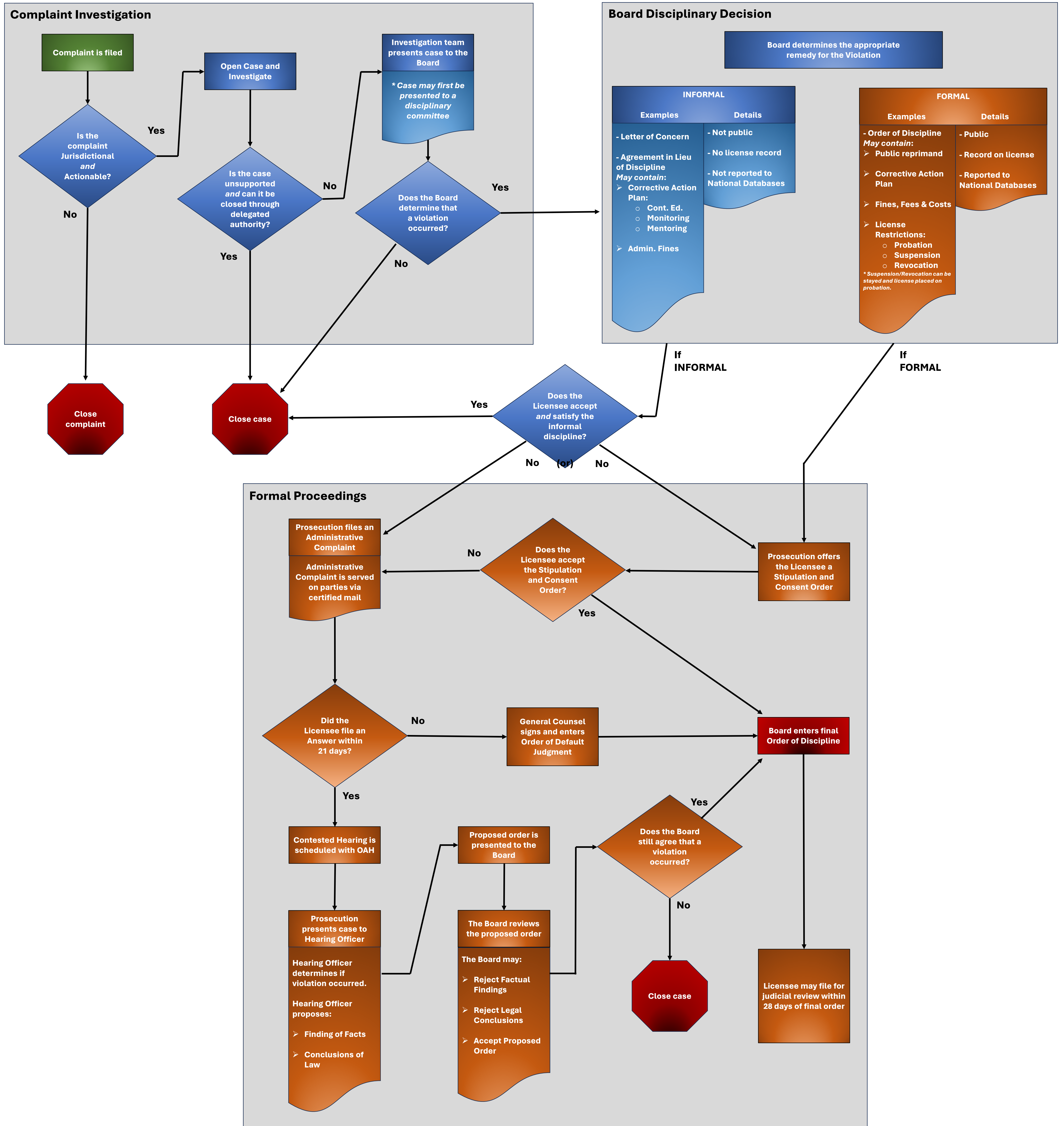
[DOPL Refund Policy](#)

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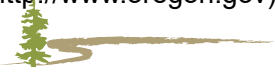
[Accessibility](#)

[Idaho Telehealth Access Act](#)

Complaint Resolution Process of the Division of Occupational and Professional Licenses



Not every complaint will follow this exact process (e.g., emergency, administrative, or temporary suspensions.)



Oregon Veterinary Medical Examining Board

Working to protect animal health and welfare, public health, and consumers of veterinary service.

(/ovmeb)

(/ovmeb/)

 (</ovmeb/Pages/default.aspx>) > [How to file a complaint](#)

Reminder:



The 2026 License renewal period ends on December 31, 2025. Late fees will apply on January 1, 2026.

Licenses will expire by March 31, 2026, if not renewed.

How to file a complaint

Site Navigation

The Board investigates complaints alleging noncompliance with the Oregon Veterinary Practice Act. [Click here to view the Veterinary Practice Act. \(/ovmeb/Pages/practice-act.aspx\)](#)

The Veterinary Practice Act establishes minimum standards. Only conduct that falls below a minimum standard is likely to result in disciplinary action. However, even if discipline is not proposed, the licensee may be asked by the Board to undergo additional training and education or meet other conditions. Unless the Board issues a proposed notice of discipline, details of how the complaint is resolved are not available to the public. When the investigation is complete, you will be notified of the Board's decision.

Investigations are conducted and decisions reached with guidance from an Oregon Assistant Attorney General. Please note that Board decisions are final.

The Board does not have authority to investigate fee issues, business practices and policies, or certain communication ('bedside manner').

If you believe that a veterinary facility, veterinarian or Certified Veterinary Technician is noncompliant with any rule or statute of the Veterinary Practice Act, and you would like Board review of the matter, here's what to do:

(<http://www.oregon.gov>)

To file a complaint online please go to our [Online Portal](#)

(<https://ovmeh.us.thentiacloud.net/webs/ovmeh/register/#/complaint-form>)



To file a complaint my mail download and complete the [complaint form \(/ovmeh/pdfs/2017_ComplaintForm.pdf\)](#) and return via snail mail, fax or e-mail:

Veterinary Board Investigator
800 NE Oregon St., Ste. 407
Portland, OR 97232

Fax: 971-673-0226

Email: OVMEB.Investigator@ovmeh.oregon.gov (<mailto:OVMEB.Investigator@ovmeh.oregon.gov>)

Please type or print your complaint legibly. If the complaint is not within the Board's jurisdiction, the investigator will contact you. If the complaint is within the Board's jurisdiction, you will receive an acknowledgement and may assume that an investigation will proceed. ORS 676.176 prohibits disclosure of details of complaints and investigations. This means that once you have filed your complaint, unless further information from you is required, we cannot further discuss its merits or progress until the Board has reached a decision.

