

OVMEB BOARD MEETING PUBLIC SESSION	April 7, 2023	8:30 AM
	Zoom Conference: https://us06web.zoom.us/j/83471534738?pwd=TU45 Meeting ID: 834 7153 4738 Passcode: P8etfJ Phone 971-673-0224 Fax 971-673-0226	

Board President: Emilio DeBess, DVM, MPH

April 7, 2023, 8:30 AM

Convene Public Session

1. **PUBLIC COMMENTS – For Items Not on the Agenda** (Comments must be limited to 3-5 minutes. Notify the Board office in advance, if you wish to address the Board.)

2. **CONSENTAGENDA**
 - a. Today's Agenda
 - b. February 24, 2023- Public Board Meeting Minutes

3. **TELEMEDICINE AND VCPR – Oregon State Representative
Vikki Breese Iverson, House District 59** Inform

4. **STATE VETERINARIAN UPDATE – Dr. Ryan Scholz, DVM,
MPH** Inform

5. **EXECUTIVE DIRECTOR REPORT – Peter J. Burns** Action

6. **OVTA Title Protection Proposal** Inform

7. **DISCUSSION AND ACTION ITEMS**
 - a. **Practice Policies**
 - i. Request to Close a Case Summary Report - Burns
 - ii. PAW Team VCPR request - Shrode
 - iii. Teletriage - DeBess
 - iv. RAC- DeBess
 - v. Inactive Rules
 - vi. CVT Applicant

8. **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.

9. **IN THE MATTERS OF (following Executive Session)**

OVMEB BOARD MEETING PUBLIC SESSION	February 24, 2023,	8:30 AM
	Zoom Conference: https://us06web.zoom.us/j/81414235846?pwd=QVExYXZUM1dXbGh	
Meeting ID: 814 1423 5846 Passcode: 87E7qY		
Board President: Emilio DeBess, DVM, MPH Phone 971-673-0224 Fax 971-673-0226		

Board member Attendees:	Staff Attendees:
Emilio DeBess, DVM, MPH, President	Peter J. Burns, Executive Director
Karen Pate, Public Member	Bertina Balajadia, Administrative Assistant
Allison Lamb, DVM	Brenda Biggs, Inspector
Natalie Mair-Williamson, CVT	Janine Holland, Investigator
Brett, Hamilton, DVM	Joanna Tucker-Davis, AAG
Glenn Taylor, Public Member	
Ragan Borzckik, CVT	
Public Attendees: Several members of the public attended	

Friday, February 24, 2023, Public Session

8:33 AM Convene Public Session

1. PUBLIC COMMENTS –None.

2. CONSENT AGENDA –

a. Today's Agenda – Adopted.

b. February 02, 2022, Public Board Meeting Minutes- Adopted.

c. December 16, 2022, Public Board Meeting Minutes- Adopted.

3. 9:00 AM- ADMINISTRATIVE RULE HEARING- OAR 875-040-0010

Certification of Technicians

Discussion: Approve proposed rule as amended.

Outcome: Lamb moved to adopt rule as amended. Hamilton second. All in favor.

Motion passed. Biggs and Lamb will work on additions or changes to continuing education and/or exams.

4. STATE VETERINARIAN UPDATE – Dr. Ryan Scholz, DVM, MPH

Inform

Routine update from Dr. Scholz. There are a couple law and rule changes coming up. Senate Bill 58 will remove vaccination requirements for certain vaccines. USDA is proposing cattle changes moving away from visual tags.

5. EXECUTIVE DIRECTOR REPORT– Report was received by the Board. Inform Burns provided an update on the 2021-23 budget, proposed meeting dates, and provided education subcommittee of joint ways and means minutes. Information on Senate Bill 559 was provided. An update on open cases with a plan to close cases was discussed.

6. 2023 BOARD MEETING DATES

Reason: Finalize dates for 2023 Board meetings.

Outcome: April 7, June 30-July 1, August 4, October 27-28, and December 1

7. 10:00 AM PRESENTATION – Highlights of Animal Welfare/Shelter Medicine in Comparison to Private Practice

Issue: Differences between public clinics and shelters

Discussion: Dr. Randy Covey and Dr. Dianne Brown. Dr. Covey provided information regarding the differences between public clinics and shelters. Municipal animal shelters' primary practice and function is to accept stray animals from the public or from officers out in the field bringing in animals into the shelter. The history of animals is unknown when they come into an animal shelter. In private practice, generally, animals that come in are brought in with a history of vaccines and a record with the owner there to have the conversation. Shelters do not have that luxury. A shelter's first concern is to take care of the animal's basic needs-food, water, and shelter. Shelters are more concerned about herd health rather than individual routine and care. They have protocols in place that include having animals that come in going through an initial exam by non-vet staff (animal technicians) to make sure the animal does not have any immediate emergency needs. Dr. Brown added information on herd health. It makes it difficult for Vets to see each animal. They utilize staff to help with routine items. General practice can see 10-15 and have maybe 3 surgeries. In shelter there is an upward of 40 a day with many surgeries a day. Vets are dependent on staff to get animals in care.

