

Cepin 11, 2016



THE OHIO STATE UNIVERSITY

COLLEGE OF VETERINARY MEDICINE

College of Veterinary Medicine
Office of the Dean
Veterinary Medicine Academic Building
1900 Coffey Road
Columbus, OH 43210-1089

March 25, 2016

Phone: 614-688-8749
Fax: 614-292-3544

Chairman John R. Wilson, DVM
West Virginia Veterinary Medical Board
5509 Big Tyler Road Suite #3
Cross Lanes, WV 25313

Re: Proposed Rule Change 26-4-1 Standards of Practice

Dear Chairman Wilson,

I am writing to you as an experienced equine veterinary practitioner and board-certified equine surgeon. I have worked in an academic veterinary medical center/hospital for nearly 30 years. I am most familiar with the various types of private equine veterinary practices because of my interaction with equine veterinarians over many years. I am also a native of West Virginia and an associated member of the West Virginia Veterinary Medical Association. I am especially concerned about the proposed changes to the standards of practice as outlined in the aforementioned proposed rule change.

It is not clear to me the impetus for the proposed changes; however, I am concerned about the impact of the proposed changes that limit the practice status for ambulatory practitioners, require written affiliation with a "brick and mortar" clinic, and mandate disciplinary action against veterinarians when his/her accreditation is revoked. The proposed changes to remove dentistry and embryo transfer from the practice of veterinary medicine is a dangerous and slippery slope for the protection of the public by allowing non-veterinarians, non-licensed, and unregulated providers to provide such services.

These are serious issues that are of concern to me as an experienced veterinarian, academician, educator and leader in the veterinary profession. I hope you and others will reconsider the proposed changes. I would politely and professionally caution on approval of any of the proposed changes.

I am most concerned about the impact of the proposed changes to the health and welfare of animals in West Virginia, particularly those in rural and typically underserved areas. As a native of Spencer, WV I know how important it is for the animal-owning public in these areas to have ambulatory practitioners provide much-needed veterinary services. Without such ambulatory services, people in rural WV will be even more underserved with regard to their animals. I also wonder how this could be viewed as "restriction of trade" for WV veterinarians.

I would be pleased to answer any questions you or other members of the board have.

Kindly,

Rustin M. Moore, DVM, PhD, Diplomate ACVS
Dean, College of Veterinary Medicine
Ruth Stanton Chair in Veterinary Medicine

Sept 11, 2016

Holstein, Patricia A

From: bob thiel <thiel_bob@yahoo.com>
Sent: Monday, April 11, 2016 1:48 PM
To: Holstein, Patricia A
Subject: WVBVM Public Comment

Dear Patricia:

My comments regarding changes to The WVBVM Standards of Practice focus on opening up non-sedated equine dental procedures to non-veterinarians. While exact numbers are difficult to find, a 2004 West Virginia Equine Economic Impact Study estimated 56,800 horses in the state. When this estimate is combined with the small percentage of Veterinarians that focus on equine / large animals it would seem that liberalizing the restrictions on non-vets would provide more (non-sedated) dental care for the state's equine population. An example involving my brother-in-law illustrates the shortage of equine / large animal Veterinarians in our area. My brother-in-law lives in Albright, WV and needed a vet for a black angus bull. The vet that visited his farm came from Somerset, PA, nearly an hour and a half drive.

Opening up the opportunity for non-vets would follow the lead of The West Virginia State Legislature during the most recent legislative session. Our State Legislature, identifying a shortage Doctors in our state recently passed House Bill 4334 which provides Advanced Practice Registered Nurses (APRNs) with full practice authority including prescription authority of Schedule III pharmaceuticals after completion of forty-five contact hours of education in pharmacology and clinical management of drug therapy. A Medical Doctor is not required to be on staff, a collaborative relationship is the requirement. A 'Collaborative Relationship' means a working relationship, structured through a written agreement, in which an advanced practice nurse may prescribe drugs in collaboration with a qualified physician.

Under the WVBVM new Standards of Practice, the new definition of "Dental Operation" means the application or use of any instrument or device to any portion of an animal's tooth, gum or any related tissue for the prevention, cure or relief of any wound, fracture, injury, disease or other condition of an animal's tooth, gum or related tissue under sedation or anesthesia. This definition makes me think that as long as sedation or anesthesia is not used, a non-Veterinarian may perform equine dental procedures. If this is the case, additional clarity is needed in section 7.1.d.1; 'all dental procedures shall be carried out by a veterinarian, technician or veterinary assistant under the general supervision of a veterinarian.' What is the definition of "under the general supervision of a veterinarian?" Following the lead of the State Legislature, it seems this requirement could be achieved with an active working relationship between the Veterinarian and Equine Dental Technician, not on site Veterinarian support.

Opening up non-sedated dental care will improve the health of the state's equine population.

Thank you for the Public Comment Period.

Bob Morris
370 Mount Nebo Road
Albright, WV 26519
304-376-5763

April 11, 2016
PS 1 of 3
C. W. D. H.

West Virginia Board of Veterinary Medicine
5509 Big Tyler Road, Suite #3
Cross Lanes, WV 25313

April 7, 2016

RE: Proposed Rule Changes 26-4-1 Standards of Practice

Dear WV Board of Veterinary Medicine:

I am writing this letter to the West Virginia Board of Veterinary Medicine (hereinafter referred to as "the Board") as a comment on the proposed rule changes to the standards of practice. I am an attorney who has been in practice in West Virginia for thirty-six years. My wife is an equine veterinarian and she brought the proposed changes to my attention and asked me to look at them and to give her an opinion on their legal validity.

It is my understanding, through conversation with my wife, that the object of the Board is to attempt to model the administrative regulations after those in the state of Virginia. Following a review of the proposed changes in regulations and the applicable laws in both West Virginia and Virginia, it appears that the board may have exceeded its authority and is going beyond making new administrative regulations, but rather is attempting to alter statutory law. The Virginia Regulations, which have been copied by this Board, are very different from West Virginia statutory law and the language of some of the regulations is in conflict with the West Virginia statutes. The proposed changes in the regulations actually constitute changes in the meanings of the statutes in Article 10, which the Board has no power to do, because statutes may only be changed by acts of the legislature. Often, an administrative body is unable to adopt rules from other states because the agency must follow the statutory law in their state. I will not address ways in which the specific proposed rules are flawed, rather I merely want to point out that there

April 11, 2014
Pg 2 of 3
C. W. H. H. C.

are flaws in some of the proposed regulations because they conflict with the controlling statutory law. The Board is not a body which has the power to make laws. Lawmaking is reserved for the legislature. Instead, the Board merely has the power to make regulations to help implement the laws contained in the statutes which govern veterinary medicine. This is similar to laws which regulate various professions in all other states.

I hope that the Board reconsiders its position and submits a draft of the proposed changes which has been extensively amended, because the present draft needs many changes.

Furthermore, in its present form, the proposed draft would probably not receive approval from the Rule-Making Committee of the West Virginia legislature.

An additional matter which I would like to bring to the attention of the Board is how large-animal veterinarians deal with, or actually fail or refuse to deal with, emergencies and/or calls after business hours. I have personal experience with calls in the middle of the night and on holidays and weekends, because my wife receives such calls that other veterinarians refuse to take from their clients. It seems to me that, if the Board really wants to protect the public, the Board should promulgate regulations for veterinarians which would result in rules or guidelines governing the responsibility of veterinarians to their clients after normal business hours. It does not seem right to me that large-animal veterinarians will deal with clients, who pay them to serve the needs of their animals, only at times which are convenient and feel free to ignore them during emergencies. Small animal emergencies have emergency clinics to give the necessary treatment, but large animals do not. Large-animal veterinary emergencies are not confined to office hours and the welfare of both animals and the public should not be compromised because some veterinarians do not want to be inconvenienced. It is obviously not in the best interest of

Capital Hill, DC
Pg 3 of 3
Curnutte

the public to be left totally without veterinary services. Even if the veterinarian chooses not to treat an animal belonging to a client, a veterinarian should, at the very least, be available by telephone or have some type of answering service which gives the client some assistance or direction, such as providing the numbers of veterinary schools or large animal hospitals.

Sincerely,



Francis M. Curnutte, III, Esq.

APR 04 2016



American Association of Equine Practitioners
4033 Iron Works Parkway • Lexington, KY 40511
859.233.0147
fax: 859.233.1968
www.aaep.org

March 30, 2016

Chairman John R. Wilson, DVM
West Virginia Veterinary Medical Board
5509 Big Tyler Road Suite #3
Cross Lanes, WV 25313

RE: Proposed Rule Changes 26-4-1 Standards of Practice

Dear Chairman Wilson,

I am writing this letter today in support of concerns brought to our attention by various West Virginia members of the American Association of Equine Practitioners (AAEP). The AAEP is an international association of nearly 10,000 Equine Veterinarians and veterinary students, including many members residing within the state of West Virginia.

It has come to our attention that the board has proposed rule changes to the Standards of Practice of Veterinary Medicine in West Virginia that could impact the welfare of animals.

We have concerns regarding the proposed changes that may limit the practice status for ambulatory practitioners, require written affiliation with a brick and mortar clinic, and mandate disciplinary action against veterinarians when his/her accreditation is revoked. Additionally, we are concerned that the proposed changes would remove dentistry and embryo transfer from the practice of veterinary medicine and potentially allow non-veterinarian, non-licensed, and unregulated providers to provide these services.

We are not sure if it is the intention of the veterinary board to limit the practice by many of the large animal, equine and ambulatory veterinarians licensed in WV. We express concern on behalf of our West Virginia members who find that many of the proposed changes to the Standards of Practice may be detrimental to the health and welfare of animals within the state.

I am sure you will be directly hearing from our West Virginia members regarding their concerns, and simply wish to make you aware of our support of these members. We hope you will consider their letters of concern in earnest.