The Board investigator may be reached or a voice message left at 971-673-0222.

Help us improve! Was this page helpful?

Yes

No

Contact

800 NE Oregon Street, Suite 407
Portland, Oregon 97232
Email: ovmeh.info@ovmeh.oregon.gov
Phone 971-673-0224
Fax 971-673-0226
Investigations: 971-673-0222

(<http://www.oregon.gov>)

Office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday. However, staff availability varies. To speak in person with Board staff, please call or e-mail in advance of your desired visit.



Miscellaneous

[Satisfaction Survey \(https://forms.gle/LLUq7aeWCRWvcDj5f6\)](https://forms.gle/LLUq7aeWCRWvcDj5f6)

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About Oregon

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Washington State Department
of Health

🌐 English ▼

Complaint Forms

The Department of Health accepts complaints about providers and facilities and providers practicing without a license.

If you're filing a complaint about a provider, please include:

- Your specific complaint with as much detail as possible
- Full name of the individual provider
- Provider's business address

If you're filing a complaint about a facility include:

- Your specific complaint with as much detail as possible
- Facility name
- Facility address

We **do not** credential the following types of facilities and cannot process complaints related to:

- Facilities regulated by DSHS (nursing homes, assisted living facilities, and adult family homes)
- Schools
- Clinics or doctor offices

To file a complaint, find the complaint forms below. To request a document in an alternate format, call 1-800-525-

Feedback

0127 or [complete our online feedback form](#). Deaf or hard of hearing customers, call 711 (Washington Relay).

Call us at 360-236-2620 to request the complaint form in a language not listed below. Additionally you may [email us a complaint on a health care provider](#) (hsqacomplaintintake@doh.wa.gov) or mail us a complaint form at:

Washington State Department of Health
Health Systems Quality Assurance
P.O. 47857
Olympia, WA 98504-7857

Facility, Nursing Pools, and Health Care Professional Forms

- [Online](#)
- Complaint forms (both in PDF and Word)
 - [English \(PDF\)](#) | [English \(Word\)](#)
 - [Arabic \(PDF\)](#) | [Arabic \(Word\)](#)
 - [Chinese \(Simplified\) \(PDF\)](#) | [Chinese \(Simplified\) \(Word\)](#)
 - [Korean \(PDF\)](#) | [Korean \(Word\)](#)
 - [Marshallese \(PDF\)](#) | [Marshallese \(Word\)](#)
 - [Russian \(PDF\)](#) | [Russian \(Word\)](#)
 - [Somali \(PDF\)](#) | [Somali \(Word\)](#)
 - [Spanish \(PDF\)](#) | [Spanish \(Word\)](#)
 - [Tagalog \(PDF\)](#) | [Tagalog \(Word\)](#)
 - [Ukrainian \(PDF\)](#) | [Ukrainian \(Word\)](#)
 - [Vietnamese \(PDF\)](#) | [Vietnamese \(Word\)](#)

\$1000+ + for flea medication



Matt Raminiak <eugenematt2020@gmail.com>

To INFO OVMEB * OVMEB



Reply



Reply All




Forward



Thu 4/2/2026 7:32 PM

 This sender eugenematt2020@gmail.com is from outside your organization.

 You replied to this message on 4/7/2026 3:24 PM.

You don't often get email from eugenematt2020@gmail.com. [Learn why this is important](#)

The past 12 months have been bad for flea control. Advantage II , our go-to for the past several years, seemed to stop working overnight. A trip to our vet began with an examination and a prescription for Apoqueli for our dog. Did not give the promised results even at max dose. Returned to the vet and requested Nexguard pills for the dog and topical for the cats. No problem (excerpt for the \$250 cost). A month later, I requested the same quantities again. I was told that they'd dispense product for the dog, but not for the cats. They said the cats hadn't been seen recently enough so an exam was required before prescribing. Our cats hate riding in the car. Takes them days to recover once they return. Stressing them out like that to green-light a TOPICAL treatment that I can apply myself at home is crazy. \$150 exam x 6 traumatized cats plus \$250 for the actual meds is insane. The vet insists that " it is Oregon Law"

You made the law, now you can change it.

If I am trusted enough to care enough to seek pet treatment, medicate my pet myself and monitor any adverse reaction, then I say you should not require me to have my pet examined before dispensing TOPICAL medication.

Keep the regulation for pain meds. That makes sense to me. Probably for 'doggie downers' before fireworks, too. But your "law" puts a massive burden on fixed income households like mine. You should be aware that 'our' cats are not ours at all, rather they are cats who have been abandoned and that we didn't want to see suffer. Were they dumped because their previous owners couldn't afford random exam fees before being sent home with meds they themselves had to administer? It is time for a common-sense review of your law. I can't believe anyone would drug-seek flea medication for abuse.

Make an exception in your law for flea medication and make it now. It just makes sense.

Matt Raminiak
1026 Barstow Av
Eugene, 97404

5. Consent Agenda

OVMEB BOARD MEETING PUBLIC SESSION	May 7-8, 2026,	8:30 AM
	Zoom Conference:	
	https://us06web.zoom.us/j/85226267961?pwd=7JugbaUBdH1aXYXLXWOTaa2XNmVcYU.1	
	Meeting ID: 852 2626 7961 Passcode: GSM1AQ	
Phone 971-673-0224 Fax 971-673-0226		
Board President: Max Rinaldi, DVM		

May 7-8, 2026, 8:30 AM

Convene Public Session

1. CALL TO ORDER

Public Session is scheduled to start at 8:30AM and will continue until the end of business. Executive Session (closed to the public) will follow, continuing until the end of business. The Board expects to come out of Executive Session and into Public Session for the purpose of voting on the cases discussed during Executive Session and other applicable Board business.

2. Roll Call

3. OVMEB BOARD CHAIR’S COMMENTS

a. Welcome comments from Max Rinaldi, OVMEB Board Chair

4. PUBLIC COMMENTS – For Items Not on the Agenda (Comments must be limited to 3-5 minutes, limited to 1 hour for the full comment period. For planning and scheduling purposes, the Board requests public participants to notify the office in advance if you wish to address the Board.)