Outcome: Information only.

8. DISCUSSION AND ACTION ITEMS

a. Practice Policies

Inform/Action

i. Continuing education class approval- Kitagaki

Issue: CE approval process.

Discussion: Discussion on the continuing education approval process. DeBess wanted to ensure the board was aware that he has been approving CE and discuss if the board would like him to continue doing so.

Outcome: DeBess will continue to approve CE. DeBess and Balajadia will work on a protocol to help standardize the process.

ii. NAVLE timeline question

Issue: Is gap required after failure of NAVLE?

Discussion: Tucker-Davis stated that there is no basis to deny this. No comment from board members.

Outcome: No gap is required.

iii. CET training/coursework- Bloodworth

Issue: HSCO CET training and coursework protocols.

Discussion: The board discussed HSCO protocols. The board had a discussion to determine if the University of Florida's Part 1 and 2 training met the 15 hours of hands-on training. They discussed if previous CETs or CVTs could bypass the CET intern license requirement.

Outcome: The University of Florida's 15 hour meets the hands-on training requirement. Lamb moved. Natalie second. All in favor. Motion passed. All applicants must first

become a CET intern.

iv. Teeth floating- Lamb

Issue: Update

Outcome: No consensus information found.

v. Teletriage- DeBess

Issue: Some states are enacting teletriage laws and rules. Does the OVMEB want to consider teletriage rules?

Discussion: This is a service being used by other states, to provide information to individuals calling about their pets to determine if their animal should be seen immediately. The board is interested in drafting proposed rules.

Outcome: Burns and DeBess will draft telehealth rules for an upcoming board meeting.

vi. Letter of good standing

Issue: Modernize protocol for letters of good standing.

Discussion: Balajadia explained the current protocol for issuing letters of good standing asking the board to one, consider utilizing our online verification system instead of sending letters and two, accept online verifications from other states.

Outcome: Taylor moved. Mair-Williamson second. All in favor. Motion passed.

vii. Inactive licenses- Mullins

Issue: Can inactive licensees practice for 30 days?

Discussion: A discussion on fees, current rules, and board of pharmacy implications was had.

Outcome: Board is requesting legal advice.

9. EXECUTIVE SESSION

10. IN THE MATTERS OF (following Executive Session)

2021-0013: Offer settlement. DeBess moved; Taylor second. All in favor. Motion passed.

2023-0027: Deny application. DeBess moved; Mair-Williamson second. All in favor. Motion passed.

2023-0028: Issue license. Debess moved; Mair-Williamson second. Borzcek abstained. All others in favor. Motion passed.

2022-0009: No statutory violation. DeBess moved; Lamb second. All in favor. Motion passed.

2022-0007: No statutory violation. DeBess moved; Pate second. All in favor. Motion passed.

2022-0008: No statutory violation. DeBess moved; Taylor second. All in favor. Motion passed.

2022-0006: No statutory violation. DeBess moved; Lamb second. All in favor. Motion passed.

2022-0070: Issue Notice of Proposed Discipline with a \$2250 fine. DeBess moved; Pate second. All in favor. Motion passed.

2021-0085: No statutory violation. DeBess moved; Mair-Williamson second. All in favor.

Motion passed.

2022-0004: No statutory violation. DeBess moved; Pate second. All in favor. Motion passed.

2021-0087: No statutory violation. DeBess moved; Lamb second. All in favor. Motion passed.

2022-0005: No statutory violation. DeBess moved; Borczik second. All in favor. Motion passed.

Adjourn meeting 2/24/23. 2:53 pm.

Prepared by Bertina Balajadia; Administrative Assistant 03/27/23.

Board and Commission Meeting Minutes Series documents the official proceedings of the board or commission meetings. Records may include agendas; minutes; meeting notices; items for board action; contested case hearings schedules; committee reports; exhibits; and related correspondence and documentation. Records may also include audio recordings of meetings used to prepare summaries. Retention: (a) Minutes: Permanent, transfer to State Archives after 10 years; (b) Audio recordings: 1 year after transcribed, destroy; (c) Other records: 5 years, destroy.

