STATE OF NEVADA

BOARD OF VETERINARY MEDICAL EXAMINERS

MINUTES

Thursday, October 12, 2023
9:30 A.M.

Hampton Inn Las Vegas Strip South
7850 Giles St.
Las Vegas, NV 89123

Video/Teleconference Venue:
Telephone/Audio Only: 857-799-9907
Online meeting ID: nevadaveterinary
Online meeting: https://join.freeconferencecall.com/nevadaveterinary

Steve Damonte, DVM Board President
James O'Dea, DVM, Board Vice President
Deborah White, DVM, Treasurer
Stacy Hosking, DVM
Michael Knehr, DVM
John Bullard, DVM
Crystal Vaquera, LVT
Jacqueline Peterson, Public Member

Jennifer Pedigo, Executive Director
Christina Johnson, LVT, Hospital Inspector
John Crumley, DVM, Investigator
Louis Ling, Board Counsel

Dr. Steve Damonte, Board President, called the meeting to order at 9:36 a.m. Dr. Damonte took roll of Board members and staff.

Public Comment: None

CONSENT AGENDA

1. **Approval of Board Minutes for Possible Action**
   A. **July 20, 2023, Board Meeting Minutes**
   Discussion: The minutes were reviewed by the Board.

   Motion: Dr. Deborah White moved to accept the minutes.
   Second: Dr. James O'Dea
   Passed: All aye.

   No public comment was given.

REGULAR AGENDA

2. **Review & Determination of Complaints/Disciplinary Action & Disciplinary Hearings (For Possible Action)**

   A. **09-2022DVM-50: Lance Kidder, DVM (2727): Settlement Agreement or Board Decision for Administrative Action**

   Item not presented.

   B. **09-2022DVM-51: Alison Bellgrau, DVM (2767): Settlement Agreement or Board Decision for Administrative Action**

   Item not presented.

   C. **11-2022DVM-64: Kristen Peterson, DVM (0564): Settlement Agreement or Board Decision for Administrative Action**
   Discussion: Mr. Louis Ling reviewed the case and provided the Board with an overview of the proposed Settlement Agreement.

   Motion: Dr. O'Dea moved to accept the Settlement Agreement.
   Second: Dr. John Bullard
   Passed: All aye; Dr. White, Dr. Hosking, and Dr. Damonte abstained.

   No public comment was given.

   D. **12-2022DVM-78: Robert Loose, DVM (2377): Settlement Agreement or Board Decision for Administrative Action**
   Discussion: Mr. Louis Ling reviewed the case and provided the Board with an overview of the proposed Settlement Agreement.

   Motion: Dr. Michael Knehr moved to table the Settlement Agreement for further discussions.
   Second: Ms. Jacqueline Peterson
   Passed: All aye; Dr. White, Dr. Hosking, and Dr. Damonte abstained.
   No public comment was given.

E. 03-2023DVM-26 and 03-2023FAC-27: Sarah Kalivoda, DVM (2053) and Mountain View Animal Hospital and Holistic Pet Care (H390): Settlement Agreement or Board Decision for Administrative Action

Discussion: Mr. Louis Ling reviewed the case and provided the Board with an overview of the proposed Settlement Agreement.

Motion: Dr. O'Dea moved to accept the Settlement Agreement.
Second: Dr. Stacy Hosking
Passed: All aye; Ms. Peterson and Ms. Crystal Vaquera abstained.

No public comment was given.

F. 03-2023DVM-30: Brian Hammes, DVM (1422): Settlement Agreement or Board Decision for Administrative Action

Discussion: Mr. Louis Ling reviewed the case and provided the Board with an overview of the proposed Settlement Agreement.

Motion: Dr. O'Dea moved to accept the Settlement Agreement.
Second: Dr. Knehr
Passed: All aye; Ms. Peterson and Ms. Crystal Vaquera abstained.

No public comment was given.

G. 03-2023PAR-31: James White, DVM (969): Settlement Agreement or Board Decision for Administrative Action

Discussion: Mr. Louis Ling reviewed the case and provided the Board with an overview of the proposed Settlement Agreement.