5. CONSENT AGENDA

a. Today’s Agenda

b. March 11-12, 2026- Public Board Meeting Minutes

6. UPDATE FROM STATE VETERINARIAN – Dr. Ryan Scholz

7. EXECUTIVE DIRECTOR REPORT – OVMEB Peter Burns

8. DISCUSSION AND ACTION ITEMS

- i. CVT Workgroup Update - OVMEB Director Pete Burns and Dr. Emilio DeBess
- ii. Well-Being in Oregon – A Regulatory Framework – Dr. Charles Hurty

iii. Rulemaking Update – OVMEB Director, Pete Burns

9. Next Board Meeting- July 16-17, 2026

10. EXECUTIVE SESSION: The Oregon Veterinary Medical Examining Board will now go into Executive Session pursuant to ORS 192.660(2)(L), ORS 192.660(2)(f), ORS 192.660(2)(h), and 676.175(1) concerning discipline, litigation, and exempt public records. Representatives of the news media and designated staff will be allowed to attend the Executive Session. All other members of the audience are asked to leave the room. Representatives of the news media are specifically directed not to report on any of the deliberations during the Executive Session except to state the general subject of the session as previously announced. No decision will be made in Executive Session. At the end of the Executive Session, we will return to open session and welcome the audience back into the room.

11. IN THE MATTERS OF (following Executive Session)

MEETING SUMMARY	2026 Month Board Meeting March 11-12, 2026, 2:30AM Virtual Meeting
Please see the Teams video on the Board Meeting Agendas/Minutes webpage and the correlating timestamps below.	

Board Members

- Max Rinaldi, DVM, President
- Brett Hamilton, DVM
- Brian Wadyka, Public Member
- Katy Wallace, DVM
- Karen Pate, Public Member
- Ragan Borzcik, DVM
- Natalie Mair-Williamson, CVT

Agency Staff

- Peter Burns, Executive Director
- Bertina Grajo, Investigator
- Janine Holland, Investigator
- Brooke Walker, Licensing Administrator
- Charlie Esparza, Inspector

Timestamps for Teams Video	
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Teams Video Part #1

March 11-12, 2026,
OPEN SESSION – PUBLIC MAY ATTEND

0:4:42

- i. President Rinaldi called the meeting to order at 8:33 PM.
- ii. Roll Call

Board Members	Here	Absent
Board President Max Rinaldi	x	
Board Member Brett Hamilton	x	
Board Member Brian Wadyka	x	
Board Member Katy Wallace	x	
Board Member Karen Pate	x	
Board Member Ragan Borzcik		x
Board Member Natalie Mair-Williamson	x	
Agency Staff Members	Here	Absent

Executive Director Peter Burns	x	
Investigator Bertina Grajo		x
Licensing Administrator Brooke Walker	x	
Investigator Janine Holland	x	
Inspector Charlie Esparza	x	
AAG Joanna Tucker-Davis	x	

Public Member
Dr. Ryan Shultz
Glenn Kolb
Jamie Chesher PVMA
Chris Holenstein
Debra Warner

iii. Public Comment

- Nevin Beckes- Mid-Level practitioner
- Erissa Jeffries- Dr. Koller
- Debra Warner

iv. Agenda review and approval

v. Update from State Veterinarian- Dr. Ryan Shultz

vi. Executive Director Report

vii. Discussion and Action Items

i. CVT Workgroup Update - OVMEB Director Peter Burns

ii. Rulemaking Update- OVMEB Director Peter Burns

0:19:18

0:21:43

0:26:44

0:41:20

0:41:35

0:43:37

0:59:30	<p>Dr. Rinaldi announced to move into Executive Session for the purpose of legal advice, review and discussion of investigations and disciplinary cases.</p> <p>EXECUTIVE SESSION – NOT OPEN TO THE PUBLIC, pursuant to ORS 192.660(2)(L), ORS 192.600(2)(f), ORS 192.660 (2)(h), ORS 676.175(1)</p> <ul style="list-style-type: none"> • Legal Advice pursuant to ORS 192.660(2)(f) • Deliberation on Disciplinary Cases and Investigations <p>Contested Case Deliberation ORS 192.690(1)</p>
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<p>Teams Video Part #2</p> <p>0:06:33</p>	<p>March 11-12, 2026,</p> <p>OPEN SESSION – PUBLIC MAY ATTEND</p> <p>i. President Rinaldi called the meeting to order at 8:31 AM.</p> <p>ii. Roll Call</p> <table border="1" data-bbox="509 1278 1334 1890"> <thead> <tr> <th>Board Members</th> <th>Here</th> <th>Absent</th> </tr> </thead> <tbody> <tr> <td>Board President Max Rinaldi</td> <td>x</td> <td></td> </tr> <tr> <td>Board Member Brett Hamilton</td> <td></td> <td>x</td> </tr> <tr> <td>Board Member Brian Wadyka</td> <td>x</td> <td></td> </tr> <tr> <td>Board Member Katy Wallace</td> <td>x</td> <td></td> </tr> <tr> <td>Board Member Karen Pate</td> <td>x</td> <td></td> </tr> <tr> <td>Board Member Ragan Borzcik</td> <td>x</td> <td></td> </tr> <tr> <td>Board Member Natalie Mair-Williamson</td> <td>x</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th>Agency Staff Members</th> <th>Here</th> <th>Absent</th> </tr> <tr> <td>Executive Director Peter Burns</td> <td>x</td> <td></td> </tr> <tr> <td>Investigator Bertina Grajo</td> <td></td> <td>x</td> </tr> <tr> <td>Licensing Administrator Brooke Walker</td> <td>x</td> <td></td> </tr> <tr> <td>Investigator Janine Holland</td> <td>x</td> <td></td> </tr> </tbody> </table>	Board Members	Here	Absent	Board President Max Rinaldi	x		Board Member Brett Hamilton		x	Board Member Brian Wadyka	x		Board Member Katy Wallace	x		Board Member Karen Pate	x		Board Member Ragan Borzcik	x		Board Member Natalie Mair-Williamson	x					Agency Staff Members	Here	Absent	Executive Director Peter Burns	x		Investigator Bertina Grajo		x	Licensing Administrator Brooke Walker	x		Investigator Janine Holland	x	
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Inspector Charlie Esparza	x									
AAG Joanna Tucker-Davis	x									
0:07:20	<p>MOTIONS RELATED TO DISCIPLINARY ACTIONS</p> <p><u>Close the following cases:</u></p> <p>2025-0006- Reject settlement request. Rinaldi moved; Pate seconded. All in favor. Motion passed.</p> <p>2025-0104- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor. Motion passed.</p> <p>Close the following cases:</p> <p>2025-0079 2025-0115 2025-0121 2025-0129 2025-0139AB 2025-0180 2025-0188 2025-0190 2026-0002 2026-0011 2026-0012 2026-0013 2026-0022</p> <p>Rinaldi moved; Mair-Williamson seconded. All in favor. Motion passed. BH absent.</p> <p>2024-0156A- Close case. Rinaldi moved; Borzcek seconded. All in favor motion passed.</p>									