EXECUTIVE DIRECTOR REPORT

Executive Director Report

December 2022 Board Meeting

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

Board Meeting Details:	April 7, 2023 Via Zoom
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2021-23 Budget

As of the end of February 2023, we have an ending cash balance of \$1,093,191.75 which translates to 22.36 months of available cash.

2023 Scheduled Board Meeting Dates

April 7; June 30 - July 1; August 4; October 27-28; December 1

Partnerships

OVMA & PVMA: Introductory meetings with both associations in February

- OVMA Conference; Bills; Newsletter

Governor's Office Liasson: Introductory meeting with Berrie Leslie

- Emphasis on transparency and accountability for all agencies

AAVSB: Introductory Meeting with Member Services Team and SC Regulatory Counterpart

- Tracy Adams, Executive Director for South Carolina Veterinary Medical Examiners
- AAVSB Conference, April 12-15, Kansas City, MO.
 - o Executive Director Summit
 - o Board Basics and Beyond

Health Related Licensing Boards

- Regular meetings and collaboration
- Strategic Planning

Senate Bill 559: Relating to the prescription drug monitoring program (PDMP)

Summary: Requires veterinarians to participate in prescription drug monitoring program

- Link to SB559 overview:
<https://olis.oregonlegislature.gov/liz/2023R1/Measures/Overview/SB559>
- Monitoring; No further updates at this time.

Staffing Update:

OVMEB has implemented a temporary position to train and take over the current Administrative Assistant position. We continue to utilize an investigator from Board of Speech Language Pathology and Audiology, who has been supporting investigations on a part time basis. We will be training existing staff to help support in a second Investigator 2 position. Agency budget projections and the 2023-2025 adopted budget support the Investigator 2 position on a permanent basis.

This arrangement will remain temporary for 6 months, at which time DAS-SFS will factor in current projections to ensure the permanent plan is still fiscally viable.

DISCUSSION AND ACTIONITEMS

OVMEB CONFIDENTIAL CASE REPORT #0000-0000

Received via	Type	Category	Date of Complaint	Requesting to Close	Report Presented	Aging	Investigator
Mail	Other	Minimum Standards	Date		Date	Days	Name

RESPONDENT XX

COMPLAINT SUMMARY

The complaint alleges... [summary of complaint] If substantiated, this could be a violation of OAR 875-001-0000

Relevant Laws

OAR 875-001-0000

Relevant rule written out

INVESTIGATION

Key Evidence & Type

Insert relevant information

Investigative Summary

The investigation determined [investigation summary] that there were no violations of statutes or rules over which the Board has jurisdiction. The case was administratively closed on **month/day/year**.

OR

The complainant refused to provide information necessary for the investigation to continue. The case was administratively closed on **XX/XX/XXXX**.

Staff requests that the Board ratify the administrative closure of this case.

Ratify	Re-open	Comments
<input type="checkbox"/>	<input type="checkbox"/>	

To Whom It May Concern:

This letter is to request an exception to the rules of establishing a Veterinary Client Patient Relationship (VCPR) as outlined in the Oregon Veterinary Practice Act, Division 5, Definitions 875-005-0005, part 16:

(16) "Veterinary Client Patient Relationship (VCPR)": Except where the patient is a wild or feral animal or its owner is unknown; a VCPR shall exist when the following conditions exist: The veterinarian must have sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal. This means that the veterinarian has seen the animal within the last year and is personally acquainted with the care of the animal by virtue of a physical examination of the animal or by medically appropriate and timely visits to the premises where the animal is kept. (If examining the patient presents a safety risk, the exam may be waived. Note in the record the patient's temperament and the client's waiver of examination. (A veterinarian providing consultation to another veterinarian on the latter's patient need not establish a VCPR, as long as the consultant veterinarian is not seeing the patient.)