Sincerely,

Kathleen Anderson, DVM
2016 AAEP President

Original

Holstein, Patricia A

From: Rose Marie Henderson <docnrose79@gmail.com>
Sent: Wednesday, April 06, 2016 9:23 AM
To: Holstein, Patricia A
Subject: Veterinary Standards of Practice

To Whom it may concern,

I am writing today to address your proposed changes to the Standards of Practice. I am not a Veterinarian but have been married to one for 36 years and am the Mother of one as well. If the authors of these changes would step back a bit from their own practice models and read these changes it appears that with the new wording they are adverse to there being any Mobile practices in our State that are not an extension of a stationary clinic. How can you as the board or the Legislature propose to change/dictate how a Fellow Veterinarian practices as long as they are Licensed and practicing within their scope of practice? I am fully aware that there are emergencies that arise as I am aware that there are numerous Facilities throughout our great state and in neighboring states to handle these emergencies if the mobile Veterinarian would happen to be unavailable at the time. Requiring an "Affiliation" should not be required.

My next concern addresses the Immunization Clinics. Rabies vaccines are to be given by a licensed Veterinarian why do they have to own a clinic to do so. I do agree that they should be Licensed and have a practice in the State and county that they hold these events but to say they need a facility to do this is a bit extreme. Lastly where does twice a year come from? From the semi-lay persons view of reading this it appears petty, as though you don't want anyone vaccinating dogs that might come to your Clinics. Is it not best to stop rabies by having these Clinics so that more animals are vaccinated or let rabies become an even bigger problem?

I have read the Standards of Practice for some of our neighboring States as well as the AVMA model and you have taken us to a new low with these proposed changes. I have lived the life of being married to a mobile Veterinarian and I can tell you that they are very attentive to their clientele. They answer their phone calls as there isn't someone behind a desk in a "Facility" making their appointments they work one on one with their clients.

Thank you for your attention.
Rose Marie Henderson
47 Mt. Zion Rd.
Fairmont, WV 26554
304-366-8776

APR 15 2016

To: The West Virginia Board of Veterinary Medicine
5509 Big Tyler Road, Suite 3
Cross Lanes, West Virginia 25313

From: George R. Seiler DVM
1745 Mileground Road
Morgantown, West Virginia 26505

March 29, 2016

Comments on proposed changes to West Virginia Legislative Rule Title 26 Series 4
Standards of Practice:

Underlined- WVBVM revised language

~~Single Strike through- WVBVM revised deletion of original document text~~
~~Double Strike through- omitted from revised WVBVM document by myself~~
added to revised WVBVM document by myself

Add-

Add in section 26-4-2. Definitions A definition for "healthcare provider" as
referenced in proposed section 26- 4.5.3.a. - A ~~veterinarian~~ healthcare
provider shall not prescribe, dispense or administer any legend drug-----

2.23 "Dental operation" means: the application or use of any instrument or device to any portion of an animals tooth, gum or any related tissue for the prevention, cure or relief of any wound, fracture, injury, disease or other condition of an animals tooth, gum or related tissue under sedation or anesthesia.

Comments: Limiting the definition of "Dental Operation" to animals exclusively under sedation or anesthesia may lead lay individuals to practice veterinary dentistry with no sedation or anesthesia when the patient needs sedation or anesthesia to limit pain. Many (most) conditions in veterinary dentistry cannot be properly treated without sedation and anesthesia. The American Animal Hospital Association and the American Veterinary Dental College recommend that all professional small animal dental cleanings be under anesthesia- it would be a

disservice to the public if lay individuals advertise that they do “anesthesia free” dental cleanings that fail to properly clean the animal’s teeth and gingival recess. Lay individuals may be encouraged to extract teeth without pain relief or with limited local numbing of the gums-which would lead to animal suffering. Lay individuals do not have the proper training in veterinary disease recognition to practice veterinary dentistry.

Suggested wording: “Dental operation” means: the application or use of any instrument or device to any portion of an animals tooth, gum or any related tissue for the , cure or relief of any wound, fracture, injury, disease or other condition of an animals tooth, gum or related tissue ~~under sedation or anesthesia.~~

3.16 Boarding to

3.8 Responsibility for acceptance of medical care. A veterinarian shall decide what ~~medical~~ cases will be accepted ~~in his or her professional capacity, and what course of treatment will be followed once a patient has been accepted. The veterinarian is responsible for advising the client as to the treatment to be provided. In the event the veterinarian chooses not to provide services~~ the client shall be notified

Suggestions: omit medical- omit professional capacity. The veterinarian may have the professional capacity to treat a case, but may choose not to treat a case by the abusive nature of a particular client.

3.13 Honesty, integrity, and fair dealing. A licensed veterinarian shall conduct his or her practice with honesty, integrity, and fair dealing to clients in time and services rendered ~~and the amount charged for services, facilities, appliances, and drugs.~~

The amount charged should be left to free trade. It is already covered in the “fair dealing” statement. Adding the burden to determine the amount to be charged to a client in a particular case by the Board of Veterinary Medicine is unwarranted. The Board would then have to stipulate what “fair fees” are.

4.8.

Leave this section in the standards- this is a highly specialized procedure to be preformed by trained and skilled veterinarians.

5.1.b. A veterinarian shall preform all aspects of veterinary medicine in a manner compatible with current veterinary medical practice

5.1.i. All equipment shall be maintained in working order within manufacturer guidelines.

5.2.b. The ~~veterinarian who owns the facility~~ shall keep and maintain current patient records on the business premises for a period of 3 years and the records are the responsibility and property of the owner of the veterinary practice. If the practice is closing or being sold, clients shall be notified prior to a closing as to how they may acquire a copy of their patient records on their animal(s).

Facility owner may be different from practice owner.
Practices sold and staying at the same location would not need client notification.
Specified time period for record retrieval.

5.33.g. All repackaged legend drugs dispensed shall be labeled with the following:

5.4.a. Each practice shall maintain laboratory services using ~~either~~ in-house or an outside laboratory in order to meet the current standards of care for the profession.

~~5.3.h.4. The dosage of the medication, if applicable;~~

I would leave this information to be addressed in the medical record. It adds another line on an already extended controlled substance log entries.

5.3.j. Prescriptions may be refilled for one year After 1 year, the patient shall be re-examined before an additional prescription is written .

If it is worded with just "prescriptions may be filled for one year" clients may construe that to mean they are entitled to refills for one year without a veterinary examination- even if the veterinarian needs to examine the animal to meet current standard of care guidelines.

~~5.2-6.1.b2. Immediate~~ Convenient access to a sink with hot and cold running water ~~and~~

6.2. Limited and full service large animal practices are required to have facilities that meet standards of care for that particular species.

Mobile large animal practices do not need facilities to house the species they serve.

7.1.a.2. All radiographs in any format shall have a permanent identification bearing the clients name, the patients name the date and either left or right markers.

Occasionally animals will kick the intended marker off the film or plate. Making the marker an obligation will add unneeded radiation exposure to the patient and staff.

7.1.b.1. Anesthesia/Ventilation Services required the following equipment:

7.1.b.1.C. Support equipment required for the delivery of assisted ventilation including resuscitation bags of appropriate volumes and an assortment of endotracheal tubes of various sizes

Many veterinarians use the rebreathing bag from their anesthesia machine or an automated mechanical ventilator rather than a resuscitation bag for patient ventilation support and rescue.

7.1.c.2.B. A veterinarian shall wear clean clothing and Sterile gloves
. A sterile surgical gown with long sleeves is recommended.

7.1.c.6. The veterinarian shall provide a method for the client to obtain advice emergency veterinary services pertaining to surgical and post treatment problems on a 24 hour basis after the animal is released to the owner or agent following the completion of the surgery or treatment.

Do not like the word “advice”, clients may perceive the word advice as verbal advice over the phone and demand the veterinarian give them verbal advice- if verbal advice is incorrect the veterinarian may be held liable for giving the incorrect advice without a patient examination. Most “advice” is given after an examination. Advice doesn’t treat a patient with an immediate surgical need.

Clients and patients need to have emergency care provisions- especially after surgical procedures.

~~6-11.1.~~ Change Boarded to

12.1. ~~Community service immunization~~ clinics shall be operated by a veterinarian licensed by the Board who has a licensed facility in the county or adjoining county where the clinic is being held

~~These immunization clinics, not being held in a veterinary facility, can only be held periodically in a non-clinical location and are not to exceed twice a year.~~

12.2. Immunization clinics providing immunizations other than rabies vaccination , shall be administered by a veterinarian a registered veterinary technician supervised by ~~that~~ veterinarian.

Thank you for your time and consideration of these suggestions.

Respectfully submitted,



George R. Seifer DVM

E- mail
US mail

Patricia A. Holstein

Holstein, Patricia A

From: gary mccutcheon <glmdvm@aol.com>
Sent: Saturday, March 12, 2016 2:28 PM
To: Holstein, Patricia A
Subject: wvbvm rule change

I wanted to comment on rule 7.1.c.3, which states concerning a surgery suite, "A room designated solely for surgery, separated by doors, and distinct from all other rooms."

The addition of "separated by doors" can create a substantial hardship when transporting animals from the surgery prep area to the surgical room, especially when some of the dogs weigh in excess of 100 lbs. and must be transported on stretchers, using two or more people. A closed door becomes a significant obstacle and danger to those doing the transporting, while an open door would function as having no door at all.