2024-0156B- Issue a proposed \$500 civil penalty and costs for OAR 875-011-0010(7) and (9). Rinaldi moved; Borzcik seconded. All in favor. Motion passed.

2025-0027-Close case. Rinaldi moved; Wallace seconded. All in favor motion passed.

2025-0085- Issue a proposed \$750 civil penalty and costs for violations of OAR 875-011-0010(7) and OAR 875-015-0030(2)(c). Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0102- Close case. Rinaldi moved; Borzcik seconded. All in favor motion passed.

2025-0114- Close case. Rinaldi moved; Wallace seconded. All in favor motion passed.

2025-0118- Close case. Rinaldi moved; Borzcik seconded. All in favor motion passed.

2025-0120- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0124- Close case. Rinaldi moved; Wallace seconded. All in favor motion passed.

2025-0132- Issue a proposed \$500 civil penalty and costs for violations of OAR 875-011-0010(7) and (9). Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0136AB Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0138AB- Close case. Rinaldi moved; Wallace seconded. All in favor motion passed.

2025-0142A-Issue a proposed reprimand and costs for a violation of ORS 686.020(1). Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0142B- Issue a proposed reprimand and costs for a violation of OAR 875-011-0010(32). Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0144- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0146 ABCD- Close case. Rinaldi moved; Pate seconded. All in favor motion passed.

2025-0148- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0150- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0154A- Close case. Rinaldi moved; Wallace seconded. All in favor motion passed.

2025-0160- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0162- Issue a proposed reprimand and costs for a violation of OAR 875-011-0010(3). Rinaldi moved; Pate seconded. All in favor motion passed.

2025-0164A- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0164B- Issue a proposed \$250 civil penalty and costs for a violation of OAR 875-015-0030(2)(c). Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0168- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0172- Close case. Rinaldi moved; Pate seconded. All in favor motion passed.

2025-0174- Close case. Rinaldi moved; Wallace seconded. All in favor motion passed.

2025-0178AB- Close case. Rinaldi moved; Pate seconded. All in favor motion passed. Rinaldi abstained.

2025-0181- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0184- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0192- Close case with letter of education. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0194- Issue a proposed \$2000 civil penalty and costs for violations of OAR 875-010-0031(3)(c). Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2025-0197- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2026-0198A- Issue a proposed suspension until licensee cooperates and a \$250 civil penalty and costs for a violation of 875-030-0045(6). Rinaldi moved; Mair-Williamson seconded. All in favor. Motion passed.

2025-0199- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2026-0006- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2026-0010- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2026-0014- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

2026-0018- Close case. Rinaldi moved; Borzcik seconded. All in favor motion passed.

2026-0020- Close case. Rinaldi moved; Mair-Williamson seconded. All in favor motion passed.

Hamilton absent for voting.

❖ ADJOURN

Adjourn at 12:56 PM.

PLEASE NOTE: The BOARD MEETING SUMMARY IS CONSIDERED DRAFT UNTIL APPROVED BY THE BOARD AT THE NEXT SCHEDULED BOARD MEETING.

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4. EXECUTIVE DIRECTOR REPORT

**Executive Director
Report May 2026**

To: Oregon Veterinary Medical Examining Board

From: Peter J. Burns, Executive Director

Board Meeting Details: May 7-8, 2026

Executive Director's Introduction

Dear Board Members, Licensees, and Members of the Public,

Thank you for your continued engagement with the Oregon Veterinary Medical Examining Board. As we move toward the midpoint of the 2025–2027 biennium, I am pleased to share several recent outreach and professional engagement activities that strengthen our relationships with licensees, stakeholders, and national partners.

On April 12, Board Chair Dr. Max Rinaldi, Board Member Dr. Ragan Borzcik, and I presented at the Portland Veterinary Medical Association (PVMA) Spring Conference. The session was well attended, with thoughtful questions and productive discussion. This was an excellent opportunity to build relationships with PVMA members, reinforce regulatory expectations, and hear directly from practicing veterinarians about the challenges they are facing.

Later in the month, Board Member Brian Wadyka and I attended the American Association of Veterinary State Boards (AAVSB) Summit from April 22–26. We engaged with regulatory counterparts from across the country, discussed emerging national trends, and strengthened Oregon's connection to AAVSB's broader regulatory community. We will provide a more detailed summary of key takeaways and potential implications for Oregon at the July Board Meeting.

Across all program areas, OVMEB remains committed to transparency, timely communication, and consistent regulatory oversight. We continue to publish all Board materials, disciplinary actions, and rulemaking updates, and we are expanding our data reporting to support clearer understanding of licensing, investigations, and inspections activity statewide. In addition, OVMEB continues to coordinate closely with statewide partners and align our work with Oregon's broader enterprise goals, including transparent governance, effective public service, and strong interagency collaboration. This alignment ensures that our regulatory programs remain responsive, efficient, and well-integrated within Oregon's overall public service framework.

Thank you for your ongoing support and for the essential role you play in protecting animal health and public safety in Oregon.

In partnership,

Peter J. Burns, Executive Director Oregon Veterinary Medical Examining Board

2025-2027 Budget

25-27 BIENNIUM BUDGET VS. ACTUAL PERFORMANCE

Actuals to Budget through most current closed period (February 2026)

	Actuals (to date)	Budget (to date)	\$ Variance	% of Budget (to date)
Revenue	\$968,202	\$2,879,879	-\$1,911,677	34%
Expenditure	\$668,820	\$2,007,202	-\$1,338,382	33%

Revenue and Expenditure Variance Summary

Actuals through February 2026

Revenue to date totals \$968,202, or 34% of budgeted biennial revenue. This reflects the normal timing of license renewals and the impact of the recent fee increase.