PAW Team requests a limited exception to the requirement of establishing a VCPR in the specific circumstances of shared patients with Oregon Humane Society (OHA) in the instances where a booster for an initial vaccination is required. In addition to juveniles regularly requiring boosters, AAHA vaccine recommendations have recently changed to include a recommended 2-4 week booster of *all* initial DHPP vaccines given to patients of any age without vaccine history or that are vaccine naïve. As part of our provision of services we regularly refer new patients to the OHA Spay and Save program directly upon their request for our services and before we have our first exam with a PAW veterinarian. These patients present to OHA for alteration and, in most cases, receive their first vaccines at that time. When boosters are subsequently required in a short time frame, it is challenging to accommodate these patients at PAW Team in a timely way that corresponds to the definition of establishing a VCPR because we rely on the presence of volunteer veterinarians and exam space is extremely limited. We are requesting that the VCPR established by OHA at the alteration and initial vaccine appointment confer PAW Team the opportunity to provide the recommended booster appointment without need to establish VCPR with a PAW Team volunteer veterinarian. This authorization would only be valid for the boosting of vaccines and not for any further medical treatment or interventions.

Please consider our request and let us know if we can clarify or answer any questions.

Sincerely,
Briana Shrode - Executive Director of Medical Services at Portland Animal Welfare (PAW) Team

AVMA

Teletriage

Teletriage is the safe, appropriate, and timely assessment and management (immediate referral to a veterinarian or not) of animal patients via electronic consultation with their owners. In assessing patient condition electronically, the assessor determines urgency and the need for immediate referral to a veterinarian, based on the owner's (or responsible party's) report of history and clinical signs, sometimes supplemented by visual (e.g., photographs, video) information. A diagnosis is not rendered.

The essence of teletriage is to make good and safe decisions regarding a patient's disposition (immediate referral to a veterinarian or not), under conditions of uncertainty and urgency.

<https://www.avma.org/resources-tools/animal-health-and-welfare/telehealth-telemedicine-veterinary-practice/veterinary-telehealth-basics>

Telehealth is the overarching term that encompasses all uses of technology to remotely gather and deliver health information, advice, education, and care. Telehealth can be divided into categories based on who is involved in the communication. For communication between veterinarians and animal owners there are two important categories that are distinguished by whether a VCPR has been established:

- Without a VCPR, telehealth includes the delivery of general advice, educational information, and teletriage (to support the care of animals in emergency situations)

After-hours care

Clients want and expect 24/7 services, including veterinary care. Traditionally, access to after-hours care has meant that the client leaves a message with an answering service and waits for the veterinarian to call them back. Today's client generally expects more. Implementing **teletriage** services can help meet client expectations and patient needs, assist in scheduling with prioritization given to urgent cases, while also allowing veterinarians to better manage their work-life balance.

<https://www.avma.org/sites/default/files/2021-01/AVMA-Veterinary-Telehealth-Guidelines.pdf>

AAVSB

(h) "Teletriage" means the use of electronic technology or media, including interactive audio and/or video, to diagnose and treat a medical emergency as defined under section 4840.5 until the animal patient(s) can be transported to and /or seen by, a veterinarian.

<https://aavsbmemberservices.org/wp-content/uploads/2021/08/August-2021-Conventional-Report.pdf>

Georgia

Teletriage refers to the initial assessment of a patient to determine if a potentially life-threatening animal health situation is present and to make recommendations for either veterinary care or conservative management. An example of teletriage would be an animal poison control service. A valid VCPR is not required for teletriage. However, teletriage does not allow for the diagnosis or treatment of a patient.

<https://gvma.net/2021/08/02/presidents-column-telehealth-and-the-veterinary-profession/>

Arkansas

C. "Teletriage" means emergency animal care, including animal poison control services, for immediate, potentially life-threatening animal health situations (e.g., poison exposure mitigation, animal CPR instructions, other critical lifesaving treatment or advice).

<https://www.arkleg.state.ar.us/Calendars/Attachment?committee=040&agenda=5095&file=D.5.a+DOA+VMEB+Vet+Telehealth+and+Telemedicine+and+Act+130+of+2021.pdf>

Hawaii

e) A veterinarian may provide veterinary teleadvice or veterinary teletriage without the prior establishment of a veterinarian-client-patient relationship. An expert with a poison control agency who is not a veterinarian may provide veterinary teletriage.

"Veterinary teletriage" means using electronic communication with a client, including through a poison control agency, to provide a timely assessment and decision as to whether to immediately refer a patient to a veterinarian for emergency or urgent care."

https://www.capitol.hawaii.gov/sessions/Session2022/Testimony/SB2798_TESTIMONY_CPN_02-23-22 .PDF

California

Teletriage

The legislative proposal would define “teletriage” to mean the use of electronic technology or media, including interactive audio and/or video, to diagnose and treat a medical emergency, as defined, until the animal patient(s) can be transported to, and/or seen by, a veterinarian. (Prop. BPC, § 4825.1, subd. (h).) This definition would expand the existing VCPR exemption in CCR, title 16, section 2032.1, subsection (f), which authorizes advice given in an emergency.