Thank you,

Gary McCutcheon, DVM
304-624-5311

March 17, 2016
Dr. Jim Henderson
Henderson

TRI-COUNTY VETERINARY SERVICES, PLLC

47 MT. ZION RD. FAIRMONT, WV 26554

304-366-6926

March 18, 2016

To whom it may concern:

My name is Dr. Jim Henderson. I have an ambulatory large animal practice in Fairmont, WV and would like to comment on the proposed changes to the Standards of Practice. My main concern is the striking of the language in article 5.4.f regarding description of a large animal or farm practice mobile units not being considered mobile clinics for the purpose of the rule. There is no new language present with specificity regarding large animal/farm animal practices. It appears to be rolled in together with the limited practice language in section 8 and makes no differentiation from small animal mobile clinics/limited practices and seems to make the same requirement specifically regarding written affiliation with a veterinary practice in the same region of the state or surrounding states. That would have no bearing on my practice and those other similar large animal practices. Requiring affiliation would likely be an undue hardship for the mobile practitioner to obtain. What would be the need for a small or mixed practice to be an affiliate? No services pertinent to the large animal practice would be available there, nor would there be any expectation of same. It seems to also present an unwanted potential liability for the facility to undertake-likely no one would be interested in that relationship. If the concern is follow-up care/emergent situations/specialty services availability, I am personally available 24 hours a day for my clients as well as those folks who aren't my clients. Believe it or not, I even answer my own phone when by my desk or retrieve messages and make call-backs from my cell phone when on the road. I do have an ongoing, though unwritten, relationship with Ohio State and other specialty large animal practices for in depth diagnostics and specialized treatment/surgeries that I cannot provide out here in the "real world". It also seems to open up the question of inspection of the mobile "facility" which has no reasonable purpose. I feel the language in 5.4.f needs to be added to 8.3 to return a sense of reasonable purpose to the amendments. If not that specific wording, something that is appropriate to the practice of mobile large animal medicine needs added.

Another concern I and other mobile large animal veterinarians have is the elimination of section 2.2.a, 2.2.b and 4.7.b language regarding dentistry and replaced with that of section 2.3 and 7.1.d. The inference can be drawn that as long as no sedation or anesthesia is employed, lay people can perform dental operations. This has long been a thorn in our side with "equine specialists" coming in and out of the area and doing not only dental procedures but other diagnostic/therapeutic procedures of doubtful value with no veterinarian on site at either barns or "clinics" set up at various venues. I seem to recall the previous alteration of the standards of practice had no small impetus from the numbers of lay personnel doing small animal dentistry, groomers and the like. This seems to open up the loop hole closed by the previous language.

Also, the language in section 4.8 being struck regarding embryo transfer only being performed by a licensed veterinarian is not revisited in new language elsewhere. If for no reason other than training/capability, let alone the use of several prescription medications needed to provide this service, the veterinarian needs to be the professional of choice for this aspect of large animal medicine and revised language should reflect that.

March 21, 2016
pg 2 of 2
Henderson

A final concern regards the new language in section 12.1 regarding community service immunization clinics and the need for the veterinarian performing the service to have a licensed facility in the county or adjacent county. I have done Rabies vaccination clinics for 3-4 local community service groups, 4-H and parent/youth groups and the like, for many years-both as a public service as well as a fund raising effort for the kids who help with the paperwork and facilitation of the event. I am available for any reactions on a 24 hour basis as discussed above and have only had a handful of calls in the last 25-30 years. Anything that would need to be seen, I could take care of at their home. If anything was serious and needed hospital care, I would do what any of the local clinics would do with these potential problems after hours on a Saturday afternoon or evening (which is when most vaccination clinics are held) and that is refer to the local emergency clinic. I see no difference in standard of care in this case.

Thank you for your kind attention. I look forward to discussing this in person at the Board's meeting next month for clarification.

Respectfully yours,

Jim Henderson, DVM

Holstein, Patricia A

March 23, 2016
Kourtney
Morrissette

From: Kourtney Morrissette <catdoctor@gmail.com>
Sent: Wednesday, March 23, 2016 2:07 PM
To: Holstein, Patricia A
Subject: Changes in Rules of Practice

March 23, 2016

Dear West Virginia Board of Veterinary Medicine,

I am writing to voice my concerns and formally lodge a complaint about some of the changes you are making to our Standards of Practice. As a member of the AVMA and the WVVMA, I would like you to re-consider making these changes. The language and terminology is extremely ambiguous, I found myself confused about many items in the proposed changes. These ambiguous areas only leave the door open for lower quality medicine, lower standards of care, and easier ways for veterinarians to skirt our standards both legally and ethically.

In addition, it seems to me that we are creating the opportunity for veterinary practices to offer much lower standards of care at a much greater risk to our patients. Why? Why would our state want to lessen the quality of care that our animals receive? Why would our profession, which has fought so hard to improve the way that we see and treat animals want to support a back sliding stance? I think that they will hurt our profession and not improve the overall quality of care of animals in our state.

I understand that Dr. Scott Moore asked for an extension to the date that you have currently set to vote and pass on these items (April 11, 2016) and you declined this extension. Why? How can we be expected to have a conversation, to file complaints, and to perhaps come to a better resolution if the time frame you have given us is so short? Did you do this because you have no intentions of listening to us, so you can quietly pass these changes no matter what we say? **I am writing this letter to both ask that you reconsider giving an extension and to ask you to host a Town Hall type meeting to explain the items that you are changing and to allow your board to hear what veterinarians, veterinary technicians, and veterinary staff think and how these rules may affect us.**

In particular, my concerns are:

1) 2.911. "Minor surgery" means surgery that does not ~~require or~~ involve general anesthesia or respiratory assistance during the surgical procedure.

2.134. "Surgery" means that branch of veterinary medical science which ~~treats by mechanical or~~ uses operative measures for ~~healing~~treating diseases, deformities, injuries, and for reproductive sterilization or elective surgical procedures.

Meeting 23 July
P. 2014 Morissette

a. Could you please explain what a "minor" surgery is if it does NOT include "the use of operative measures for treating diseases, deformities, injuries, and for reproductive sterilization or elective surgical procedures?" I cannot. Therefore the language is very ambiguous.

c. Does the term "minor surgery" fall within the term "surgery?" If so, do we need this term "minor surgery at all?"

b. Is the board trying to create a special category of surgery that will not need to adhere to a basic standard of care that we require for "Major" surgeries? If so, why? Is it so we can have low cost clinics with subpar standards of care? Is it so that hospitals that do not wish to purchase equipment, stock medications, and bother to educate themselves and their staff can still perform what they see as "minor surgeries" without following a very basic standard of care that our state board has always followed? I do not see any benefit to these ideas – hospitals that wish to perform ANY surgery (whether it is to suture a laceration closed or to perform the most complicated abdominal surgery) need to have the same anesthetic equipment for safety reasons, the same standards of cleanliness for the health of our patients, the same standards of lighting/medical gear for our safety, and the availability of medicines and equipment for adverse anesthetic events so that our pets survive these procedures! These items are inexpensive, easily obtainable, require no training to use by a veterinarian, are made for even the smallest mobile clinics/farm units, and are portable – they should not be "optional."

c. Or rather is the board actually trying to set up a standard for procedures under sedation v/s procedures under anesthesia? If so, the language needs to be changed accordingly. If so, what procedures are allowed under "sedation" v/s "anesthesia?"

2) 7.1.c. Surgical Services (and all the sublisting requirements under this)

a. For clarification, does this include what you define as "minor" surgery? If so, the title should say "Surgical Services, including Minor Surgery" If it doesn't, it implies, by sheer lack of clarity, that a "Minor" surgery does not need to adhere to the same standards of care as "Surgery."

b. Again, if "Minor" surgeries are not included in this list of requirements I think that they should be. No veterinary facility should be performing any surgery (whether "Major" or "Minor") without the requirements of anesthetic monitoring, the ability to provide ventilation/oxygenation, appropriate rescue drugs in the case of unanticipated anesthetic events, sterile gloves/gown/procedures, appropriate lighting, running water..... ect. As I have said before, these items are inexpensive, readily available, require no training for anyone with a veterinary degree, and are available as portable items for even the smallest mobile/farm unit.

3) The separation between a "Full" and "Limited" veterinary practice. Specifically my concerns are:

a. That the definition of "sedation" is not specific enough – if the only factor that differentiates the two is whether or not ventilation is needed then many different procedures can be performed under sedation rather than general anesthesia. We all know of hospitals that perform full spays/neuters under just injectable drugs (by your definition, "sedation"). I feel that this language is far too non-specific. In addition, it opens the door for "Limited" practices to legally now perform procedures below an anesthetic standard of care.

b. That any practice that decides to "sedate" an animal should have be required to have endotracheal tubes, ventilation, emergency drugs for resuscitation (atropine, epinephrine,

1/10/2014
10:30 AM

naloxone, etc), and oxygen available. Without these things, a patient that might experience an unexpected “sedation” event could die. In your new practice act I do not see these things as being required by what you now define as a “limited” practice. As I have previously mentioned, these items are inexpensive, readily available, require no training if used by a veterinarian, are made for mobile/farm practices that need small spaces, and are portable.

c. The language around “limited” veterinary hospitals does not address whether or not minor surgery is permitted. This needs to be clarified. My opinion would be that NO surgical procedures (either Minor Surgery or Surgery by your definitions) should be allowed in these hospitals – especially if they are not required to have clearly defined laws about equipment, sterilization, resuscitation, oxygen, ect.

4) in 7.1.b.2. A veterinarian shall provide every animal with a pre-surgical assessment within 12 hours prior to the administration of an anesthetic, and the results of this examination shall be noted in the patient’s medical record.

a. I do not agree with the language used in this statement

b. Specifically, I do not agree that the term “pre-surgical assessment” is specific enough. Does this mean a full exam (examination of heart, lungs, ears, eyes, skin, mouth, dental, lymph nodes, abdominal palpation, rectal exam, reproductive exam, ect; all written in the record as such) or a brief exam (temperature, pulse, and respiration). Does this exam need to be performed by a veterinarian or is a technician sufficient? Does that technician need to be licensed?

c. In addition, I feel that an exam within 12 hours of the procedure may be too limiting for elective procedures in which a pet was examined within 60 days and deemed to be healthy. Are owners expect to pay for another physical exam the day of surgery (in my office, this is at a cost of \$45.00)? Are the spay and neuter only clinics going to be held to this standard as well as more traditional practices – is a medical record with this exam expected for every patient? Who will be policing whether or not these examinations are done and how thoroughly they are performed? In addition, the addition of a full examination (with the owner present, I am assuming so that they are fully informed) would be rather time consuming (and again, if it takes time we will have to charge clients MORE money for surgical procedures). Perhaps this line should be removed entirely or should be more specific about the type of exam, who does it, and the timing of that exam for elective v/s non-elective/emergency procedures.