Motion: Dr. Deborah White moved to table the Settlement Agreement for further discussions.
Second: Dr. Bullard
Passed: All aye; Dr. White, Dr. Hosking, and Dr. Damonte abstained.

No public comment was given.

H. 03-2023DVM-17: Solitaire Goldfield, DVM (2940): Settlement Agreement or Board Decision for Administrative Action

Discussion: Mr. Louis Ling reviewed the case and provided the Board with an overview of the proposed Settlement Agreement.

Motion: Dr. Damonte moved to table the Settlement Agreement for further discussions.
Second: Dr. Hosking
Passed: All aye; Dr. White, Dr. Knehr, Dr. Bullard, and Dr. O'Dea abstained.

No public comment was given.

3. **Requests for Review/Approval/Waiver of Registration, Licensure Requirements, Examination Requirements, Extensions, Education Approval, Criminal Background, Disciplinary Actions, or Reinstatement (For Possible Action)**

   A. **Brittania Fincher: Approval to sit for VTNE**
   Discussion: The Board reviewed all documentation presented. Ms. Fincher was present for the discussions.

   Motion: Dr. Knehr moved to deny Ms. Fincher's request for further VTNE attempts.
   Second: none
   Passed: Motion failed.

   Motion: Dr. Damonte moved to allow Ms. Fincher's request for a further attempt at the VTNE.
   Second: Dr. Hosking
   Passed: All aye.

   B. **Christine Bewley: Approval to sit for VTNE**
   Discussion: The Board reviewed all documentation presented. Ms. Bewley was present for the discussions.

   Motion: Dr. O'Dea moved to allow Ms. Bewley's request for a further attempt at the VTNE.
   Second: Dr. Knehr
   Passed: All Aye.

   C. **Savannah Mello: LVT/VTIT Education for Approval**
   Discussion: The Board reviewed all documentation presented. Ms. Mello was present for discussions.

   Motion: Dr. Knehr moved to accept Ms. Mello's education for LVT licensing.
   Second: Dr. O'Dea
   Passed: All aye.

   D. **Amanda Estrada: VTIT Extension Request**
   Discussion: The Board reviewed all documentation presented. Ms. Estrada was not present for discussions.

   Motion: Dr. O'Dea moved to extend Ms. Estrada's VTIT registration for 1 year.
   Second: Dr. White
   Passed: All aye. Ms. Vaquera recused herself.

   E. **Sabrina Foreman: VTIT Extension Request**
   Discussion: The Board reviewed all documentation presented. Ms. Foreman was present for discussions.

   Motion: Dr. White moved to extend Ms. Foreman's VTIT registration for 1 year.
   Second: Dr. O'Dea
   Passed: All aye.

   F. **Marissa Lucido: VTIT Extension Request**
   Discussion: The Board reviewed all documentation presented. Ms. Lucido was present for the discussions.

   Motion: Dr. Knehr moved to extend Ms. Lucido's VTIT registration for 1 year.
   Second: Dr. Hosking
   Passed: All aye.

G. Bianka Lyghts: VTIT Extension Request

Discussion: The Board reviewed all documentation presented. Ms. Lyghts was not present for the discussions.

Motion: Dr. O'Dea moved to extend Ms. Lyght's VTIT registration for 1 year.
Second: Dr. Hosking
Passed: All aye. Dr. White recused herself prior knowledge of the applicant.

H. Marilyn Mazy: VTIT Extension Request

Discussion: The Board reviewed all documentation presented. Ms. Mazy was present for the discussions.

Motion: Dr. O'Dea moved to extend Ms. Mazy's VTIT registration for 1 year.
Second: Dr. Knehr
Passed: All aye. Dr. White recused herself for prior knowledge of the applicant.

I. Robby Rodowick: VTIT Extension Request

Discussion: The Board reviewed all documentation presented. Ms. Rodowick was present for the discussions.

Motion: Dr. O'Dea moved to extend Ms. Rodowick's VTIT registration for 1 year.
Second: Dr. Hosking
Passed: All aye. Dr. White recused herself prior knowledge of the applicant.