Teletriage Services

The proposal would make clear to practitioners and consumers that teletriage cannot be used for treatment of non-life-threatening cases, but may be used in an emergency, as specified. (Prop. BPC, § 4826.3, subd. (a).) Currently, advice can be provided through telemedicine in an emergency without establishing a VCPR. (CCR, tit. 16, § 2032.1, subs.(f).) To benefit consumers by increasing access to critical veterinary care, the proposal would replace that provision and, using the emergency provisions under BPC section 4826.4, subdivision (a), would authorize a California-licensed veterinarian, without establishing a VCPR, to utilize teletriage to diagnose and treat the animal patient(s) until the animal patient(s) can be seen by, or transported to, a veterinarian. (Prop. BPC, § 4826.3, subd. (c)(1).) In addition, this proposal would authorize an RVT to use teletriage in an emergency (Prop. BPC, § 4826.3, subd. (c)(2)) and is consistent with the existing RVT lifesaving aid and treatment authority under BPC section 4840.5, which is clarified by CCR, title 16, section 2069 (page 9-10)

Arizona

Teletriage means emergency animal care, including animal poison control services, for immediate, potentially life-threatening animal health situations (e.g., poison exposure mitigation, animal CPR instructions, other critical lifesaving treatment or advice).

Teletriage may be performed by a veterinarian or Certified Veterinary Technician (CVT) who is working under the supervision of a veterinarian without establishing a VCPR or obtaining Informed Consent to provide emergency, potentially life-saving telemedicine services. When determining whether to delegate such responsibility to a CVT, the veterinarian should consider the CVT's knowledge, skills, and abilities.

https://vetboard.az.gov/sites/default/files/media/AZ%20Veterinary%20Medical%20Board_Parame...19_2.pdf

Maryland

Teletriage means emergency animal care for immediate, potentially life-threatening animal health situations, such as poison exposure mitigation, Animal CPR instructions, and other critical lifesaving treatment or advice. Teletriage may be performed by a veterinarian without establishing a VCPR or obtaining informed consent. Prescription medication may not be prescribed during teletriage without a valid VCPR. (page 18)

<https://mda.maryland.gov/vetboard/documents/Suggested-COMAR-Revisions.pdf>

Veterinary teletriage or teleadvise

(Option 1)Veterinary teletriage or teleadvise/teleadvice means using electronic communication with a client (poison control agency , animal CPR, other critical lifesaving treatment or advice), to provide a timely assessment and decision as to whether to immediately refer a patient to a veterinarian for emergency or urgent care.

(Option 2) Teletriage or teleadvise/teleadvice means emergency animal care. including animal poison control services, for immediate, potentially life-threatening animal health situations (e.g. poison exposure mitigation; animal CPR instructions; other critical lifesaving treatment or advice).

A veterinarian or a CVT may provide veterinary teleadvice or veterinary teletriage without the prior establishment of a veterinarian-client-patient relationship (VCPR).

Teletriage does not include diagnosis or providing treatment. Diagnosis and treatment can only be delivered with a valid VCPR.

Teletriage services must be delivered by a DVM or a CVT who is working under the supervision of a veterinarian.

Person delivering teletriage must have a current veterinary or CVT license (+/- Oregon license)

Person delivering teletriage must have an established protocol for making referrals to local emergency services

An expert with a poison control agency who is not a veterinarian may provide veterinary teletriage.

686.040 Application of ORS 686.020 (1)(a); consultation with individual licensed in other state; rules. (1) ORS 686.020 (1)(a) does not apply to commissioned veterinary officers of the United States Army, or those in the employ of other United States Government agencies while engaged in their official capacity, unless they enter into a private practice.

(2) Nothing in ORS 686.020 (1)(a) shall be so construed as to prevent any person or the agent or employee of the person from practicing veterinary medicine and surgery or dentistry in a humane manner on any animal belonging to the person, agent or employee or for gratuitous services or from dehorning and vaccinating cattle for the person, agent or employee.

(3) Nothing in ORS 686.020 (1)(a) shall be so construed as to prevent the selling of veterinary remedies and instruments by a licensed pharmacist at the regular place of business of the licensed pharmacist.

(4) A practitioner of allied health methods may practice that method on animals without violating ORS 686.020 (1)(a), as long as the practice is in conformance with laws and rules governing the practitioner's practice and the practice is upon referral from a licensed veterinarian for treatment or therapy specified by the veterinarian.