Expenditures to date total \$668,820, approximately 33% of the biennial expenditure budget. This favorable variance is primarily due to phased spending, timing of contractual and operational costs, and uneven expenditure patterns across the biennium.

The agency's current ending cash balance is \$814,645, with a projected AY ending cash balance of \$450,367. This equates to roughly five months of available cash.

Fiscal Oversight

- The Executive Director meets monthly—and as needed—with DAS Shared Financial Services (SFS) to monitor revenue, expenditures, and cash flow.
- DAS-SFS reports that OVMEB's financial position remains stable moving into the second year of the biennium.
- The full 2025–2027 Legislatively Adopted Budget is available on the [OVMEB website](#).

Board Access to Financial Materials

Board Members have access to detailed fiscal documents on their meeting iPads, including:

- Monthly expenditure reports
- Revenue tracking summaries
- Cash flow statements
- Budget-to-actuals detail

Please contact the Executive Director with any questions or requests for additional information.

2026 Board Meeting Calendar

January: 21-22 | March 11-12 | May 7-8 | July 16-17 | Sept 1-2 | Nov 16-17

Agency Administration

Board Officer Update:

We are still looking for nominations for a current Board Member to serve as Vice Chair. This is a supportive role primarily to learn the role of the Board Chair and potentially lead meetings, in the absence of the Board Chair. If any Board Member would like to know more, please feel free to contact the agency director.

Recruitment Update:

We have received a significant increase in interest from people to serve on the Board. There are several people who have applied for our open DVM and Public Member seats. Candidates will be reviewed and selected in coordination with the Board Appointments Office. Selected candidates will be eligible for Legislative Appointment at in June.

Agency Program Areas

- 1. Licensing Administration:** Issuance of Licenses | Conducting Background Checks | Reviewing Continuing Education Requirements
- 2. Compliance:** Handling Complaints and Investigations | Taking Board Action | Providing Educational Resources
- 3. Facility Inspections:** On-Site Inspections | Self-Inspections | Investigation Support

Licensing Administration

The 2026 renewal cycle has concluded successfully, with strong compliance and timely processing across license types. During renewals, a total of 179 licenses were not renewed, including 96 DVMs and 85 CVTs. With renewals now complete, our focus has shifted toward preparing for an anticipated increase in new graduates applying for licensure. We continue to actively review internal processes to ensure efficient application handling and continued support for incoming licensees.

OVMEB Licenses by the Numbers (April 2026)	
Total Individual Licenses	4,331 (January) 4,669 (April)
DVM Licenses	2,904
Intern licenses	68
CVT Licenses	1,597
CET Licenses	100
New Individual Licenses	
Licenses added from January – Mid-April	338
DVM Licenses	235
DVM Interns	-6
CVT Licenses	64
CET Licenses	35
Total facilities statewide (April 2026)	718 +1

Investigations

Open Cases Report	November	January	April
OVMEB Open Cases	174	141	115
Presenting to the Board at Board Meeting	42	50	58
Post Board Meeting (Notice/Hearing Process)	26	37	14

Investigations Overview

Overall complaint volume has been continued to rise steadily since 2019. Over the past six months, OVMEB has received an average of 25 complaints per month, consistent with the elevated volume identified in August of 2025. Last year, the agency received approximately 250 complaints—about 21 per month—and we are currently on track for approximately 300 complaints in 2026. Every complaint received is statutorily required to be investigated and presented to the Board.

Investigators continue to manage the high caseload and have improved closing times.

Complaint Characteristics and Violation Rates

Despite the steady intake of complaints, only approximately 20 percent of investigated complaints result in a violation. While all complaints are presented to the Board as investigative reports, the majority are either unsubstantiated or are outside of OVMEB jurisdiction and referred elsewhere when appropriate. The cases that do result in Board action are most often lower level violations resulting usually in civil penalties.

Caseload Management and Processing Improvements

Investigators continue to manage intake efficiently while reducing the longstanding backlog that exceeded 200 cases in 2024. Since November, the number of ongoing open investigations has steadily declined from 174 to 115—a 34 percent reduction. During the same period, the number of cases prepared for Board presentation has continued to grow, and post-Board case processing has accelerated significantly: cases in the post-Board notice and hearing phase have decreased from 26 in November to 14 in April.

This reflects improved coordination between Investigations staff and the Assistant Attorneys General and demonstrates that cases are not only being moved forward at a strong pace but are also being resolved more quickly after Board action.

Inspections

There are currently 717 registered Oregon Facilities. A Board Inspection Report detailing inspections since the last Board meeting has been provided for Board review in Executive Session.

OVMEB Inspector has continued conducting scheduled, routine inspections, maintaining steady progress in meeting the Board's oversight responsibilities. To date, the Inspector has completed **103 inspections for 2026**, reflecting consistent follow-through on the annual inspection plan. Notably, **41 of these inspections have been completed since the last board meeting**, demonstrating an accelerated pace of activity in recent weeks. This ongoing work supports the Board's commitment to ensuring compliance and will be further detailed in the upcoming Board Inspection Report.

Looking Ahead

OVMEB will continue focusing on delivering consistent, transparent, and effective regulatory oversight through the second half of the biennium. Key priorities include:

- **Sustaining fiscal stability** through continued monitoring of revenue trends, expenditure pacing, and cash flow in partnership with DAS-SFS.
- **Ensuring timely licensing** as new graduates enter the workforce, including continued process improvements to support efficient application review and onboarding.
- **Managing rising complaint volume** by maintaining strong investigative throughput, coordinating closely with the Attorney General's Office, and further reducing the remaining backlog.
- **Advancing statewide inspection coverage**, with ongoing completion of scheduled facility inspections and continued emphasis on compliance education.
- **Strengthening communication and stakeholder engagement**, including continued collaboration with professional associations, licensees, and national partners.
- **Supporting Board governance**, including recruitment for Board vacancies and onboarding of newly appointed members later this year.

The agency remains committed to responsive service, clear communication, and maintaining public trust as we continue our work to protect animal health and public safety across Oregon.