5) 6.4.b. A veterinarian on the premises at all times during the posted hours of operation

a. I think that this statement is too restrictive on our places of business.

i. Many veterinary practices work with a solo practitioner. Is one veterinarian expected to never leave the building for lunch, to pick up a child from school, to leave for a personal appointment, or to have a half day off?

March 23 2011
19904 Y Morrisette

ii. We are required to leave our practices every year for continuing education – are we supposed to now bear the burden of closing our practice during this time if we cannot hire a relief veterinarian (which is always at a higher cost than an employed associate veterinarian)?

iii. Many veterinary practices stay open to sell food/prescription medicines/over the counter medications, answer phone calls from clients with medical questions, and create appointments when a veterinarian is not on the premises. They also direct clients to emergency services and animal poison control when needed. If a business could not operate without a veterinarian on the premises it would be a financial burden – our employees would work less hours, less jobs would be filled at veterinary offices, clients would receive much worse and much more limited customer service and overall quality of care for our patients would decline.

~~5.4.a.1. The veterinarian at the mobile veterinary facility shall provide some method for the client to obtain advice pertaining to surgical and post treatment problems on a 24 hour basis after the animal is released to the owner or agent following the completion of the surgery or treatment; 5.4.a.2. If a general mobile veterinary practice does not completely meet all of the requirements as specified in subsection 5.2. of this section, the Board in its determination that the mobile veterinary practice has no need for particular requirements may waive one or more of the requirements for that facility type; and 5.4.a.3. It is within the sole determination of the Board as to the time and distance that a mobile veterinary practice may operate within the requirements of this section. 5.4.b. Limited service mobile veterinary practices are; 5.4.b.1. Public immunization clinics for public health protection operated by a veterinarian licensed by the Board who has a permanent office and facilities in the county in which the limited service mobile veterinary services are offered, or in any of the adjoining counties in this state of the county in which the mobile facilities are located; or 5.4.b.2. Private limited service mobile veterinary practices restricted to the delivery of animal health protection through vaccinations, physical examinations, minimal treatments and/or minor diagnostic testing. 5.4.c. The licensed veterinarian practicing from a mobile veterinary facility shall provide some method for the client to obtain advice pertaining to post vaccinal or treatment reactions on a 24 hour basis from the time of vaccination or treatment. 5.4.d. All house call veterinary practices that are not extensions of a fixed veterinary care facility shall have written affiliation with a veterinary care facility in the same region of this state. 5.4.e. Limited service mobile veterinary practices are exempt from section 4, subsections 4.5 and 4.6 of this rule and subdivision 5.2.f. of this section.~~

Why are these items deleted from our Standards of Practice? They are excellent standards for mobile/limited practice/clinics to follow to keep our patients safe, our clients informed, and our standards at a minimum level of care.

Again, I am writing this letter both because I am confused about the above items, feel that they are ambiguous, and fear that they will lessen the quality of care for animals in our state. I also fear that they will harm veterinarians, clients, and their pets. Please reconsider extending the date in which you plan on making these changes and reconsider opening up the lines of conversation. I am interested in hearing back from you. Please know that I am, personally, considering creating a committee to begin a petition against these changes.

Thank you,

Kourtney Morrissette, DVM

304-942-8692

March 24, 2016
PS 1042
Hubbs

Holstein, Patricia A

From: Ann Hubbs <afhubbs@comcast.net>
Sent: Thursday, March 24, 2016 5:46 PM
To: Holstein, Patricia A
Subject: Section 3.7

3.7. Maintenance of accreditation. A licensed veterinarian whose accreditation has been revoked by state or federal authority is subject to disciplinary action by the Board upon proof of removal of accreditation by that authority.

Section 3.7 is unclear in the context of current accreditation laws (I believe these are at <https://www.gpo.gov/fdsys/pkg/CFR-2010-title9-vol1/pdf/CFR-2010-title9-vol1-sec161-4.pdf>). In the 1980s, those of us who were accredited were told we were accredited for life unless that accreditation was revoked or suspended. However, that has change – to maintain accreditation, a veterinarian now renew their accreditation every 3 years. From the CFR:

“(a) Accredited veterinarians who wish to continue participating in the National Veterinary Accreditation Program must renew their accreditation every 3 years by completing an application for accreditation renewal and submitting it to APHIS.”

My point is that veterinarians who have no need to perform services of an accredited veterinarian may not maintain their accreditation but that no longer means their accreditation has been revoked. For example, I am a board-certified veterinary pathologist and currently perform no functions as an accredited veterinarian. The Accreditation program has provisions for re-accreditation of those with expired accreditation.

Although it is clear from the language that disciplinary action is intended for those whose accreditation has been revoked, as opposed to expired, the section title currently could be interpreted to involve those who received lifetime accreditation but then the accreditation rules changed – their accreditation may have expired. I believe that under the current provisions of the Accreditation Program, this section should have a new title: Revocation of Accreditation

Rewording will provide a clear distinction between veterinarians whose jobs do not involve participating in the National Veterinary Accreditation Program and veterinarians who have had their accreditation revoked as a result of failure to comply with the required standards in performing the duties of an accredited veterinarian.

March 24, 2016
Pg 2 of 2
Hubbs

Thanks!

Ann

Ann F. Hubbs DVM, PhD
Diplomate, American College of Veterinary Pathologists

March 24 2016

Holstein, Patricia A

From: Kimberly Smith <kmsinwv@msn.com>
Sent: Thursday, March 24, 2016 9:12 PM
To: Holstein, Patricia A
Cc: Dr. Shawn Sette
Subject: Proposed Rule Change, Veterinary Standards of Practice

West Virginia Board of Veterinary Medicine,

I am writing to comment on the proposed rule changes within the Standards of Practice Act.

I am concerned regarding the statement on page 1, new 2.3, which defines dental operation being done under anesthesia. This infers that there are procedures that can be done without anesthesia. I believe this leaves too much room for procedures to be performed by lay people. Dental cleanings cannot, in my opinion, be performed safely, humanely, or properly in an awake animal. The American Veterinary Dental College speaks against anesthesia free dental cleanings. Although I am a small animal veterinarian, I believe this would also impact equine welfare by allowing non-veterinarians to float teeth.

I would like clarification on 5.3 d. Is this written documentation regarding the drug or is the label on the medication considered sufficient?

Section 7.1.c.6 states that the veterinarian must provide a way for a client to obtain advice on a 24 hour basis after a surgical procedure or treatment. Perhaps a time limit can be set on this. A single practitioner, or even a multiple doctor situation, cannot be available for consult at all times. Certainly we should be available for follow up or offer other options, but an emergency clinic is not available in all areas of our state and it would be difficult for an individual to be available for consult continuously.

7.1.d.3 Define sterilization. I do not believe it is standard of care for dental instruments to be autoclaved.

7.1.c.3.a. Clarification of backup emergency lighting

Thank you so much for the opportunity to submit comments.

Kim Smith, MS, DVM

March 30, 2016

Holstein, Patricia A

From: Sherry Blenden <sherryblenden@gmail.com>
Sent: Wednesday, March 30, 2016 9:40 PM
To: Holstein, Patricia A
Subject: Comment regarding changes to WVBM practice act

I agree with West Virginia Board of Veterinary Medicine's proposed rule changes to the Standards of Practice Act 26-4-1. However, I propose one additional change in the new section 5.1.c.1 which states "A group of farm animals of one species under single ownership may be considered a single entity."

I propose that the section instead read "A group of animals of one species under single ownership may be considered a single entity."

Eliminating "farm" eliminates confusion about the definition of farm animals as some species are both 'farm animals' and companion animals (ie horses, goats, etc). Also and more importantly, allowing a broader definition allows veterinarians to treat and set protocols legally for animals of one species that are owned by single rescue/pound/shelter. This allows herd management of other species besides 'farm' animals that are being housed in herd management situations and will improve veterinary care and protocols at animal shelters with limited resources. In other words, a shelter can have a regular relationship with a veterinarian that makes regular visits to manage the shelter animals thus establishing a VCPR very similarly to a large-animal veterinarian providing care for a commercial dairy cow operation. I feel strongly that species other than 'farm animals' are frequently housed in herd management situations and will strongly benefit from the same level of veterinary care that is afforded to the more obvious farm-animal herd situation.

Thank you,

Sherry Blenden, DVM
WV 01-2009
sherryblenden@gmail.com
304-703-4602

April 3, 2016

Holstein, Patricia A

From: rlechliter@yahoo.com
Sent: Sunday, April 03, 2016 7:09 PM
To: Holstein, Patricia A; jdavis@wvma.org
Subject: Proposed Rule 26-4-12.1

Dear WVBVM Chairman and Members:

After reviewing the proposed rule changes, I am concerned that the number of permitted Rabies Clinics in 26-4-12.1 would cause Mineral County to face the danger of a great number of unvaccinated pets. Currently, I am President of the County Commission and Chairman of the Board of Health. Previously, I was the County Veterinarian and was the clinic vaccinating veterinarian for 19 years. Currently, Mountainview Veterinary provides the veterinarians for our many clinics. Last year, 10 clinics were held around the County, and this year we have already prepared for eight. There was a time in the mid 1990's that Mineral County retained me for 18 clinics, when we tested multiple dogs positive for Rabies. Even though we now have two Veterinary Facilities in Mineral County, a proactive Health Department informing citizens of the importance of complying with the Rabies Vaccination Law and Animal Control Officers who write tickets to noncompliant pet owners that carry stiff fines and enforce strict confinement orders of suspected rabies exposed pets, without these clinics, many Mineral County pet owners will not have their pets vaccinated as they do not use the services of the veterinarians in and around our County.

In conclusion, please reconsider this number restriction, to allow each County to hold the number of clinics they believe necessary, for compliance of vaccinated pets and the protection of the owners and the general public of each County. Thank you for your consideration of this rule change.