(5) ORS 686.020 (1)(a) does not apply to the lay testing of poultry by the whole blood agglutination test.

(6) A certified euthanasia technician holding an active, current certificate may inject sodium pentobarbital, sedative and analgesic medications and any other euthanasia substance approved by the Oregon State Veterinary Medical Examining Board without violating ORS 686.020 (1)(a).

(7) The board by rule may specify circumstances under which unlicensed persons may give vaccinations, administer an anesthetic or otherwise assist in the practice of veterinary medicine.

(8) Any individual licensed as a veterinarian in another state may be used in consultation in this state with a person licensed to practice veterinary medicine in this state provided the consultation does not exceed 30 days in any 365 consecutive days.

(9) ORS 686.020 (1)(a) does not apply to authorized representatives of the State Department of Agriculture in the discharge of any duty authorized by the department.

(10) ORS 686.020 (1)(a) does not apply to an unlicensed representative of a livestock association, cow-testing association, or poultry association who, for the benefit of the association, takes blood samples for laboratory tests for the diagnosis of livestock or poultry diseases, but only if this person has received authorization from the State Department of Agriculture following a written request to the department.

(11) ORS 686.020 (1)(a) does not apply to persons permitted by the State Department of Fish and Wildlife to rehabilitate orphaned, sick or injured wildlife, as defined in ORS 496.004, for the purpose of restoring the animals to the wild.

(12) ORS 686.020 (1)(a) does not apply to students, agents or employees of public or private educational or medical research institutions involved in educational or research activities under the auspices of those institutions.

(13) ORS 686.020 (1)(a) does not apply to:

(a) Veterinarians employed by Oregon State University;

(b) Instructors of veterinary courses; or

(c) Students of veterinary science who participate in the diagnosis and treatment of animals if the students:

(A) Are participating in the diagnosis and treatment of animals while engaged in an educational program approved by the board or a college of veterinary medicine accredited by the American Veterinary Medical Association; and

(B) Are under the direct supervision of an Oregon licensed veterinarian or a veterinarian approved by the board or Oregon State University to supervise students in the educational program.

875-010-0026

Intern, Active and Inactive Licenses

Upon approval of all required application materials, the applicant may then apply for an intern or active license to practice veterinary medicine in Oregon. License activation forms are available from the Board office or on its website.

(1) The intern or active license fee shall be \$150 annually.

(2) If the applicant has satisfactorily completed one year's experience in the United States or its territories or provinces, an active veterinary license will be issued and will expire on the next following December 31st. Licensee shall renew the license according to OAR 875-010-0065.

(3) If applicant has less than one year's experience, an Intern Permit (intern license) will be issued. The intern license will expire following the total number of days necessary to complete one year's practice experience, under supervision of an Oregon licensed veterinarian, pursuant to ORS 686.085 and OAR 875-010-0050:

(a) Upon completion of the internship, the intern may apply for an active license, pursuant to OAR 875-010-0065. Late fees up to \$150 will apply for each month the application is late if the intern has continued to practice veterinary medicine in Oregon after expiration of the intern license;

(b) The supervising veterinarian shall complete an experience verification form attesting that the intern has satisfactorily completed the internship and the intern shall submit this form with the application for an active license.

(4) An inactive license may be issued to any applicant who does not meet Continuing Education requirements. Inactive licensees shall not practice veterinary medicine in Oregon. The inactive license fee shall be \$100 annually.

Statutory/Other Authority: ORS 686.210

Statutes/Other Implemented: ORS 686.095 & 686.255

History:

[VMEB 3-2022, amend filed 06/28/2022, effective 07/01/2022](#)

[VMEB 2-2013, f. & cert. ef. 10-29-13](#)

[VMEB 1-2013, f. & cert. ef. 10-4-13](#)

[VMEB 1-2008, f. & cert. ef. 2-11-08](#)

[VMEB 1-2006, f. & cert. ef. 2-8-06](#)

Rules Advisory Committee (RAC) Members results

Options:

Please provide Pros and Cons for every option provided

1. *Allow veterinarians to decide if and when a CVT may perform extractions under the immediate supervision of a licensed veterinarian (keep the current rule)*

Pros: Maintains scope of practice for CVT's

Pros: Allows some CVTs to perform extractions. Rules should be amended to clarify what is/is not acceptable (all teeth? Only single rooted teeth? Only teeth or certain mobility or location?)

