

STATE OF NEVADA



BOARD OF VETERINARY MEDICAL EXAMINERS

Thursday, June 11, 2020 at 9:00AM
at the following conference number:
1-857-799-9907

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Board Members Present

Steve Damonte, DVM, President
Ronald Sandoval, DVM, Vice President
John Bullard, DVM
James Hengels, RN, BSN
James O'Dea, DVM
Betsy Phillips, DVM
Sharon Gorman, DVM
Melissa Schalles, LVT

Board Staff Present

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

Dr. Damonte called the meeting to order at 9:02 a.m. He took roll call of Board members and staff; all members were present.

Public Comment: None

CONSENT AGENDA

1. Approval of Consent Agenda for Possible Action

A. 03-2020DVM-13; 03-2020LVT-14

B. 03-2020DVM-16

C. 03-2020FAC-18; 03-2020DVM-19

Discussion: Items A-C were reviewed and discussed as a single vote.

Motion: Ms. Schalles moved to accept the review panels recommendations for dismissal of consent agenda items A-C.

Second: Mr. Hengels

Passed: Unanimous; Dr. Phillips abstained from item A; Mr. Hengels abstained from item B; Ms. Schalles abstained from item C.

No public comment was given.

2. Approval of Board Minutes for Possible Action

A. April 23, 2020 Board Meeting minutes

Discussion: No changes required.

Motion: Dr. Gorman

Second: Dr. O'Dea

Passed: Unanimous.

REGULAR AGENDA

3. Review & Determination of Complaints/Disciplinary Action & Disciplinary Hearings for Possible

Action: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. (NRS 241.030)

A. 12-2019DVM-102; 03-2020LVT-17

Discussion: After presentation and discussion of the complaint assessment with the review panel, the Board elected disciplinary action be initiated against the Dr. A (**12-2019DVM-102**) and dismiss the complaint against the LVT1 (**03-2020LVT-17**) due to insufficient evidence.

Motion: Dr. Gorman moved to have staff and Mr. Ling initiate disciplinary action against the Dr. A (**12-2019DVM-102**) and dismiss the complaint against LVT1 (**03-2020LVT-17**) due to insufficient evidence.

Second: Ms. Schalles

Passed: Unanimous; Dr. Sandoval abstained.

Public comment given.

B. 01-2020DVM-02

Discussion: After discussion of the complaint assessment with the review panel, the Board had dismissed the complaint against the licensee because there was not sufficient evidence to believe that the licensees committed an act which constitutes a cause for disciplinary action.

Motion: Dr. Sandoval moved to dismiss the complaint against the licensee.

Second: Dr. Gorman

Passed: Aye- Dr. Damonte, Dr. Sandoval, Dr. Phillips, Dr. Gorman, Dr. Bullard, Mr. Hengels; Nay- Ms. Schalles. Dr. O’Dea abstained.

Public comment was given.

C. 01-2020DVM-03; 01-2020LVT-04

Discussion: After discussion of the complaint assessment with the review panel, the Board had dismissed the complaint against the licensee because there was not sufficient evidence to believe that the licensees committed an act which constitutes a cause for disciplinary action.

Motion: Dr. O’Dea moved to dismiss the complaint against the licensee.

Second: Dr. Gorman

Passed: Unanimous; Dr. Sandoval abstained.

No public comment was given.

D. 02-2020DVM-09

Discussion: After presentation and discussion of the complaint assessment with the review panel, the Board elected disciplinary action be initiated against the licensee.

Motion: Dr. Sandoval moved to have staff and Mr. Ling initiate disciplinary action against the licensee.

Second: Dr. Gorman

Passed: Unanimous; Dr. Phillips abstained.

No public comment given.

E. 03-2020DVM-15

Discussion: After discussion of the complaint assessment with the review panel, the Board had dismissed the complaint against the licensee because there was not sufficient evidence to believe that the licensees committed an act which constitutes a cause for disciplinary action.

Motion: Dr. Sandoval moved to dismiss the complaint against the licensee with a Letter of Concern.

Second: Dr. O’Dea

Passed: Unanimous; Dr. Damonte abstained.

No public comment was given.

4. Requests for License/Extensions/Education Approval/Reinstatement for Possible Action

A. Colleen Cross, Approval of Education for VTIT/LVT

Discussion: The Board reviewed all documentation presented. Ms. Cross was present on the call.