Most respectfully, your former Facilities Inspector, Dr. Richard A. Lechliter, DVM
PO Box 1320, Ridgeley, WV 26753 cell2402918431 rlechliter@yahoo.com
Mineral County Commission, 150 Armstrong St., Keyser, WV 26726 3047885921

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Walker



March 28, 2016

To: West Virginia Board of Veterinary Medicine
5509 Big Tyler Road, Suite #3
Cross Lanes, WV 25313

RE: Proposed Rule Changes 26-4-1 Standards of Practice

I am writing to submit comments on the recent suggested revisions to the Standards of Practice. I have been licensed and practiced in West Virginia since 2005. For the last ten years I have practiced as a solo ambulatory large animal practitioner serving Randolph, Tucker, Pocahontas, Upshur, Barbour and Preston counties. In 2015, I expanded the practice and opened a large animal haul-in hospital and small animal hospital in addition to the ambulatory service. I am extremely alarmed by some of the proposed changes in the practice act and I am equally concerned about the haste to which this has been presented for practitioners to respond.

1) Section 2.23 (2.23) - Regarding the definition of "dental operation"

The proposed revision to the definition of dental procedures is unnecessary and certainly not in the best interest of animal welfare. Standards of practice proposed by both the American Veterinary Medical Association and the American Association of Equine Practitioners advocate sedation and anesthesia as necessary for complete and thorough oral exam, let alone treatment of pathology. Preventative care such as occlusal equilibration ("floating") in equines should be limited to veterinarians only. Scaling and polishing in companion animals should also be limited to qualified technicians under direct supervision of a veterinarian. It is imperative to point out that the preventative care or maintenance procedures are only part of the complete oral exam. Indeed, an equally important or more important portion is conducting an oral exam to search for pathology such as gingival pockets, diastemas, fractures and oral tumors. In human medicine, a "routine dental cleaning" by a licensed hygienist would never be considered complete without and exam by a licensed dentist.

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Comments
1/2/14
Walker

Suggesting that dental procedures could or should be done without sedation, appropriate analgesia or anesthesia is inhumane and below the current standard of care. I routinely perform advanced dentistry on horses. As part of my procedure, horses will first undergo a complete physical exam. Sedation, including opiates, is given to facilitate a complete oral exam and occlusal equilibration. If extraction or other potentially painful procedures are anticipated, additional pain medications are administered and if able, a local anesthetic nerve block is administered. Frequently I will see pathology in the caudal oral cavity that has not been addressed because sedation and full mouth speculum were not employed for a complete oral exam. There is no possible method by which I could safely, humanely and completely examine the oral cavity of the horse without appropriate sedation.

I would propose that the definitions of "dental operation" remain unchanged from the previous rules as described in 2.2a and 2.2b. In addition, I would propose that equine dentistry must be completed only by a licensed veterinarian as this is the only way to ensure that the animal is appropriately sedated and examined completely and thoroughly.

2) Section 2.57 (2.57)

Remove: "Alternatively, an animal may be placed in a suitable home or animal shelter, which shall not include any home or shelter which engages in animal experimentation or, by sale or otherwise, makes animals available for the purposes of animal experimentation."

This sentence irrelevant to the definition of "humane disposal." There is no need to make an alternative suggestion.

3) Section 2.89(2.89)

Remove: ".....or other licensed provider."

Who besides a veterinarian is considered a "licensed provider?"

4) "Limited Veterinary Practice"

Section 2.10 & Omitted Section 2.11

New Section 26-4-8.1

Your definitions and requirements of "Limited Veterinary Practice" do not take into consideration the special circumstances of large animal ambulatory practice. These definitions must be revisited in their entirety. Forcing impractical standards as defined by rule 26-4-7 on large animal ambulatory practitioners will only result in cessation of these services altogether.

5) Section 7.1.b Anesthesia/Ventilation Services

Large animal veterinarians routinely perform general anesthesia in the field for routine procedures such as castrations. This general anesthesia is accomplished through a combination of sedation, analgesia, local anesthetics and injectable anesthetics. It impractical to require a large animal ambulatory veterinarian to administer supplemental oxygen (section 7.1.b.1.A), provide inhalational anesthesia with scavenging system (7.1.b.1.B), or provide assisted ventilation via resuscitation bags and endotracheal tubes.

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6) Section 7.1.c Surgical Services

Large animal veterinarians routinely perform surgical procedures in a field setting. Requiring a surgical suite (7.1.c.3), surgical lighting (7.1.c.3.A), a surgery table (7.1.c.3.B), suitable walls and flooring (7.1.c.3.E) is certainly not practical for any farm, stable or barnyard where by nature surgery in Farm Call practice takes place.

In addition, section 7.1.c.5 requires use of sterilization indicators which work only with ethylene oxide gas or pressurized steam sterilization methods. Many instruments used in large animal medicine are simply too large for these types of sterilization. Therefore, cold sterilization is still utilized where appropriate. Section 7.1.c.5 should be omitted.

7) Section 8.2 Regarding mandatory standards of limited practice

This statement is nonsensical and should be removed. It would be unnecessary and impossible to list all services not offered by particular practice. This offers no advantage to the patients or clients.

8) Section 8.3 Regarding mandatory standards of limited practice

This is an unreasonable and unnecessary requirement. Advancements in technology facilitate many services on the farm without the need of a building. For ten years, I have operated my ambulatory large animal practice without an affiliation with a brick and mortar practice. Cases requiring care not available by my practice were offered referral to secondary and tertiary institutions such as Virginia Maryland College of Veterinary Medicine. For ten years, I was available to my clients any time 24 hours a day, 365 days a year with rare exceptions when I was travelling for continuing education. When I would travel I would make several provisions to my clients including: provide information on a phone message and social media directing clients to a neighboring practice or referral center in my absence, answer the phone myself to triage cases and provide referral information, paid a technician to answer the phone and provide referral information. I would argue that my availability to my clients and patient's needs has and still to this day, exceeds many small animal practices that close at 5 PM and refer to emergency clinics.

This requirement would restrict a veterinarian's ability to make a living in a free market. Established practices would have unreasonable control over new developing practices in the area by refusing to cooperate with an affiliation. Ultimately, this would prevent competition and result in a monopoly by the established practice, which is certainly not beneficial to the animals.

9) Section 2.12

By definition the act of sedation is "administration of a drug to induce a state of calm or sleep". This definition should be modified to indicate the sedation can occur only with administration of a drug.

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April 9, 2011
pg 4 out of
10 pages

10) Section 3.15

I realize that the WV Board of Veterinary Medicine only governs licensed professionals and not unlicensed lay people. However, it seems ironic that a lay tooth fairy may refer to themselves and advertise as an "equine dental specialist or equine dentist" with no consequence. This is confusing to clients, even those that are well educated. It would seem that since there is a newly designated board specialty for equine veterinary dentistry, that it would be illegal at worst and misleading at best for a non-boarded lay person to advertise as an "equine dentist, equine dental specialist, or equine tooth specialist". I would suggest that these titles be highly protected like "nurse" is highly protected in the human counterparts. I would propose changes in the board definitions to protect clients and more importantly horses from the whims of a tooth fairy.

11) Section 3.7 Accreditation

This rule should be removed entirely. USDA Accreditation is an adjunct special certification for specific USDA procedures. It is not required to practice veterinary medicine and has no bearing on a veterinarian's ability to practice medicine.

12) Section 4.2

A fourth designation of House call or Farm call practice should be included here. Per your prior definitions of mobile practice, it is not common for a large animal facility to move from farm to farm to provide service.

13) Section 5.1.g

"and provide refrigeration exclusively for carcasses of companion animals that require storage for 12 hours or more"

This is unnecessary. In our practice, we do not keep carcasses. For small animal carcasses, owners must pick them up or they are sent for immediate cremation at the owner's expense. Large animals are either picked up by the owner or a qualified disposal service.

14) Section 5.3.j

This must be modified. The current wording implies that all prescription refills must be refilled up to one year, regardless of the number of authorized refills available. Prescriptions should be refilled up to one year or for the maximum number or authorized refills, whichever occurs first.

15) Section 5.4 & 5.4.a

This section should be moved and redefined under requirements for each type of practice. It would be reasonable to require "full-service stationary" hospitals to have basic in-house laboratory equipment as defined by the section 5.2.h that was omitted. It would be prudent to define minimum standards for mobile practice as well.

16) Section 4.5 – 5.10

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C. Walker

This is very confusing to follow. There are no references to items that are moved to different sections. I would like to review this section again after 1st draft revisions to ensure that important factors have not been omitted.

17) Section 4.7a Dental Operations

Please see Item 1 in this document. As noted in my earlier comments on dental operations, it is imperative that this rule remain in force either here or listed in another section.

18) Section 4.8 Embryo Transfer

This procedure should only be conducted by a licensed veterinarian. This procedure requires extensive knowledge of the equine reproductive cycle, technical expertise in conducting and interpreting ultrasound, technical expertise in completing the embryo recovery and implant safely and successfully, and use of multiple prescription medications. It would be a great disservice to the welfare of the animal to remove this from the practice act. What is the board's reasoning for omission of this from the practice act?

19) Section 12.1

This rule should be removed. The entire purpose of a mobile veterinary practice is to provide services to areas where there are no other veterinary services available or in instances where animals may not be safely, comfortably or practically transported to facility. It is often impractical, inefficient and not cost effective for facilities to send doctors and staff out of the facility to offer these clinics. This rule would ultimately result in fewer vaccination clinics, and fewer preventative rabies vaccinations which is certainly not in the best interest of public safety.

20) Section 12.2

This is confusing and should be re-worded. I would suggest re-stating "A veterinarian must be present to administer or directly supervise vaccine administration by a registered veterinary technician at all immunization clinics.

