

STATE OF NEVADA



BOARD OF VETERINARY MEDICAL EXAMINERS

MINUTES

September 14, 2022, at 8:00 am.

Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology.
The public may attend the meeting via teleconference or in-person at the following location:

Board of Veterinary Medical Examiners
4600 Kietzke Ln. Suite O-265
Reno, NV 89502

and

Video/Teleconference Venue:
Telephone/Audio Only: 857-799-9907
Online meeting ID: nevadaveterinary

Online meeting: <https://join.freeconferencecall.com/nevadaveterinary>

Steve Damonte, DVM, President
James O’Dea, DVM, Vice President
Deborah White, DVM, Treasurer
Stacy Hosking, DVM
Michael Knehr, DVM
John Bullard, DVM

Louis Ling, Esq., Board Counsel
Christina Johnson, LVT, Hospital Inspector
John Crumley, DVM, Investigator

Dr. Damonte, Board president, called the meeting to order at 8:10am. Dr. Damonte took roll of Board members and staff. Ms. Jacqueline Peterson and Ms. Crystal Vaquera, LVT were absent.

Public Comment: Mr. Neil Haley made comment regarding the changes to the definition of 'emergency' and revisions regarding 'abandoned animals' under Section 11.

REGULAR AGENDA

1. Regulation Workshop-Discussion and Determination of Possible Regulations R082-22 and R083-22 (For Possible Action)

A. Reviewing R082-22 draft language and topics for regulation changes on the following:

Mr. Louis Ling gave a brief update prior to beginning review of the changes made requested at the last workshop.

Public Comment: Mr. Neil Haley made further comments regarding the changes to the definition of 'emergency' and revisions regarding 'abandoned animals' under Section 11.

Section 4 – Definition of Emergency – In discussions with Mr. Ling prior to the hearing, Ms. Pedigo recommended changing the wording in the revised language from 'advice' to 'aid'.

Dr. Deborah White – Is anything needed there? 'Treatment' and 'aid' in the veterinary world are synonymous. Can we leave it as 'a situation in which the life of an animal is threatened, and immediate treatment is necessary.'

Dr. James O'Dea – Don't believe that aid is redundant, because 'aid' can be advice. Medical advice could be a loophole for telemedicine. I think it should be stricken and see if it will go through without it.

Mr. Ling – What would you do if an animal presented as an emergency that was not treatment. What would advice or aid be?

Dr. Michael Knehr – An owner may be advised to call Poison Control before going to a hospital.

Mr. Ling – As far as telehealth, this is why we would have telehealth in place. This is clearly something they can't treat, so they will be making that referral to a local veterinary facility.

Dr. Stacy Hosking –Is there any difference between aid vs. advice in legal definition for loopholes for telemedicine?

Mr. Ling – Advice will always be verbal such as a discussion with the owner, whereas aid might not be treatment, but first aid. Advice would be strictly communication whereas aid could be care with communication but that does not necessarily count as treatment.

Dr. White – Telemedicine has been well defined and has already closed those loopholes, so should be fine to leave ‘aid’ in.

Section 5 – Armed forces members and spouses

Dr. Hosking – What is the fiscal impact of offering it to both applicants and licensees?

Mr. Ling – No known active-duty licensees or spouses currently. No fiscal impact.

Dr. Hosking – Don’t see a compelling reason not to offer that benefit to both applicants and licensees. It seems to be a small cost to the state for people who have provided a service to the country as a whole.

Dr. O’Dea and Dr. Knehr - Concur with Dr. Hosking.

Section 6 – No comments or changes.

Section 7 – No comments or changes.

Section 8 – No changes or comments.

Section 9 – Anesthesia monitoring- Auto generated monitoring – ‘a statement indicating that the information was regularly reviewed by a veterinarian or veterinary technician at the time the information was generated.’

Mr. Ling – Ms. Pedigo suggested striking ‘a statement indicating’ and instead ‘the medical record must reflect’.