4. Staff Reports (For Possible Action)

A. Inspection Report-Christina Johnson, LVT

Ms. Johnson presented the inspection report.

B. Administrative Report-Jennifer Pedigo, Executive Director

Ms. Pedigo presented the administrative report.

C. Financial Report-Jennifer Pedigo, Executive Director

Ms. Pedigo presented the financial report.

Motion: Dr. White moved to accept the financial report.
Second: Dr. O'Dea
Passed: All aye.

D. Investigation Report-John Crumley, DVM, Investigator

Dr. Crumley presented the investigative report.

E. Legal Report, Louis Ling, Esq

No report given.

F. Legislative Report- Neena Laxalt

Ms. Pedigo and Neena Laxalt presented the legislative report.

G. Conference Report- (AAVSB) Jennifer Pedigo, Executive Director and (CLEAR) John Crumley, DVM Investigator

Ms. Pedigo and Dr. Crumley updated the Board on the AAVSB and CLEAR Conferences.

5. **Regulation Workshop-Discussion and Determination of Possible Regulations (For Possible Action) **Please be aware all discussion notes have been summarized and edited for brevity and clarity and do not reflect a true transcription of the actual conversations that took place for the items below.****

   A. **Reviewing draft language and topics for regulation changes on the following:**
   Ms. Pedigo led the review and discussion of possible regulations.

Public comment:
Dennis Wilson, DVM:
Section 1: See paragraph 2, (D), 'Euthanasia' is listed twice, so the first mention would need to be struck. Also listed in subsection 3.

2(G) External Drainage is listed, is this meant to be a referring to a 'Penrose drain'?

Dr. O'Dea – Yes. The intent is to allow them to place drainage in subcutaneous space.

Dr. Wilson: For item 3 (K) Intraosseous and nasal catheters - Placement of intraosseous catheter is a rather high-end procedure. Can I get clarification from the Board on whether there would be further training to proceed with that placement. Is that a general acceptance?

Dr. White – I work in a heavy exotic practice, and it is routinely done by LVT.

Dr. O'Dea - We do them in pediatric patients when IV access can't be obtained.

Dr. Knehr – The responsibility will fall on the supervising veterinarian to determine if the LVT is qualified/able to perform the task and watch and train sufficiently to do this task.

Dr. Wilson- Clarification: 4(E) Stomach tube, adding nasogastric or esophageal intubation, was the original intent for equine? These sometimes need to be performed under anesthesia or heavy sedation. Secondly, was the original intent of this item for equine practice?

Dr. O'Dea – That section needs to be reworded for orogastric, nasogastric, or nasoesophageal tubes because an e-tube in vet med is routinely done during a surgical procedure as well as a stomach tube, so it needs to the placement of a non-invasive tube into the esophagus or the stomach. By changing the wording there won't be any confusion as to whether an LVT is placing these surgically.

Dr. Hosking- Regarding 'euthanasia' being listed twice, once under Immediate and again under direct. Does the second entry need to be struck?

Ms. Pedigo – Because the supervision level is being lowered, it only needs to be listed under the lower supervision level.

Ms. Pedigo – There are a few more comments for the record. At the NVMA meeting there was a question relating to vaccination, paragraph 1(e), the administration of vaccines is not currently under any changes, but the administration of zoonotic diseases by LVT's has been removed. The administration of zoonotic vaccines by an LVT is an allowed task and has been moved to NRS. The AVMA also wants the Board to consider adding oral vaccines as an administration route. Section 2(j) – Change typo to - internal anal 'gland' expression. Will also be changed in other Sections where it reads 'glans'.

Written comment read into the Record by Ms. Pedigo

We are very excited to see these new changes being presented for consideration by the board to broaden the scope of practice for our Licensed Veterinary Technicians and Veterinary Assistants. We are in favor of our LVT's to be able to perform internal anal glands under immediate, direct, or indirect supervision as well as under the "off-site supervision" with a current VCPR. We are not in favor of assistants performing anal glands currently. If the ability for LVT's to perform anal glands internally is granted to immediate, direct, or indirect supervision, does each animal need written orders for LVT's to perform this task when the DVM is off site? Can this be a hospital wide policy?