As I review the practice act and the suggested revisions, I do not see any reference to ancillary services that are becoming more common in veterinary medicine. Chiropractic, acupuncture, equine podiatry, laser therapy, shockwave therapy and other forms of alternative medicine are becoming commonplace as adjunct treatments in progressive veterinary practices. In addition, the internet and particularly social media have provided a venue for underqualified unlicensed lay people to easily advertise and solicit business for these same alternative therapies on a "black market". It is imperative that the board be proactive and address these modalities as the practice of veterinary medicine to protect the safety and wellbeing of patients and owners.

It would be prudent for the board to revisit the continuing education requirements as well. The current requirements of 18 hours annually do not encourage veterinarians to seek out education at larger national meetings. Most national meetings provide a minimum of 40 hours of continuing education. I would

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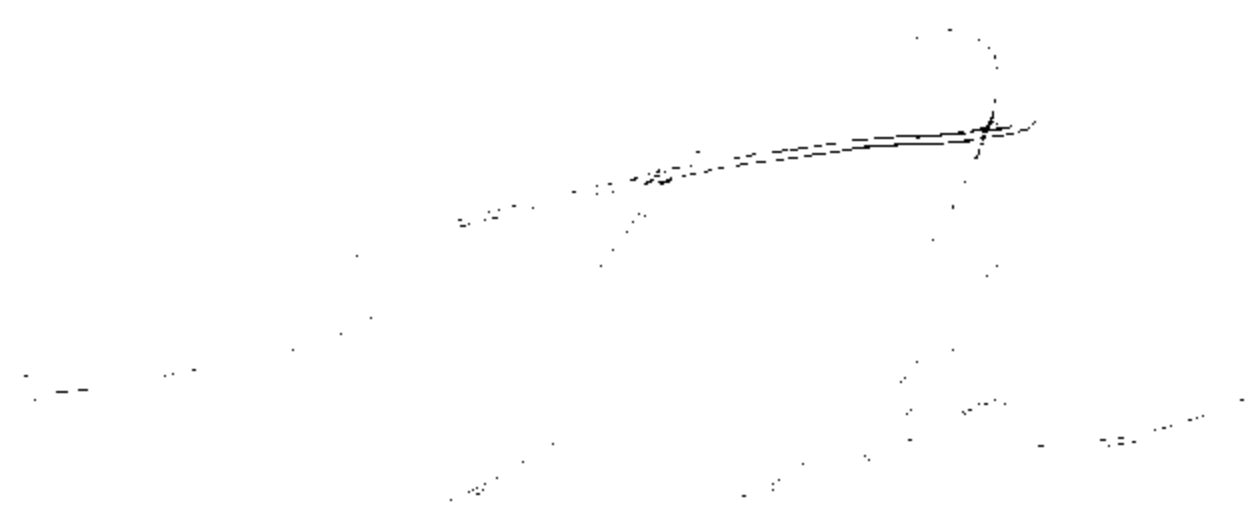
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suggest a modification of the requirement to 36 hours of required continuing education bi-annually. This would encourage veterinarians to attend local meetings annually and a national meeting every two years.

Thank you for considering my comments in the practice act revision. I look forward to seeing the board make changes that promote improved veterinary practice in the state and ultimately protect and benefit the animals for which we care. I am happy to discuss further any of the issues I have highlighted in this document. I look forward to discussing them on April 17th. Please feel free to contact me at (304) 614-8363.

Respectfully,



Tracy R. Walker, DVM
Practice Owner
WV License 25-2005

Cc: Dr. Shawn Sette
Dr. Keith Berkeley

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APR 05 2016

PS (copy)
JMA

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West Virginia Board of Veterinary Medicine

5509 Big Tyler Road, Suite #3

Cross Lanes, WV 25313

March 24, 2016

RE: Proposed Rule Changes 26-4-1 Standards of Practice

Dear WV Board of Veterinary Medicine,

I am an Equine Ambulatory Practitioner. Recently, I received a post card from your office notifying me of proposed rule changes to the Standards of Practice of Veterinary Medicine in WV. As directed by the postcard and with a significantly limited time frame, I reviewed the proposed changes from the WV Veterinary Board's website – wvbvm.org. As a currently licensed veterinary practitioner in WV (since 1993), I respectfully disagree with some of the proposed changes and find that some of the amendments not only deny me the legal ability to practice veterinary medicine in this state but instead gift my rights as a licensed veterinarian to those persons that have never graduated from a veterinary school (lay persons). I am at best, vexed regarding the intentions of the veterinary board to limit the practice by many of the Large Animal, Equine and Ambulatory veterinarians licensed in WV and find that many of the proposed changes of the Standards of Practice are egregious if not illegal.

The Annotated Code of WV - VETERINARIANS

30-10-3 (u) states: Veterinarian means a person who is licensed to practice veterinary medicine under the provisions of this article.

30-10-3 (e) states: Business entity – is a firm or partnership association, company, corporation, limited partnership or LLC or other entity performing veterinary medicine, veterinary technician, or animal euthanasia technician.

30-10-3 (o) states: The practice of veterinary medicine means to diagnose, treat, correct, change or relieve or prevent any disease, deformity defect, injury or other physical or mental condition of any animal or to prescribe for or to administer any animal any drugs, medicines, biological apparatus application, anesthetic or other therapeutic or diagnostic substance or technique, or to render advice or any recommendation with respect to any of the foregoing.

Per the Annotated Code of WV, I meet all the requirements of a licensed practicing veterinarian with no labels or limitations to the scope of my practice. My practice is a legal stand-alone business entity. As a WV licensed veterinarian, I comply with the definition of the practice of veterinary medicine as stated in code 30-10-3-(o).

Capital Studies
#3 2014
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My objections to the proposed rule changes are as follows:

1. (2.5) "Full-service practice" means a facility that provides both medical and surgical services for small or large animals, or both.

(2.10.) "Limited veterinary practice" means a stationary or mobile practice which does not meet all of the requirements of a full-service practice. These types of practices are required to meet all minimum standards set forth in W.Va. Code R. §26-4-8. et seq.

~~(2.10.) "Mobile veterinary practice" means that form of clinical veterinary practice that may be transported or moved from one location to another for delivery of service. Mobile veterinary practice may be general service or limited service.~~

My mobile veterinary unit (Bowie unit) has hot/cold water, refrigeration, adequate lighting both on and off of the truck, my instruments and surgical gowns/gloves are sterilized, my records are completely computerized and can be accessed from any mobile device (phone, pads, laptops), and my x-ray/ultrasound units are digital and portable. My "office" is the truck cab. If the Board is uninformed and unfamiliar with a mobile veterinary insert, then I invite the Board to inspect my practice/truck at your convenience.

§26-4-8. Limited Practice - Mandatory Standards

2. (8.1.) All limited practices shall meet the same mandatory standards as described in section §26-4.6 and §26-4.7 for full service practices for any services that they perform.

The term "Limited Practice" does not exist under WV law. The WV code sections as cited above do not include any limitations on the practice of veterinary medicine. The rule-making authority as set forth in 30-10-6 does not authorized the Board of Veterinary Medicine to change the definition or nature of veterinary practice as set forth in the WV Code. A change such as the Board is attempting to promulgate would of necessity, require an act of the WV legislature. The Board is exceeding its' authority for rule-making and is attempting a substantive change in the WV law. Per your directive, there is no difference in the mandatory standards of the Limited verses Full Service Practice. Assessing the title of Limited Veterinary Practice to an ambulatory practitioner will baffle the public and assign limitations to the practitioner's services. It is the ambulatory practitioner that serves many of the rural areas of West Virginia. Often, these dogs and cats are referred by us (ambulatory practitioner) to a small animal clinic or referral center for further diagnostics or treatment.

3. (8.2.) A list of services not provided shall be posted in a place conspicuous to the public at the establishment where veterinary services are being provided.

This change is nonsensical and has no merit.

4. 8.3. All house call practices that are not extensions of a stationary veterinary practice shall have written affiliation with a veterinary practice in the same region of this state or surrounding states.

I often administer annual and rabies vaccinations to farm dogs and cats. In addition, I perform approximately 75 in-home small animal euthanasia services annually. This is a necessary (non-transportable pets), requested and desirable service offered by my practice. Most of the

April 5, 2014
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euthanasia appointments are per referral from small animal practices. Why should I affiliate myself with any small animal clinic? Instead, I propose that all small animal clinics associate themselves with a large animal ambulatory practice.

4.7. Dental Operations

~~5. 4.7.a. All dental operations shall be carried out by a licensed veterinarian, technician or veterinary assistant under the general supervision of a licensed veterinarian.~~

~~4.7.b. Nothing in this rule prohibits any person from using cotton swabs, gauze, dental floss, dentifrice, toothbrushes or similar items to clean an animal's teeth.~~

~~2.2.b. Preventive dental procedures including, but not limited to, the removal of calculus, soft deposits, plaque and stains or the smoothing, filing or polishing of tooth surfaces.~~

When I call the Board office to complain on a nomad lay dentist, the employees of the Board ingeminate that "the Board is charged with protecting the public and they have no authority to enforce non-veterinary practice". WV Code 30-10-5: states the Powers and Duties of the Board to investigate violations. Dentistry (small and large animal) is a national veterinary board certification. Therefore, any invasion into an animal's mouth for the purpose or treatment, diagnosis, manipulation, adjustment or prophylactic services should only be performed by a licensed veterinarian or under the direct supervision of a veterinarian. The WV Vet Board should not have the authority to supersede this veterinary provision. Instead, it is the Board's charge to investigate and charge any non-veterinarian for practicing such acts. It is illegal to practice medicine, law, dentistry as well as other professions in this state without appropriate licensure and those offenders can be prosecuted. The same structures should apply to veterinary medicine. You are NOT protecting the public by allowing dentistry to be practiced by non-veterinarians. Not only are these lay dentists not trained in equine dentistry and actually injure some of the horses, these persons are administering sedatives (dangerous by a non-veterinarian), most are out-of-state residents and none have WV business licenses nor are they paying WV taxes. When a veterinarian calls the Board and lodges a complaint against a lay dentist, the Board has the charge to inform the police that a lay-person is impersonating a veterinarian and is practicing without a license.