Motion: Ms. Schalles moved to deny Ms. Cross's request for a VTIT extension.

Second: Dr. Sandoval

Passed: Unanimous.

B. Mercedes Hartman, Approval of Education for VTIT/LVT

Discussion: The Board reviewed all documentation presented. Ms. Hartman was not present.

Motion: Ms. Schalles moved to deny Ms. Hartman's request for a VTIT extension.

Second: Dr. Gorman

Passed: Unanimous.

C. Kristina Farhood, Approval of Education for LVT/VTNE exam

Discussion: The Board reviewed all documentation presented. Ms. Farhood was not present.

Motion: Dr. Gorman moved to grant Ms. Farhood's request for licensure after taking the VTNE.

Second: Dr. O'Dea

Passed: Unanimous

D. Mckenzie Schultz, Approval of LVT Licensure

Discussion: The Board reviewed all documentation presented. Ms. Schultz was not present.

Motion: Ms. Schalles moved to grant Ms. Schultz's request for licensure.

Second: Dr. Gorman

Passed: Unanimous

5. Discussion of Comments for Regulation Changes Received During February 18, 2020 Workshop for Possible Action Proposed language for NAC 638:

- Change the definitions of intern/extern to more accurately reflect their use and scope of practice

Ms. Pedigo solicited comments from the Board regarding concerns that were raised with the current language.

Dr. Ronald Sandoval- Where does someone that has failed their exam fall under these definitions?

Ms. Jennifer Pedigo- Under current regulation they are considered, by policy, awaiting scores. What the new definition does is puts a specific timeline on when that period would end, currently the time period is ongoing for these applicants. They will have to apply so that can be monitored.

Dr. Laura Leautier- Does that language need to be specifically added to the VGAL language?

Ms. Pedigo- I would keep it vague because we would have the timeline and will be getting verification that they are attempting the exam during the 1-year VGAL period.

Dr. Steve Damonte- The interns that apply through certain hospitals are not usually enrolled through a program. They are just looking to expand their base of knowledge in a certain area. They are licensed veterinarians. Could it not include or 'an individual working to expand knowledge base in a certain area'?

Ms. Pedigo- We want to clarify for the public that this individual is a licensed veterinarian working towards a specialty similar to the human model. That language can be added.

Louis Ling- It can be written, but do not believe it was the original intent. We were looking to draw some clean lines as to what each term meant, because our previous regulation was very confusing. The individual that is not studying to achieve a specialty, is that person an intern or not? Our intent is to help clarify things for the public.

Ms. Pedigo- I think adding this language would dilute the definition that we were trying to achieve. I believe that they should be introduced as a veterinarian rather than an intern. Do we need to define an informal internship?

Louis Ling- That can be written to differentiate is between the formal intern and these licensees.

- Establish the use and requirements of telemedicine in the State of Nevada

Ms. Pedigo explained the concerns raised after the last workshop by the NVMA.

VCPR- Would these regulations confuse practitioners pertaining to VCPR, since it differs from the federal definition? Would this definition prohibit the prescribing of off-label medication and limit feed directives, due differing from the federal definition?

- Our regulation would not supersede the federal definition and laws. Since current telemedicine VCPR does not meet the federal definition no off-label prescription or feed directives would be allowed under our current proposed regulation.
- Would be limited to animal specific medications under this definition. Is this too restrictive?

Louis Ling- Anything that a patient may need that is off label would need to be referred to a veterinarian to be seen in person. This is not a hinderance, because so many instances are going to need to be referred based on need of resources. The overriding issues is, does the Board want to allow the establishment of the VCPR without physically examining the animal?

Jennifer Pedigo- One of the concerns raised by the AVMA is 'antibiotic resistant and responsible use by practitioners. Would the federal definition work in advantage of this task force since off-label prescribing would be prohibited under our regulation due to the differing definition?

- Dr. O'Dea- Most of the antibiotics used in veterinary medicine have studies to prove efficacy and withdrawal periods for food animals, but in spite of this the use is off-label. The issue with this is in exotic animals. All medications used in exotics are off label. This definition limits telemedicine primarily to livestock.

Jennifer Pedigo- Do we want to continue to move forward with telemedicine with these restrictions?