Thank you for your consideration and any response you may have to our questions.

Sincerely,
Katie Roberts, DVM, Kristin Adams, LVT, Desirae Johnson, LVT

No further public comments.

Motion: Dr. Knehr moved to move forward to a regulation hearing for regulations in Agenda Item 5A with the changes that have been made today.
Second: Dr. O'Dea
Passed: All Aye.

B. Reviewing draft language and topics for regulations changes on the following:
Ms. Pedigo continued to lead the review and discussion of possible regulations.

Public Comment:

Dennis Wilson, DVM:
3, 2(a-e): There are concerns regarding (b) the 'harm, if any' suffered by the patient. I would suggest we specify 'physical harm', so that lead to interpretation as 'emotional' pain and suffering. This may be a dangerous area to get into or set the stage for legal action for the pain and suffering of animal patients.
(d) history of violations in sister states (implies a relationship)
4, 3(a-b) Thank you for addressing this issue. I have presented this to the NVMA and AVMA regarding clients that are so abusive and dangerous that something needs to be addressed and potential violations/Principles of Ethics. Clients have been posting death threats, screaming in faces of staff, threatening to cut off the leg of one of my Drs. There have been physical assaults against staff and one woman threw a clip board and grabbed and shook a staff member. These types of client behaviors are beyond the pale of criminal intent/action. Our thought process is to be able to let the individuals know (and have already been told) that your pet cannot be seen again "because of your behavior regardless of whether your animal is in an emergency or not". We want to protect the staff and not be in violation of the ethics regulations.

Dr. O'Dea: Is this draft language adequate to address your concerns?

Dr. Wilson: Does this cover emergency facilities? And, in the case of the Reno area, if it is the only emergency practice that a person can go? If you are it, then can you deny treatment?

Mr. Ling: This applies to all facilities and equally to any facility

Dr. Wilson: If a Certified letter is written outlining why they are fired, and they return to the practice, can we automatically decline treatment?

Ms. Pedigo: That would be possible given this language.

Dr. Wilson: Thank you. In Section 11 – should be 'agonist', not 'antagonist'. In section 17 –struck regulations - NAC638.0197, VCPR is not defined anywhere else in the regs or statutes. This should not be struck.

Ms. Pedigo: VCPR will be added back into the definitions section. Also, in section 4 – eliminate 'unless unwanted' and add 'no further treatment will be provided in the future'. And in section 5 – change 48 business hours to 5 business days.

Dr. O'Dea: We need to add something for referring vets "and salient records regarding the transfer of a case…."

Dr. White: Veterinarians are hesitant to send incomplete records for fear of being disciplined for a medical records violation. There needs to be something clarifying this.

Mr. Ling: There needs to be a notation that the record is incomplete at the time of sending and the completed record needs to be appropriately annotated.

Ms. Pedigo: Section 7 – VTIT Extensions

Dr. Knehr: We want to make sure that applicants applying for extensions that have not their education must come before the Board for further extensions. This should be for VTIT applicants that have completed their schooling and are actively testing.

Ms. Pedigo: Section 12: Oxygen transport

Dr. O'Dea: We don't want to include intubation, so it needs to read 'supplemental only' or 'supplied by mask' or 'flow-by'.

Dr. Hosking: Why is 'as needed' written? They either need it or not and the determination should be made by the referring DVM. Harm can be caused if homemade delivery systems are used.

Ms. Pedigo: We will specify and/or limit the routes of administration and we will find a word that eliminates the use of any "MacGyvered" equipment.

Public Comment:

Dr. Dennis Olsen – Recently, I was required to provide Board of Pharmacy (BOP) license information to purchase/obtain oxygen. If a licensed veterinarian is required to provide his BOP registration how do the transport services plan to get it? Also, the language reads 'transport for the owner of the animal'. The transport service is prescribing oxygen. Only a veterinarian can prescribe or diagnose. How are the transport services prescribing oxygen without a DVM?