4.8 Embryo Transfer

~~6. 4.8. Embryo Transfer. Only a licensed veterinarian may perform the procedure commonly known as an embryo transfer.~~

Embryo transfer requires the hormonal manipulation (through various drug injections) of a livestock or horse's reproductive cycle. In addition, embryos require grading and if transferred out of state, an accredited veterinary signature on health papers. In all aspects, embryo transfer is the practice of veterinary medicine and should only be performed by a licensed veterinarian.

§26-4-3. General Professional Ethics.

~~7. (3.7.) Maintenance of accreditation. A licensed veterinarian whose accreditation has been revoked by state or federal authority is subject to disciplinary action by the Board upon proof of removal of accreditation by that authority.~~

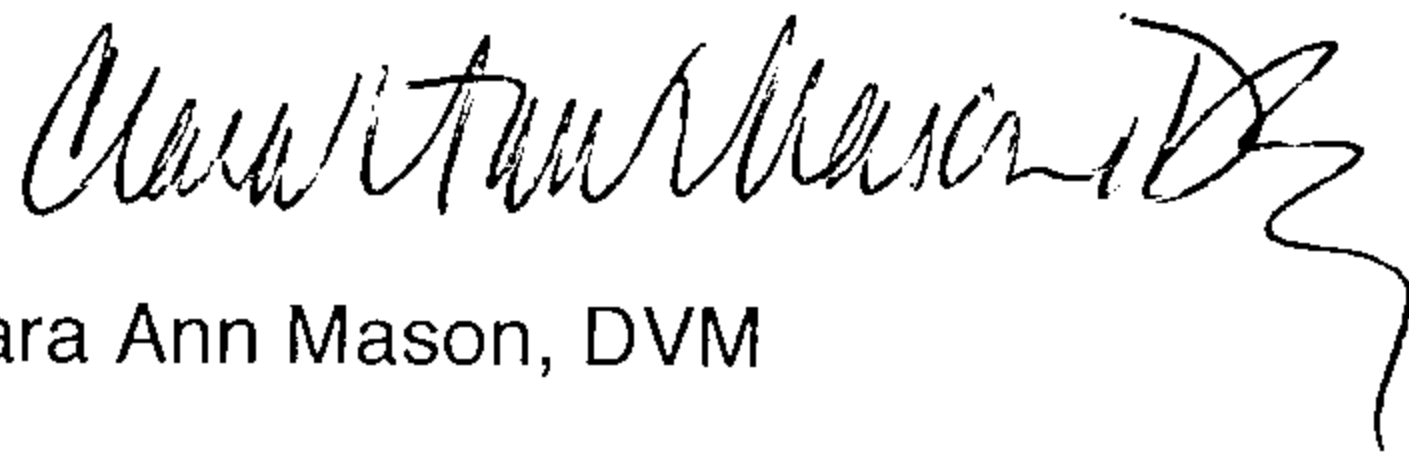
Though my accreditation status is current and in good standing and I have never been subject to suspension or disciplinary actions by the USDA, I argue that the Board has no jurisdiction to take disciplinary action against a veterinarian that has his/her accreditation revoked. In order for the applicant to reapply for accreditation, he/she must have a current state license. If you discipline a

Clara Ann Mason
is going
Mason

veterinarian, the Board will have successfully hobbled his/her attempt to reapply. If the Board assumes the responsibility of issuing disciplinary action against a veterinary license based on an accreditation complaint, the state of WV will be legally liable if the revocation becomes overturned on appeal. This is beyond the scope of jurisprudence for the vet board.

Finally, as stated by WV Code 30-10-5, the powers and duties of the WV Board of Veterinary Medicine are primarily administrative and do not bestow automatous authority to define and restructure the practice of veterinary medicine. Subduing ambulatory practices is not within the tasks or scope of the Board. Ambulatory practices provide services to many of the counties in WV that do not have a resident veterinarian. Furthermore, in a state with two horse racetracks, an impressive bevy of World Champion American Saddlebreds and Quarter Horses, FEI level dressage horses and many other genres of horse disciplines, the equine industry generates more than a half billion dollars annually. Equine ambulatory veterinarians are germane to this industry. Clearly, with all of the proposed changes to the Practice Act, the WV Board of Veterinary Medicine is attempting to illegally change and model the Practice Act toward the benefit of small animal practitioners. Sadly, the Board is archaic in their collective understanding of Ambulatory, Large Animal and Equine Veterinary Medicine and Surgery in the 21st century and provides limited support to this group of practitioners.

Sincerely,



Clara Ann Mason, DVM

WV#9324

April 7, 2016
ps 1046
Seiler

To: The West Virginia Board of Veterinary Medicine
5509 Big Tyler Road, Suite 3
Cross Lanes, West Virginia 25313

From: George R. Seiler DVM
1745 Mileground Road
Morgantown, West Virginia 26505

April 7, 2016

Comments on proposed changes to West Virginia Legislative Rule Title 26 Series 4
Standards of Practice:

Underlined- WVBVM revised language

~~Single Strike through-~~ WVBVM revised deletion of original document text

~~Double Strike through-~~ omitted from revised WVBVM document by myself

Blue type- added to revised WVBVM document by myself

Add- 2.10.c. "Immunization clinic" means a veterinary clinic set up in a temporary location for the administration of vaccinations and limited veterinary services.

Add in section 26-4-2. Definitions A definition for "healthcare provider" as referenced in proposed section 26- 4.5.3.a. - A ~~veterinarian~~ veterinary healthcare provider shall not prescribe, dispense or administer any legend drug-----

26-4-2.7 "Healthcare Provider" For the purposes of this Series "Healthcare Provider" shall mean any person or entity providing or enabling the provision of the healthcare needs of animals. It includes, but is not limited to: veterinarians, registered veterinary technicians, veterinary assistants, veterinary staff, prescription providers, and any individual or entity involved in providing healthcare needs or transportation to healthcare facilities for animals.

2.23 "Dental operation" means: the application or use of any instrument or device to any portion of an animals tooth, gum or any related tissue for the prevention, cure or relief of any wound, fracture, injury, disease or other condition of an animals tooth, gum or related tissue under sedation or anesthesia.

Comments: Limiting the definition of "Dental Operation" to animals exclusively under sedation or anesthesia may lead lay individuals to practice veterinary dentistry with no sedation or anesthesia when the patient needs sedation or anesthesia to limit pain. Many (most) conditions in veterinary dentistry cannot be properly treated without sedation and anesthesia. The American Animal Hospital Association and the American Veterinary Dental College recommend that all professional small animal dental cleanings be under anesthesia- it would be a

April 8, 2016
Pg 2 of 6
Sullivan

disservice to the public if lay individuals advertise that they do “anesthesia free” dental cleanings that fail to properly clean the animal’s teeth and gingival recess. Lay individuals may be encouraged to extract teeth without pain relief or with limited local numbing of the gums-which would lead to animal suffering. Lay individuals do not have the proper training in veterinary disease recognition to practice veterinary dentistry.

Suggested wording: “Dental operation” means: the application or use of any instrument or device to any portion of an animals tooth, gum or any related tissue for the treatment of any disease process, cure or relief of any wound, fracture, injury, disease or other condition of an animals tooth, gum or related tissue. ~~under sedation or anesthesia.~~ Application of a dentifrice, toothbrush, toothpaste, tooth whitening product, dental flossing with a fiber product, or any other procedure which does not alter the tooth, gingival, gum or bone structure shall not be considered a “dental operation”.

3.16 Boarding to boarding

3.8 Responsibility for acceptance of medical care. A veterinarian shall decide what ~~medical~~ cases will be accepted ~~in his or her professional capacity,~~ and what course of treatment will be followed ~~once a patient has been accepted.~~ The veterinarian is responsible for advising the client as to the treatment to be provided. In the event the veterinarian chooses not to provide services or discontinue services the client shall be notified from the contact information provided.

Suggestions: omit medical- omit professional capacity. The veterinarian may have the professional capacity to treat a case, but may choose not to treat a case by the abusive nature of a particular client.

3.13 Honesty, integrity, and fair dealing. A licensed veterinarian shall conduct his or her practice with honesty, integrity, and fair dealing to clients in time and services rendered. ~~and the amount charged for services, facilities, appliances, and drugs.~~

The amount charged should be left to free trade. It is already covered in the “fair dealing” statement. Adding the burden to determine the amount to be charged to a client in a particular case by the Board of Veterinary Medicine is unwarranted. The Board would then have to stipulate what “fair fees” are.

4.8. Embryo Transfer. Only a veterinarian may perform the procedure of embryo transfer. Leave this section in the standards- this is a highly specialized procedure to be performed by trained and skilled veterinarians.

Capital District
PS 3016
Salem

5.1.b. A veterinarian shall preform all aspects of veterinary medicine in a manner compatible with current veterinary medical practice of the region.

5.1.i. All equipment in patient use shall be maintained in working order within manufacturer guidelines.

5.2.b. The ~~veterinarian who owns the facility~~ practice owner shall keep and maintain current patient records on the business premises for a period of 3 years beyond the last patient visit and the records are the responsibility and property of the owner of the veterinary practice. If the practice is closing or being sold and the location of the practice moving, clients shall be notified a minimum of four weeks prior to a permanent practice closing or moving as to how they may acquire a copy of their patient records on their animal(s). Records must be made available for client retrieval at convenient accessible times for a period of no less then one month.

Facility owner may be different from practice owner.
Practices sold and staying at the same location would not need client notification.
Specified time period for record retrieval.

5.33.g. All repackaged legend drugs dispensed by the veterinary dispensary or healthcare provider shall be labeled with the following:

5.4.a. Each practice shall maintain laboratory services using either an in-house and/or an outside laboratory in order to meet the current standards of care for the profession.

~~5.3.h.4. The dosage of the medication, if applicable;~~

I would leave this information to be addressed in the medical record. It adds another line on an already extended controlled substance log entries.