- **Dr. James O’Dea**- Believe we are going to have to move forward. This is the direction the world is going. Better to be ahead of the wave, than playing catch-up.
- **Dr. Sandoval**- Going forward with these restrictions/ limitations devalues telemedicine. The inability to prescribe needed medications is similar to “practicing with one arm tied behind my back”.
- **Michelle Wagner**- The limiting of practice using telemedicine is one of the problems raised during the NVMA review.
- **Dr. Sandoval**- So if a proper VCPR is obtained, as recognized by federal officials, we could use whatever medication was needed using telemedicine.
- **Dr. Jon Pennell**- AVMA was concerned about establishing the VCPR and the LVT being on-site and being able to assess the patient.
- **Dr. Bullard**- Do we have enough reason to try and circumvent the federal law?
- **Ms. Pedigo**- Nothing in this would circumvent the federal definition, nothing we are proposing would be a violation of federal law or allow for circumventing federal law. The goal is to improve access to care and using this as a tool, not a replacement. This is already occurring across the country and worldwide, so our need is to bridge the gap between regulation and what the public is wanting. The public is not going to stop using telemedicine and we need to be able to regulate it and respond to practitioners that may be abusing it. We foresee this being used in emergency situations, guidance for care, and provides access to care for individuals living in rural areas. This is not meant to replace veterinary medicine.
- **Dr. Leautier**- Is there any specific language as to certain situation that may not be performed by telemedicine and an in-person visit is required?
- **Ms. Pedigo**- This is left to the discretion of the licensed veterinarian. You as the practitioner are able to make those decisions the way you would with any VCPR.
- **Dr. Sharon Gorman**- Under current guidelines to prescribe medication, we must perform a physical exam, including a TPR, with telemedicine you can probably get a respiration rate, but you would not be able to obtain a pulse or temperature, depending on the animal, but there is nothing in this regarding assessment.
- **Ms. Pedigo**- TPR is only required for vaccination and surgical procedures, so that is correct. The attempt has been to make this as consistent with current standards required, but you can prescribe medications without an in-person exam based on Pharmacy Board regulations. You will be able to prescribe medications as long as it does not violate the federal VCPR definition.
- **Dr. Sandoval**- Would like to be more along the federal definition of VCPR in regards to telemedicine and not being able to establish a VCPR without having ever seen the animal.
- **Ms. Pedigo**- If the Board does not want to move forward with telemedicine regulations staff would need to be informed.
- **Dr. Gorman**- If we scrap the telemedicine regs, would these apps be able to be used in a rural setting to give advice to head into the nearest emergency clinic to seek treatment or wait until the next morning?

- **Ms. Pedigo-** No these apps would continue to operate, most without being licensed in Nevada, limiting our ability if a complaint arises. Currently, a hospital or emergency clinic giving that advice based on a conversation with the owner would fall under general advice. The intent is not to limit ability of a DVM to give advice if they are licensed in the state.
- **Dr. Pennell-** You are leaving the establishment of the VCPR electronically in? I don't know how, if that is possible, that this is going to be able to monitor and control this industry.
- **Louis Ling-** This is a starting point and gives us a tool to prove if someone is practicing the illegally in the state of Nevada.
- **Dr. Gorman-** I believe eliminating the ability to establish the VCPR electronically will help limit the unlicensed activity.
- **Ms. Pedigo-** Elimination of the electronic VCPR would mean elimination of telemedicine, because currently if you have a current VCPR there is nothing limiting your ability to give that advice over the phone. The telemedicine language will allow us to be able to follow up on telemedicine go after unlicensed activity. And require the individuals providing these services to be licensed in Nevada.

6. Discussion and Determination for Possible Action

A. Status of teleconference meetings for 2020

Ms. Pedigo requested guidance from the Board regarding the location of future meetings considering current and forecasted pandemic status through 2020. The Board decided to continue with virtual meeting through the remainder of the year.

7. Agenda items for next meeting

1. Develop checklist for application approval
Committee: Ms. Schalles, Dr. Gorman, and Dr. Sandoval

8. Public Comment:

None

9. Adjournment for Possible Action

Motion: Mr. Hengels motioned to adjourn the meeting at 1:29pm.

Second: Dr. Gorman

Passed: Unanimous