Estreya Mendez with 'Two by Two Animal Transport' – We only use oxygen transport when transporting an animal from one facility to another.

Motion: Dr. Knehr moved to move forward to a regulation hearing with the changes that have been made today.
Second: Dr. White
Passed: All Aye.

6. **Consideration and/or Discussion of Possible Future Regulation, Policy, Advisory Opinions, Education, and Outreach (For Possible Action)**
   A. **Jacob Wright with VETAMA regarding medically supported transport of companion animals and request for policy and regulation discussion related to emergency treatment of companion animals.**

Jacob Wright presented the business model for VETAMA.

Mr. Wright: Staff are trained professionals involved in the procedure. What we are trying to provide is an actual veterinary ambulance. What can a human ambulance do? Not trying to allow LVTs to do tasks of a human paramedic. We are trying to use the current regulation. Utilize LVT to be working as the ambulance, for now, focus on existing parameters for Licensed Veterinary Technicians (LVTs) in a mobile emergency unit. The question/proposal for consideration would be request that operations be allowed in the State of Nevada.

Dr. Hosking: Are these general questions or are these related to what you have submitted for consideration? In your forms I only see a 'Pet Owner Release' form, I do not see a Veterinarian Release form.

Mr. Wright: VETAMA has a 'Hospital Request' form, and owner request form, but it is the owner form has a checkbox for a hyperlink to a liability waiver. The facility and/or facility veterinarian doesn't have the waiver. Each waiver is for a pet. Ther is no diagnostic, no triage, no prescription. VETAMA will provide these actions and take to another facility. The 'Hospital Waiver' indicates that you [veterinarians] are authorized as the VCPR holder to give instructions (4 and 5) that everything an LVT can do with offsite/indirect supervision.

Dr. Knehr: Why do you need the delineation? You can find the existing services.

Mr. Wright: For our brand/position we are trying to create an actual ambulance, not an uber with oxygen that veterinarians and owners can trust. When it originally started, with Lauren Rock, the first place she went was fire and police, and during that time, they would call us 24/7 with a request during an emergency and then the patient would be transported to those hospitals.

Dr. Knehr: You don't feel you can do that under transport that currently exists?

Mr. Wright: No, we would have licensed and trained individuals on board The conversations we're having are around who is operating, who is charged, what veterinarian is giving consent. So, no, we are saying this is separate/different than just transport.

Dr. Knehr: My concerns are that the level of care that is being assumed by the public. There is no curriculum in schools or oversight- this should start with the education level. Classwork and development and working with veterinary oversight.

Dr. Knehr (continued): Things that can't be regulated right now and can be misleading and elevate a level of expectation by an owner. This is starting at the top, instead of starting at the bottom and working your way up.

Mr. Wright: We agree with education requirement, and there needs to be a conversation; however, we disagree that there is a chicken/egg problem. First, we must determine if pet owners would use the service and then establish the educational curriculum. We are proposing that established regulations are used to determine public demand before excessive time is spent building a curriculum. What is required now is an LVT license and could require every person veterinary assistant (VA) or LVT obtains emergency experience before they are licensed such as our 3-month training for staff. The second element would be about the perception of owner expectations and most don't yet know that an ambulance service exists, but it is a needed service.

Dr. White: There are regulations about what a veterinarian and an LVT are permitted to do, for example during a code. They are still not stepping into a vehicle and diagnosing and prescribing without the supervision of a veterinarian. How will VETAMA perform these tasks without rewriting NAC?

Mr. Wright: The proposed parameters under the regulations for 'emergency situation'. An LVT would perform all tasks in this section other than item 2 (administration of medications). VETAMA does not stock or administer drugs.

Dr. White: We need to be thoughtful regarding what we are opening the door to. It is a big concern for allowing diagnosis and treatment by an LVT that does not know the practitioner and does not know the minimum level of competency.