8. Discussion and Action Items



Proposed OVMEB CE Requirement – Lever 1

Veterinary wellbeing, burnout prevention, and workforce sustainability

A practical proposal to require **2 hours of CE every 2 years** for Oregon veterinarians and licensed veterinary technicians in veterinary wellbeing and related workforce-risk topics.

2 hours	every 2 years	low burden
Targeted CE requirement	Applies to DVMs and LVTs	Flexible approved content

Why this is needed

- Veterinary medicine carries significant psychological strain, including burnout, compassion fatigue, anxiety, depression, and suicide risk.
- This is not about labeling every professional as unwell or to imply that everyone is experiencing problems... It is about baseline awareness, early recognition, and practical prevention.
- Early-career veterinarians and veterinary teams are especially important because they represent the rising workforce. Additionally, this cohort is recognized as experiencing psychological hardships at a greater rate than their more experienced colleagues.
- These pressures can affect patient care, client experience, team stability, and access to veterinary services.

Why OVMEB can act

- Oregon already uses targeted CE requirements in areas tied to public health and professional risk.
- Current Oregon CE rules already require veterinarians to complete topic-specific hours in judicious antibiotic use and analgesic and anesthetic methods.
- OVMEB's mission includes protection of animal health and welfare, public health, and consumers of veterinary services. This proposal aligns with the OVMEB's excellent approach to this mission.

What would count

- Burnout awareness and prevention
- Suicide awareness and prevention
- Compassion fatigue and moral distress
- Communication, conflict, and workplace culture
- Perfectionism, impostor phenomenon, anxiety, and depression education
- Mental health literacy
- Psychological safety, resilience, and pathways to support
- Not an exhaustive list; can expand and adapt to current topics and needs

Why this approach is strong

- It is upstream. It builds literacy before crisis.
- It is light. Two hours every two years is a modest ask.
- It is flexible. Content can come from multiple approved educational sources.
- It is financially approachable. Low cost; low burden.
- It may improve retention, team stability, and help-seeking behavior.

Bottom line: This proposal is practical, low-cost, and aligned with existing Oregon precedent. Even a small increase in awareness, earlier intervention, stronger team culture, or reduced workforce loss would justify a requirement this light.

Purpose

Add a small set of suicide prevention and mental health safety elements to the annual veterinary facility or pharmacy self-inspection process.

This follows an existing regulatory model by applying prevention logic already used for medication security, radiographic safety, and other facility safeguards to a documented occupational risk in veterinary medicine.

Why facility standards and leadership conduct guidance make sense

- Employment in veterinary medicine carries documented suicide risk
- Access to lethal means, including medications and poisons, is a recognized suicide risk factor that many do not understand.
- The clinic environment can either increase risk or create a pause that redirects someone toward help.
- Low-cost environmental safeguards are consistent with a public health approach to prevention.
- Facility standards reach all team members in the veterinary clinical setting... not just licensees (CVTs & DVMs).

Recommended requirements/regulatory mechanisms

1. Posted crisis support information

Display 988 and related crisis-support information in staff-facing locations, including the break room, one private office or workspace, near controlled substance storage, and near euthanasia solution storage when applicable.

2. Written clinic protocol

Maintain a brief suicide awareness and prevention protocol that outlines warning signs, internal reporting steps, leadership responsibilities, crisis resources, emergency response options, and post-crisis follow-up.

3. Annual staff review

Document a short yearly review, about 10 to 15 minutes, so the team knows where resources are posted, what the protocol says, and what to do if a colleague is in distress.

Key evidence

CDC reported elevated suicide mortality among U.S. veterinarians. **Female veterinarians were 3.5x and male veterinarians 2.1x as likely to die by suicide** as the general population in the study summarized by CDC.

The 988 Suicide & Crisis Lifeline provides free and confidential emotional support 24/7 by call, text, or chat.

What OVMEB could provide...

- Standard 988 poster for required locations
- Model suicide awareness and prevention protocol
- One-page annual review checklist

Why this is workable

- Low cost
- Minimal added burden
- Scalable across practice sizes

Selected references

CDC: suicide risk factors include access to lethal means.

CDC: suicide mortality among veterinarians is elevated versus the general population.

988 Suicide & Crisis Lifeline: free and confidential support 24/7 by call, text, or chat.

PRE-LICENSURE WELLBEING, BURNOUT, & SUICIDE AWARENESS MODULE

Proposal concept for the Oregon Veterinary Medical Examining Board – Level 2

Purpose

Establish a simple, required awareness touchpoint at entry into Oregon veterinary practice/licensure.

Why it is different

This is upstream. Every future licensee (CVT/DVM) passes through the same preventive educational step.

Format

One-hour recorded module plus five very basic multiple-choice questions that follow.

WHY THIS PROPOSAL

- Veterinary medicine carries persistent emotional, cognitive, and operational strain, including moral distress, compassion fatigue, workload pressure, long hours, staffing shortages, client financial conflict, euthanasia exposure, and documentation burden.
- Most responses today are downstream or midstream. *This concept* places a preventive educational touchpoint upstream, at the licensure threshold.

PRIMARY GOALS

- Increase awareness of burnout, compassion fatigue, psychological distress, and suicide risk.
- Normalize support-seeking and early recognition as professional behaviors.
- Reinforce that wellbeing is both an individual issue and a systems-and-culture issue.

SUGGESTED CONTENT

- Core definitions: burnout, compassion fatigue, moral distress, wellbeing, psychological safety.
- Why veterinary teams are vulnerable: emotional labor, perfectionism, time poverty, staffing gaps, and workplace conflict.
- Practical prevention: breaks, sleep, movement, boundaries, peer support, therapy, recovery habits, and early help-seeking.

FORMAT AND ASSESSMENT

- Audience: Oregon Veterinarians and Certified Veterinary Technician applicants.
- Length: Approximately 60 minutes.
- Delivery: Recorded webinar or roundtable discussion with simple graphics.
- Completion: Five basic multiple-choice questions. Low burden. Non-punitive.

WHY THIS WORKS

- Standardized and scalable across all future applicants.
- Low cost and administratively feasible.
- Signals that Oregon takes veterinary wellbeing seriously and is willing to act through regulatory structure. This is a unique approach; Oregon (OVMEB) has an opportunity to take a leadership stance in the wellbeing space.