Dr. Knehr – Veterinary assistants (VAs) should be included since they are monitoring patients more frequently, possibly strike who is reviewing it, so that it isn’t limited strictly to veterinarians (DVMs) and Licensed Veterinary Technicians (LVTs).

Mr. Ling – If that is stricken it will already be reflected in the medical record by who is monitoring the patient.

Dr. Hosking – Tighten up the language by eliminating ‘at the time that the information was generated’ and use ‘contemporaneously’.

Dr. John Bullard – Just add Veterinary assistants in addition to DVM’s and LVT’s and take out any ambiguity.

Section 10 – No comments or changes.

Section 11 – Abandoned animals

Mr. Ling – Ms. Pedigo recommended, in subsection 2a, possible complications with ‘or decline to treat’. From a legal standpoint, a veterinarian could decline to provide emergency care or humane euthanasia. The recommendation would be to strike ‘including, without limitation, providing emergency care or humane euthanasia to relieve suffering’; and then create a subsection ‘c’ to include ‘where the animal experiences an emergency, provide emergency care or humane euthanasia to relieve suffering as the veterinarian determines appropriate in conformance with a veterinarian’s obligation under the “Principles of Veterinary Ethics” of the AVMA’.

Dr. Hosking – Would it be beneficial to specify ‘the abandoned animal’?

Mr. Ling – Language is already under the ‘abandoned animal’ section for when an emergency arises. This gives you the authority to decide how best to proceed.

Dr. White – Dr. O’Dea does this cover situations that emergency centers run into?

Dr. O’Dea – We don’t tend to see this in emergency medicine, but it gives options.

Dr. Knehr – We also wanted to cover the ‘Good Samaritan’ bringing in an animal with no owner.

Mr. Ling – In Section 3a, there is language for attempting to notify the owner if a microchip is scanned during an emergency, but also allows you to decide what to do with the animal if there is no discernable owner.

Dr. Knehr – This section start should be changed ‘if’ to ‘must’ when scanning for a microchip attempt to contact the owner.

Section 12 –No comments or changes.

Section 13 –No comments or changes.

Section 14 –No changes or comments.

Motion: Dr. Knehr moved to go forward with the discussed changes and go to a regulation hearing.

Second: Dr. O’Dea

Passed: All aye.

B. Reviewing R083-22 draft language and topics for regulations changes on the following:

No public comment.

Discussion: Mr. Ling presented the language to the Board. No further discussion.

Motion: Dr. White moved move forward to a regulation hearing for R083-22

Second: Dr. Knehr

Passed: All aye.

No public comment.

2. Consideration, discussion, and potential action regarding amendment or removal of NAC 638.052 (For Possible Action)

Dr. Damonte presented the language in NAC638.052 to the Board for consideration.

Mr. Ling – The question is regarding providing medical records when the owner has an outstanding balance with the facility. Currently the requirement is to release records if requested by the owner and forward to another facility regardless of outstanding balance. Should this continue?

Dr. Knehr – Currently, we are able to hold the animal for non-payment. Correct?

Mr. Ling – Correct. The question is should we hold the records as well?

Dr. Knehr – If you felt that strongly at the time you probably should have held that animal. Holding the records is not the most ethical thing after the fact.

Dr. White – Jennifer is asking should this be changed to include medical records?

Mr. Ling – Yes. The way it is currently written staff is advising hospitals that those records must be released regardless of payment status.

Dr. Steve Damonte – If we add, 'in the case of an emergency' the records would still need to be released.

Dr. O'Dea – Regardless of whether it is an emergency, if that animal is released for further care at another facility the records need to be released to another facility to the owner. Payment status is not relevant. It is not ethically appropriate.

Dr. Knehr – Agreed. If it is truly a concern regarding the money, then the animal should have been held to begin with.

No action taken

3. Agenda items for next meeting

None

4. Public Comment: No public comment given.

5. Adjournment for Possible Action

Motion: Dr. O’Dea moved to adjourn the meeting at 9:28 a.m.

Second: Dr. White

Passed: Unanimous.