Mr. Wright: We would frame it so that this is a future we are looking at. It is not right now and not what is being attempted right now. We want to talk about what/if that door opens, and how the veterinarian can trust the team. That trust falls on your trust of the education system for LVT's. Do you trust them? If you trust the licensing process, you should trust the technician. That would suffice, supervision and education/training and should be involved in the future.

Dr. Knehr: Reading through equipment list there are scopes/endotracheal tubes. The proposal is stepping over a line that I am uncomfortable with and without having drugs on board, with equipment on board that opens a whole level of challenges that proper oversight and the VCPR.

Mr. Wright: Those tools are not used during the transport from a private resident/the owner to facility. That equipment would only on a transfer of facility to facility. The supervising DVM must sign off on everything.

Dr. White: The question of supervision-who will be on the transport, either an LVT or a veterinarian ?

Mr. Wright: In every ambulance would require an LVT on board with minimum of 2 people.

Dr. White: So, if it's an LVT where is the supervising veterinarian? They are not on site, so where are they?

Mr. Wright: In the case of client requesting there is no veterinarian involved yet, so only the emergency tasks under NAC 638.060 are the only services provided. When a hospital calls us, which is about 85% of transfers, and needs transfer to another hospital, the supervision would fall under 'Indirect supervision' under the existing VCPR.

Dr. White: Dr. O'Dea during a code what are your thoughts on providing external cardiac compression only?

Ms. Pedigo: While he reads through that, are there any other states or jurisdictions you are looking at building operations in or is Nevada your goal?

Mr. Wright: Nevada is our goal but are planning on going to California. California and Nevada administrative Code are very similar.

Dr. Damonte: Can you address Dr. Olsen's concerns regarding obtaining oxygen?

Mr. Wright: I am not sure what he is referring to with the Pharmacy registration. Currently, we can obtain medical grade oxygen under the signature of a veterinarian or human doctor.

Dr. Damonte: Do you have a licensed veterinarian on staff?

Mr. Wright: Referring to the background of this business Lauren Rock and her team started this concept as a non-profit prior to being VETAMA. A veterinarian signed off on medical grade oxygen. We no longer have oxygen available since our talks with Ms. Pedigo and becoming aware of the restrictions in the regulations.

Dr. Damonte: When a client calls and uses you to transport their pet, whose responsibility is it to contact the hospital and let them know that you are on the way? VETAMA or the owner?

Mr. Wright: VETAMA will attempt to call up to 3 times before arriving at the facility.

Ms. Pedigo: So, when you arrive at the hospital, do you present the documentation to the hospital that was signed by the owner, and you then have agency to make medical decisions and communicate with them? Because at that point the owner is elsewhere.

Mr. Wright: We require that the owner always be on route. They may not travel with us, but they must be on their way. The patient is dropped off at the hospital with a 'Run Report'. We are working on creating a system where we can obtain previous medical records to include with the 'Run report'.

Dr. Hosking: On the 'Run report', there are questions related to the top row and request information, requested by hospital, client, or other' examples?

Mr. Wright: We used examples of forms from highway patrol, the fire department, forms would be completed by a bystander to a car crash.

Dr. Hosking: What other species have you transported?

Mr. Wright: A rabbit

Dr. O'Dea: From hospital to hospital, ok, the VCPR and sending veterinarian can be giving instructions as long as it is not outside the scope of the practice, I can understand that.

Ms. Pedigo: Before we get too deep into what can be allowed, we need to have a discussion regarding the actual definition of supervision and requirements to establish supervision with evaluation of skills. Supervision cannot be established by a piece of paper alone. It may be something that can be altered in the future to cover certain situations, but under current definitions offsite and indirect that would not apply here under this proposed structure.

Dr. Hosking: The 'Run report' lists symptoms, condition, LVT impression, aid provided. Who/where receives this form? Is it submitted at the destination?

Mr. Wright: It is filled out while at the location. The form is given to the facility upon arrival. This form is only completed if the pickup location is somewhere other than a hospital.

Mr. Wright: May I ask one question from the Board? I know that there are a lot of conversations that need to be had and look at scope and different items. Given all of this, what are we allowed to do today? From a business perspective, we are still testing the demand. We launched quietly, soft launch in late May. We saw a big need and were then notified we were in violation and shut everything down. We know it is not the Boards problem that we are losing revenue the question is what the Board would be ok with VETAMA performing so that we can continue to test the demand.