Pros: Path of least resistance, no effort required, retain status quo

Pros: Allows decisions on who is allowed to perform an extraction to be made those who can best assess CVT skillset and individual patient needs; further differentiates duties that can be performed by CVTs versus non-credentialed associates; empowers CVTs perform at the top of their skillset or offers additional skills to learn for those CVTs looking for skill development; enables more access to care for pets as it frees the veterinarian up from dental extractions that they are comfortable delegating

Pros: Frees up the Veterinarian to perform other tasks. Keeps the current rule as is. No changes needed

Pro: Allow veterinarians to decide if and when a CVT may perform extractions under the immediate supervision of a licensed veterinarian (keep the current rule)

Cons: Cons: Not all CVTs will be utilized to their full abilities. Foresee ongoing shortages for CVTs in Oregon.

Cons: Does not seem like this rule is utilized to its full potential as often as it could be

Cons: Path of least resistance to leave as is if no improved option gains agreement or acceptance by veterinary practitioners

Cons: Oregon veterinary technology programs do not currently teach dental extractions (however Portland Community College has stated that they would look at adding this to the curriculum in the future if needed); online veterinary technology programs vary in whether they teach dental extractions; American Veterinary Dental College currently opposes extractions being performed by non-veterinarians regardless of skill level

Cons: CVT's are not currently being taught how to perform dental extractions. It is not part of the current curriculum at PCC Tech Program. They are being taught on the job & may or may not seek additional outside CE/wet labs. There is no standardization. The public is not informed on who is performing oral surgery on their pets CVT's are NOT allowed to diagnose, prescribe or perform surgery. Dental extractions are considered oral surgery, The following organizations have position statements against allowing non-DVMs to perform dental extractions:

- AVMA
- The American Veterinary Dental College

- *The Academy of Veterinary Dental Technician*
- *Liability for CVTs who do not have insurance*

Cons: *Limits scope of practice for CVT's*

2. *Allow veterinarians to decide when a CVT with advance degree in dentistry or further or additional training would be allowed to perform extractions under the immediate supervision of a licensed veterinarian (expand the current rules)*

Pros: *No pros*

Pros: *Ensure appropriate knowledge and skill set by CVT to perform procedure safely and effectively.*

Pros: *Ensures training by CVT's who will be performing extractions*

Pros: *promotes advanced skills for CVTs, ensures properly trained professionals perform procedure to avoid, minimize harm to the patient*

Pros: *Allows decisions on who is allowed to perform an extraction to be made those who can best assess CVT skillset and individual patient needs; further differentiates duties that can be performed by CVTs versus non-credentialed associates; empowers CVTs perform at the top of their skillset or offers additional skills to learn for those CVTs looking for skill development; enables more access to care for pets as it frees the veterinarian up from dental extractions that they are comfortable delegating*

Pros: *Gives CVTs something to achieve or work towards*

Cons: *Limits most CVTs*

Cons: *Limits scope of practice for CVT's*

Cons: *Will limit Veterinarian from choosing interested and skilled technicians to perform some extractions under immediate supervision. The operative word here is "immediate" supervision which requires the DVM to watch any procedure performed by their chosen technician.*

Cons: *may create too restrictive a rule when no advanced skill CVT on staff, shortage of available CVTS with skill set required to perform and 'force' practitioner to perform themselves, assuming they have skill set themselves*

Cons: *More confusing than staying with status quo; unless there is a standardization in an advanced degree or additional training, this is still putting it in the hands of the veterinarian to determine whether to delegate a dental extraction to a CVT; Oregon veterinary technology programs do not currently teach dental extractions (however Portland Community College has stated that they would look at adding this to the curriculum in the future if needed); online veterinary technology programs vary in whether they teach dental extractions; American Veterinary Dental College currently opposes extractions being performed by non-veterinarians regardless of skill level*

Cons: *VTS in Dentistry are not trained on how to perform extractions. For this to work, again, there needs to be a standardized teaching program that CVTs can take to acquire the skills so as to not harm the patient*

3. Do not allow veterinarians to decide if and when a CVT (with or without advance degree) to perform extractions under the immediate supervision of a licensed veterinarian – action: **remove current rule**

Pros: I don't believe this option has any pros

Pros: No pros

Pros: No pros

Pros: Provides direct accountability of the practitioner to seek additional skills themselves, or enforce duty to refer

Pros: aligns with American Veterinary Dental College guidelines; current Oregon veterinary technology programs do not teach dental extractions

Pros: This protects the public and their pets from harm by untrained individuals which is why we have the OVMEB

Cons: Removes veterinarian's responsibility to decide on best treatment within client-patient relationship. This is contrary to the practice of responsible medicine, dentistry and surgery, and effectively ties the hands of the veterinarian. Unintended consequences of removing the rule results in unaccountability of both technician and veterinarian.