IMPLEMENTATION CONCEPT

- Confirm authority and feasibility.
- Develop content with veterinarians, CVTs, and wellbeing-informed contributors, social workers, and potentially organizational psychologists. Look to stakeholders for applicable content.
- Launch, track completion, and update periodically.

Bottom line: This is a practical, upstream, low-burden intervention that introduces awareness early, reinforces support-seeking, and demonstrates visible commitment from Oregon to the long-term health of the veterinary profession.

REGULATORY FRAMEWORK FOR VETERINARY WELL-BEING IN OREGON

Three practical OVMEB levers for prevention, awareness, and culture change...

Veterinary medicine is rewarding and challenging; success in this space requires a combination and balance of GRIT and LOVE. The emotional, psychological, and operational demands of the profession now affect workforce sustainability, patient care, public trust, and professional longevity. Oregon can take the lead in veterinary sustainability by treating professional well-being as part of a modern regulatory conversation.

I propose three specific categories/mechanisms that the Oregon Veterinary Medical Examination Board can engage to stimulate change in Oregon’s veterinary ecosystem.

Three practical OVMEB levers for burnout prevention, suicide awareness, and culture change...

LEVER 1	LEVER 2	LEVER 3
<p>Continuing Education Requirement</p> <p>Require a modest recurring CE component focused on veterinary well-being for veterinarians and technicians during each renewal cycle. Suggest 2 CE hours every 2 years Low cost & easy access</p>	<p>Licensure Prerequisite Webinar</p> <p>Require a brief introductory webinar or training module before initial licensure to establish shared baseline awareness of occupational risk. Quiz/Questionnaire Low cost/modifiable</p>	<p>Practice Infrastructure Expectations</p> <p>Incorporate limited well-being and crisis-awareness elements into facility self-inspection or infrastructure review processes. Signage in clinic Written protocols/SOPs</p>

Potential topic areas: burnout prevention, suicide awareness, communication, perfectionism, impostor phenomenon, compassion fatigue, anxiety, depression, workplace culture, team dynamics, psychological safety, and help-seeking behavior.

Why this approach works

- It acts at three points in the professional lifecycle: entry into practice, ongoing professional development, and the clinic environment itself.
- It is flexible rather than punitive, focused on awareness, prevention, and durable culture change.
- It aligns with the Board’s existing role in setting standards that protect public safety, professional integrity, and responsible practice systems.

A call to leadership

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

— Margaret Mead

As a concerned citizen, veterinarian, and advocate for the profession, I believe Oregon can help set the stage, set the tone, and become a national leader in veterinary well-being through thoughtful regulatory levers.

Oregon has an opportunity to lead intentionally and purposefully.

I would be honored to help build and contribute this work.

Charles Hurty, DVM * (541)961-2250 * cahvet4455@gmail.com

The OVMEB Workgroup has relied on AVMA and AAVSB resources, and CVT rule changes in California and Washington. These were reviewed to see what might be applicable and appropriate in Oregon.

The Workgroup determined there is a need for rule change to broaden the scope of practice for CVTs and thereby potentially expanding access to care due to a shortage of DVMs.

The Workgroup next focused on rule language changes that may address some of the priority issues identified. The Workgroup drafted suggested changes or additions for the Board to consider implementing. These are below in **RED**.

CVT Workgroup requests that the Board review the redline version below and make the rule changes recommended below.

- Natalie Mair-Williamson, CVT & Emilio DeBess, DVM
CVT Workgroup Chair and Co-Chair

875-030-0040

Supervision of Certified Veterinary Technicians

(1) All duties of Certified Veterinary Technicians (CVTs) must be performed under the supervision of a licensed veterinarian.

(a) The supervising veterinarian shall be responsible for determining the competency of the CVT.

(2) Certified Veterinary Technicians may perform the following acts:

(a) Obtain and Record Information

(A) Complete admission records, including recording statements made by the client concerning the patient's problems and history. A CVT may also record their own observations of the patient. However, the CVT may not state or record an opinion concerning the diagnosis of the patient.

(B) Maintain routine medical records, including:

1. Daily progress records;
2. Surgery logs;
3. X-ray logs;
4. Drug Enforcement Administration (DEA) logs; and

5. Other routine records as directed by the supervising veterinarian.

(b) Prepare Patients, Instruments, Equipment, and Medications for Surgery

- (A) ~~Prepare and sterilize surgical packs.~~
- (B) ~~Clip, surgically scrub, and disinfect the surgical site in preparation for surgery.~~
- (C) Administer pre-anesthetic drugs as prescribed by the supervising veterinarian.
- (D) Position the patient for anesthesia.
- (E) Induce anesthesia as prescribed by the supervising veterinarian.
- (F) Operate anesthetic machines, oxygen equipment, and monitoring equipment.
- (G) Place an endotracheal tube for the purpose of delivering oxygen and anesthetic gas to a patient requiring inhalant anesthesia.

(c) Collect Specimens and Perform Laboratory Procedures

- (A) Perform fluid aspiration from a body cavity or organ (e.g., cystocentesis, thoracocentesis, abdominocentesis), and collect feces, sputum, and other excretions or secretions for laboratory analysis.
- (B) Collect blood samples for laboratory analysis.
- (C) Collect skin scrapings.
- (D) Perform routine laboratory procedures including:
1. Urinalysis;
 2. Fecal analysis;
 3. Hematological examinations; and
 4. Serological examinations.
- (d) Apply and remove wound and surgical dressings, casts, and splints.
- (e) Assist the Veterinarian in Diagnostic, Medical, and Surgical Procedures**
- (A) Monitor and record the patient's vital signs.

(B) ~~Medically bathe the patient.~~

(C) Administer topical, oral, hypodermic, and intravenous medications as directed by the supervising veterinarian.

(D) Operate X-ray equipment and other diagnostic imaging equipment. **Computed tomography (CT) scans and magnetic resonance imaging (MRI) procedures may only be performed by CVTs.**

(E) Take electrocardiograms, electroencephalograms, and tracings.

(F) **Dental prophylaxis includes the removal of calculus, soft deposits, plaque, and stain.**

(G) Perform **dental** extractions under the immediate supervision of a licensed veterinarian.

(H) **Only CVTs may perform suturing, stapling, or gluing of an existing surgical skin incision and suturing of a gingival incision**

(I) Administer rabies vaccine under the direct supervision of a licensed veterinarian.