Dr. White: There are obviously good intentions, but there are other players that might take advantage of what exists. I think that further discussions are needed and unfortunately things do not change quickly.

Ms. Pedigo: The biggest hurdle is the statute and regulations. We just had the VCPR codified in statute, and it does not allow for a distance VCPR which is not strictly speaking what we are discussing, but many ways is, because when discussing meaningful supervision versus a transfer of a VCPR that transfer does not exist in statute. This was unforeseen and offsite LVT does not apply to LVT's not being employed by the supervising vet. There are some emergencies carve outs, but then we get into 'what is an emergency' when we are talking about the ownership because when the owner is calling for transport it doesn't meet the current definition of an emergency. It can be applied from facility to facility, but further discussions are needed.

Mr. Ling: From a legal perspective, what I see is a well-meaning proposal that is falling between two sets of regulations- you can employ a veterinarian, they can be a mobile facility and have an LVT, but the LVT can't form the VCPR without the veterinarian in the van to make the VCPR during transport and supervise the LVT. When we talk about 'facility to facility' transfer, the question is 'who has the VCPR?', because the LVT is not employed by either facility neither facility can tell the LVT what to do. What proposed in the reg in section 12 was that had to be drafted before this, which is as far as we can go. Didn't write to make it the full scope of the business plan. To analogize, the human side has an entire established Emergency Medical Technician (EMT) language and who can do what, when, why and it's a full statutory chapter that is comprehensive. We don't have an analogue. It would be perfect to put it in front of a legislative committee to have/make this happen and I believe it would be well received. We don't have the authority to do this, and it would have to come from the legislature. We just do not have freestanding technicians. The LVT's must be supervised and employed at the facility with the veterinarian supervising.

Ms. Pedigo: With a veterinarian in the van, you could operate today.

Mr. Wright: If we can't operate, this is going to hurt veterinarians the most. The laws as they are currently written do not apply to our business model. We are using indirect supervision.

Ms. Pedigo: You are misconstruing the definition of indirect supervision here, because the veterinarians have not evaluated the skills or have any knowledge of the LVT in question to supervise them under indirect or off-site supervision.

Dr. Knehr: They can operate under the animal transport regs with oxygen. Can't they?

Mr. Ling: Because medical grade oxygen is a prescription drug, you must have a veterinarian associated with their business. This business model will require a bill being approved through the legislature.

Mr. Wright: What if we operate as an animal transport with oxygen anyway?

Mr. Ling: You will be violating both our laws and the pharmacy Boards law and could be prosecuted. You would also likely lose some support for any possible bill. We want to work with you to make this work and going forward, Ms. Pedigo, staff, and this Board can help in that process.

Ms. Pedigo: Let's have a discussion about how to move forward regarding regulations, statutes, and getting some proposed language together to see if the structure can work safely for licensees and the public because you can tell from these conversations that the Board sees the need, but it does have to go through the process and the right channels in order to make that happen.

7. **Review and Possible Approval of Draft Advisory Opinion Regarding Ear Cropping, Tail Cropping, Declaw, and Dewclaw Removal as the Practice of Veterinary Medicine (For Possible Action)**

   Motion: Dr. Damonte moved to accept the advisory opinion.
   Second: Dr. O'Dea
   Passed: All Aye.

8. **Consideration and Discussion of Contract for Database Services from Thentia (For Possible Action)**

   Motion: Dr. White moved to accept the 3-year Thentia contract.
   Second: Dr. O'Dea
   Passed: All Aye.

9. **Agenda items for next meeting**
   - Complaints – Educational or Punitive as a process and can we look at how to support veterinarians in competencies throughout their career while protecting the public.

10. **Public Comment:** None

11. **Adjournment for Possible Action**

    Motion: Dr. White moved to adjourn at 3:40 p.m.
    Second: Dr. Hosking
    Passed: All Aye.