Cons: Eats into more time for DVM, not utilizing CVTs or enabling them to learn new skills.

Cons: Reduces scope of practice for CVT's. Limits options for clinics, clients/pets, DVM's

Cons: Removes veterinarian's responsibility to decide on best treatment within client-patient relationship. This is contrary to the practice of responsible medicine, dentistry and surgery, and effectively ties the hands of the veterinarian. Unintended consequences of removing the rule results in unaccountability of both technician and veterinarian.

Cons: Reduces professional value and status of CVTs and tasks they can perform by rule compared to other veterinary paraprofessionals (ie: assistants)

Cons: This will put an undue burden on practices that are currently having CVTs extract teeth; in some cases, a CVT may have more experience and education than a veterinarian, putting the pet at risk; this will decrease potential veterinarian capacity to see pets if they are tied up performing dental extractions- at a time where demand is unprecedented, this will limit the ability for more pets to receive care; removes the decision-making power from the veterinarian who best knows the individual needs of each patient as well as the skillset of their CVT; removes ability for CVTs to perform or develop this skill, limiting their ongoing development; takes away a key differentiator in the duties of a CVT and non-credentialed associates; 20+ other states including Washington and California allow CVTs to perform extractions; there are no widely-published studies stating that there are more complications with CVTs extracting teeth than veterinarians extracting teeth.

Con: Removes current rule. Many technicians who are currently allowed to perform dental extractions may be upset that they are no longer allowed to perform this skill, even though they may be more proficient than some of the veterinarians they work with

To The Oregon Veterinary Medical Board,

I am writing to you regarding the transfer of my license from California. I had contacted your department back in November of 2022 regarding the application process and requirements for my RVT license issued in California to be reviewed and considered for licensure in Oregon as a CVT.

In December of 2022, I completed the 3 page application process. The application states in 1B under the requirement for a non AVMA-accredited school "you are eligible for licensure if you have been employed as a licensed or registered veterinary or animal health technician or instructor of veterinary technology for a minimum of four years." In 2018, I completed the Veterinary Technician Program and was Certified as a Veterinary Technician. I was employed while Certified for three years until the passing of the VTNE in May of 2021 with a score of 494. Since then I had been actively licensed and employed in California for a year. While I have not been actively licensed as an RVT in California for a continuous period of four years, I have been actively Certified after the completion of the 4 year Alternative Route Program and licensed for a combined period of 4 years.

At the time I submitted the application proof of CE was not yet required, however I have recently provided updated hours following California's requirement of 20 hours as opposed to Oregon's of 15 hours.

Under the Code 875-030-0010 section 4) a graduate of a veterinary school that is not AVMA-accredited may be eligible for licensure as a CVT if the individual a)provides notarized documentation of graduation [...] or it's equivalent... b)pass the examinations referred to in OAR 875-030-0020; the examinations referred being the VTNE and the Oregon State Test (JPE/RDT). I have provided proof of completion from the Santa Rosa Junior College Veterinary Technician Program as well as proof of Certification from the program. I have provided my VTNE score of 494 as well as my license number 14943. I am asking that the Oregon Veterinary Medical Board view my passing score from the VTNE along with satisfactorily meeting the other requirements that I may be provided the opportunity to take the Jurisprudence (JPE/RDT) state test. I understand that for these tests the passing score of at least 95 percent for the Oregon Veterinary Practice Act and 100 percent for the Regional Disease Test.

I pursued being a RVT in California with the goal of earning a VTS certification in Dermatology. I wish to continue to show my dedication to the occupation as a vet tech as well as the field overall. I am committed to my own growth as a vet tech within the specialization. I was given the opportunity to work at Oregon Veterinary Referral Associates, a specialty hospital that specializes in Dermatology. An opportunity like this was not available to me while in California. I understand that I may face a similar situation of not graduating from an AVMA program when it comes to the Veterinary Technician Specialist Application, but I can't move forward with that process until I am properly licensed in the State I am practicing in.

There is a shortage of RVTs/CVTs and overall skilled technicians, I've seen this in California and since living in Oregon. I come with knowledge, skills, and a license permitted by the passing of the same test given to those coming from an AVMA-accredited program. I am asking that my skills not be limited, that I may be given the opportunity to practice as a CVT and take the JPE/RDT for the State I now live in.

Thank you for your time and consideration. I am happy to provide any additional documentation or information if needed.