(J) Administer a permanent identification device.

(K) Under indirect supervision, carry out an Oregon-licensed veterinarian's home-care instructions for duties permitted under this rule. A valid veterinarian-client-patient relationship (VCPR) must exist in order for a CVT to perform duties under indirect supervision.

(L) **When a VCPR is established, a veterinarian may authorize a certified veterinary technician to administer previously prescribed preventive or prophylactic vaccines and medications for the control or eradication of apparent or anticipated internal or external parasites.**

(3) CVTs may perform other acts not specifically enumerated in this rule under the supervision of a veterinarian licensed to practice veterinary medicine in the State of Oregon. Nothing in this section shall be construed to permit a CVT to:

(a) Make any diagnosis or prognosis.

(b) Prescribe any treatment.

(c) Perform surgery, except as an assistant to the veterinarian.

(d) Sign a rabies vaccination certificate or any other animal health certificate.

(e) **Perform euthanasia except under the direct supervision of a veterinarian.**

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.350 – 686.370

History:

VMEB 1-2022, amend filed 02/25/2022, effective 03/01/2022

VMEB 4-2014, filed & certified effective 01/17/2014

VMEB 11-2008, filed & certified effective 07/22/2008

VMEB 1-2008, filed & certified effective 02/11/2008

VMEB 2-2006, filed & certified effective 05/11/2006

VMEB 1-2006, filed & certified effective 02/08/2006

Reverted to VME 3-1992, filed & certified effective 10/09/1992

Renumbered from 875-010-0025

875-030-0041

Emergency Animal Care

(1) Emergency animal care may be rendered by a Certified Veterinary Technician under the indirect supervision of a veterinarian.

(a) Under emergency conditions, a CVT may render the following lifesaving aid or emergency treatment:

1. Application of tourniquets or pressure bandages to control hemorrhage.
2. Resuscitative oxygen procedures.
3. Establishment of open airways, including the use of intubation appliances, but excluding surgical procedures.
4. External cardiac resuscitation (CPR).
5. Application of temporary splints or bandages to prevent further injury to bones or soft tissues.
6. Application of appropriate wound dressings and external supportive treatment in severe burn cases.
7. External supportive treatment in heat prostration cases.

(b) The following tasks may only be performed under the direct supervision of a veterinarian licensed or otherwise authorized to practice in this state:

8. Administration of a drug or controlled substance to prevent or manage pain, control seizures, sedate an animal for examination, prevent further injury, or control shock, including administration of parenteral fluids.

If the above changes are made it is also recommended to amend other rule chapters as follows:

875-030-0050

Practice Limitations for Individuals Not Certified as Veterinary Technicians

(1) Individuals not certified as veterinary technicians may, under the supervision of a licensed veterinarian, perform acts that a CVT may perform except:

(a) Induce anesthesia as prescribed by the supervising veterinarian (OAR 875-030-0040(2)(b)(E)).

(b) Place an endotracheal tube for delivery of oxygen and anesthetic gas to a patient requiring inhalant anesthesia (OAR 875-030-0040(2)(b)(G)).

(c) Operate X-ray equipment unless the individual has completed 20 hours of training in radiograph safety as required by the Oregon State Health Division (OAR 333).

(d) Perform dental extractions (OAR 875-030-0040(2)(e)(G)).

(e) Perform suturing, stapling, or gluing of an existing surgical skin incision or suturing of a gingival incision.

(f) Administer rabies vaccine (2) (e) (H)

(g) Perform duties under indirect supervision as defined in OAR 875-005-0005.

875-005-0005

Definitions

(28) External Supportive Treatment

“External supportive treatment” means providing cool water baths or sprays, especially to large blood vessels, for evaporative cooling measures and environmental control, with close monitoring of body temperature.

OVMEB Rulemaking Status Sheet – May 2026

Rule Number Referenced	New or Amend	Description of New Rule or Change	Status	Notes/To Do
875-005-0005 Definitions	Amend	Establishing VCPR	In process. Notice Drafted.	<p>Discussed in January. Board needs to decide:</p> <p>The alternative to a physical examination in the definition of a VCPR to only apply to herds and flocks, or more generally apply to any situation where there are medically appropriate and timely visits to where the animal is kept?</p> <p>To do: Research other jurisdictions and precedent (in process). Bring back to Board in March</p>
OAR 875-015-0020 – Minimum Requirements for Veterinary Medical Facilities and Veterinary Licensees	Amend	Clarifying language regarding requirement for licensee to provide written prescription to client upon request. No timeline for providing a written prescription is included in the rule; Board Staff have received inquiries regarding how quickly after request a licensee must provide written prescription.	In Process	Public Rulemaking Hearing conducted February 21, 2025; no comments received. Board motion needed to make rule change permanent.
SB- 1539 Legislation regarding rulemaking related to pregnancy Checking.	New	Would allow an individual to verify whether cattle are pregnant without holding a valid license issued by the Oregon State Veterinary Medical	Rulemaking Preplanning IN PROCESS	Overview letter sent out to interested parties April 17, 2026

OVMEB Rulemaking Status Sheet – May 2026

		Examining Board under certain circumstances.		
New	PREDETERMINATION Senate Bill 1552 requires specified boards to make a determination as to whether a criminal conviction will prevent the petitioner from receiving a license.	Voted Pass and Permanent	COMPLETE	ADOPT: 875-010-0100
New	Defines "Allied Health Practitioner"	Voted Pass and Permanent	COMPLETE	875-005-0005 Definitions

OVMEB Rulemaking Status Sheet – May 2026

New	Amends 875-010-0090(2)(c) to include 1 hour of CE for licensees to attend Public Board Meetings	Voted Pass and Permanent	COMPLETE	875-010-0090(2)(c)
New - Proposed	Amend OAR 875-005-0005 to include “allied health practitioner”.	Establishes Definition of “Referral” relevant to OAR... Allied Health Practitioner		There is no standalone Oregon rule or statute defining a “referral” as performed specifically by an allied health practitioner. However, any licensed health practitioner making referrals—to diagnostic or treatment facilities—is subject to ORS 441.098 and OAR 333-072 , which set referral requirements based on patient need, facility selection, and conflict-of-interest disclosures—regardless of the professional’s specific classification.

OVMEB Rulemaking Status Sheet – May 2026

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