5.3.j. Prescriptions may be refilled for up to one year from the examination at the prescribing veterinarians discretion. After 1 year, the patient shall be re-examined before an additional prescription is ~~written~~ validated.

If it is worded with just "prescriptions may be filled for one year" clients may construe that to mean they are entitled to refills for one year without a veterinary examination- even if the veterinarian needs to examine the animal to meet current standard of care guidelines.

5.2-6.1.b2. Immediate-Convenient access to a sink with hot and cold running water ~~and~~

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2014
Section

6.2. Limited and full service large animal practices are required to have facilities or access to facilities that meet standards of care for that particular species. Instrument cleaning, sterilization, drug and equipment storage needs.

Mobile large animal practices do not need facilities to house the species they serve.

7.1.a.2. All radiographs in any format shall have a permanent identification bearing the clients name, the patients name and the date, and either left or right markers. Left and right markers are recommended.

Occasionally animals will kick the intended marker off the film or plate. Making the marker an obligation will add unneeded radiation exposure to the patient and staff.

7.1.b.1. Anesthesia/Ventilation Services required require the following equipment:

7.1.b.1.C. Support equipment required for the delivery of assisted ventilation including resuscitation bags of appropriate volumes, or equivalent and an assortment of endotracheal tubes of various sizes for each species serviced.

Many veterinarians use the rebreathing bag from their anesthesia machine or an automated mechanical ventilator rather than a resuscitation bag for patient ventilation support and rescue.

7.1.c.2.B. A veterinarian shall wear clean clothing, and Sterile gloves shall be worn with each individual patient. A sterile surgical gown with long sleeves is recommended.

7.1.c.6. The veterinarian shall provide a method for the client to obtain advice emergency veterinary services pertaining to surgical and post treatment problems on a 24- hour basis after the animal is released to the owner or agent following the completion of the surgery or treatment. Veterinarians, staff or designated Emergency Veterinary Facility must respond to client inquiries within a reasonable length of time from contacting the veterinary facility. Veterinary facilities or veterinary service providers that do not provide 24- hour emergency service to patients must have a written agreement with a facility in the county or adjoining county in which the services were provided to provide 24- hour emergency care for their patients when they are not available to provide emergency services. If such services do not exist the veterinary provider may get an annually renewed written waiver of service approved by the Board.

Capital Budget
PJ Scott
Section

Do not like the word "advice", clients may perceive the word advice as verbal advice over the phone and demand the veterinarian give them verbal advice- if verbal advice is incorrect the veterinarian may be held liable for giving the incorrect advice without a patient examination. Most "advice" is given after an examination. Advice doesn't treat a patient with an immediate surgical need.

Clients and patients need to have emergency care provisions- especially after surgical procedures.

8.4 In the case of limited and mobile veterinary practices emergency 24-hour services must be provided within the county or adjoining county from where the services were provided. If the veterinarian performing the services is not available to provide 24 emergency veterinary services then they must have a written agreement with a veterinary provider that will provide 24-hour emergency services in the county or an adjoining county where the services were provided. Veterinarians, staff or the designated Emergency Veterinary Facility must respond to client inquiries within two hours of contacting the veterinary facility. If such services do not exist then the veterinary provider may get an annually renewed written waiver to not provide such service approved by the Board.

~~6~~11.1. Change Boarded to boarded

12.1. ~~Community service immunization~~ Immunization clinics shall be operated by a veterinarian licensed by the Board who has a licensed facility in the county or adjoining county where the clinic is being held, or a veterinarian with a written agreement with a full service veterinary facility in the county or surrounding counties providing 24 hour client/ patient response who will care for any emergencies after the immunization clinic has closed. ~~These immunization clinics, not being held in a veterinary facility, can only be held periodically in a non-clinical location and are not to exceed twice a year.~~ Veterinarians must have lifesaving emergency drugs and equipment on site to handle any adverse patient reactions. Equipment shall include but not limited to endotracheal tubes of sufficient sizes, a method for emergency resuscitation. Portable oxygen supplementation availability recommended.

12.2. Immunization clinics providing immunizations other than rabies vaccinations, vaccinations and other services shall be administered by a veterinarian, a registered veterinary technician or veterinary assistant directly supervised by ~~that~~ the veterinarian.

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Seiler

26-4-13 Non-Typical Emergency and Disaster Situations: Temporary Waiver of Standards of Practice

13.1 In the event of a natural disaster or local malfunction of utilities, veterinary practices may temporarily operate their businesses outside of these standards of practice if the veterinarian makes amends to alleviate as much as possible the problems associated with the temporary loss of facilities, utilities or transportation. All efforts are directed to keep patients safe while continuing to provide needed veterinary and lifesaving services. Every effort will be made by the practice owner to bring the facility into full compliance with the standards of practice as quickly as possible.

26-4-14 Transportation of Animals for Veterinary Healthcare Purposes

14.1 Veterinary healthcare providers providing transportation of animals for healthcare services shall do so in a safe and sanitary manner. All companion animals shall be housed individually in a clean compartment with adequate ventilation, climate control and sanitary bedding. Animals shall be ambulatory after anesthesia before they are transported. If the animals are transported greater than one county the healthcare provider must have a written agreement with a veterinary facility in the county or an adjoining county of the animals residence to provide 24 hour emergency veterinary care after medical or surgical services are provided.

Thank you for your time and consideration of these suggestions.

Respectfully submitted,

George R. Seiler DVM

E- mail

US mail

APR 08 2016

4-6-14
Perry



PERRY'S ANIMAL HOSPITAL

112 E. DUPONT AVENUE

BELLE, WV 25015

TELEPHONE: (304) 949-2744

To whom it may concern

In Review to the standards of practice (2014) 7.1.B.2, we have seen a personal injury being brought, and many to detail such things as the 4 questions will make things more difficult when dealing with aggressive and or fractious dogs. There is a lot of time and money involved. Many of the patients I deal with are afraid to go to the vet because of the pain. That detail over will require staying at home and not being able to work.

In regards to 7.1.B.3, to ensure every animal to be individually monitored while receiving their anesthesia, not while receiving the surgery, and the animal is not being attended to. I have seen many of these animals that are being attended to during surgery and I would imagine that many of these animals are not being attended to during surgery. It is very important that we have an expert in every animal that we are taking to the surgery.

This will be a very difficult one to deal with, but to actually make an individual animal be best protected, especially when anesthesia is used, it would be best to have a specialist.



PERRY'S ANIMAL HOSPITAL

112 E. DUPONT AVENUE
BELLE, WV 25015

TELEPHONE: (304) 949-2744

April 23, 1974
11:45 AM
Perry

We must always balance the welfare of
our patients with financial and personal considerations.
I am sure you will understand. It will have
an alternative to change a great deal more of my
views.

We are losing many patients of tomorrow
and having many who today. My practice does not
have a number of healthy to be connected to affect
the practice. I am already receiving 50 services

Sincerely,

Ed. Perry
Perry's Animal Hospital

April 8, 2016
As I can see
Sincerely

309 Bolyard Rd.
Harman, WV 26270

April 8, 2016

Patritia Holstein
West Virginia Board of Veterinary Medicine
5509 Big Tyler Rd. Suite 3
Cross Lanes, WV 25313

Ms. Hostein:

I am writing in response to the proposed rule changes to Section 4 of the Standards of Practice Act by the West Virginia Board of Veterinary Medicine.

I am primarily a mobile large animal practitioner in WV. I am very concerned with the proposed changes because they are vague and unclear as to how they are going to affect my practice. I also think they are very likely to encourage laymen to pursue careers in veterinary animal health.

For example, Rule 2.23 states that dental operation will incorporate most to all dental procedures but only under sedation or anesthesia. So my confusion is, does this mean its ok for laymen to provide dental care to animals as long as they are not utilizing sedation/anesthesia? If so, this is unacceptable. I have experienced first-hand the devastating damage an undereducated individual can create by providing "dental care". As a result, once the damage is done they have no means to correct the problem or provide follow up care because they aren't qualified. Therefore, animals suffer. I'm not ok with this.

Rule 2.10 I'm not sure how to interrupt this one all the way around. Where do we qualify as large animal mobile practices? Are we no longer going to be considered general service? If so, again, this is unacceptable. I practice, as well as many of my colleges, in very rural areas. We have to be able to provide any and all care to animals on the farm because often my clients have no way to transport animals. A lot of them are so far removed from haul in facilities the animal would expire during transportation. Many times the animal's condition will not sustain being transported. Providing the best care possible is my obligation as a veterinarian. Whether it be on the farm or in a clinic I need to be able to care for my patients to the best of my abilities without restrictions. My 8 years of school and DVM focusing on food animal has prepared me to do just that.

I am truly concerned about what these proposed rule changes will mean for my career. I don't feel like it's clear what I can and can't do as a veterinarian. I feel like specific rules have been eliminated and what remains is vague and indistinct. This, again, is a dangerous recipe for laymen to publicly provide veterinary services and animals to suffer.

Rule 4.8: This is also confusing. Who is permitted to do Embryo Transfer? Again, is this something that any individual can partake in? This rule, being changed as it has been suggested, leaves it very encouraging to laymen, unqualified individuals, to provide this service. I have traveled to Wisconsin and been professionally trained after veterinary school to feel qualified to do embryo transfer. I find it insulting personally and damaging to the embryo transfer procedure to allow laymen to provide this service. Qualified persons, reproductive physiologist, would be understandable.

April 8, 2014
PO Box 2
Saville

Overall I feel like the proposed rule changes are not beneficial for the large animal veterinarian. They are vague and very unprotecting. Not only will our profession suffer so will the animals that we are devoted to care for. Our country is already in a severe shortage of large animal veterinarians, specifically food animal veterinarians. If these proposed rules are allowed to pass, this situation will get worse. It is a challenge to recruit new college grads to engage in food animal medicine. If there is no protection to the services we provide or restrictions on which individuals can provide them there is no incentive. The high debts and years of education are discouraging to young veterinarians. We can't afford to lose potential or already established large animal veterinarians because we aren't willing to protect them.

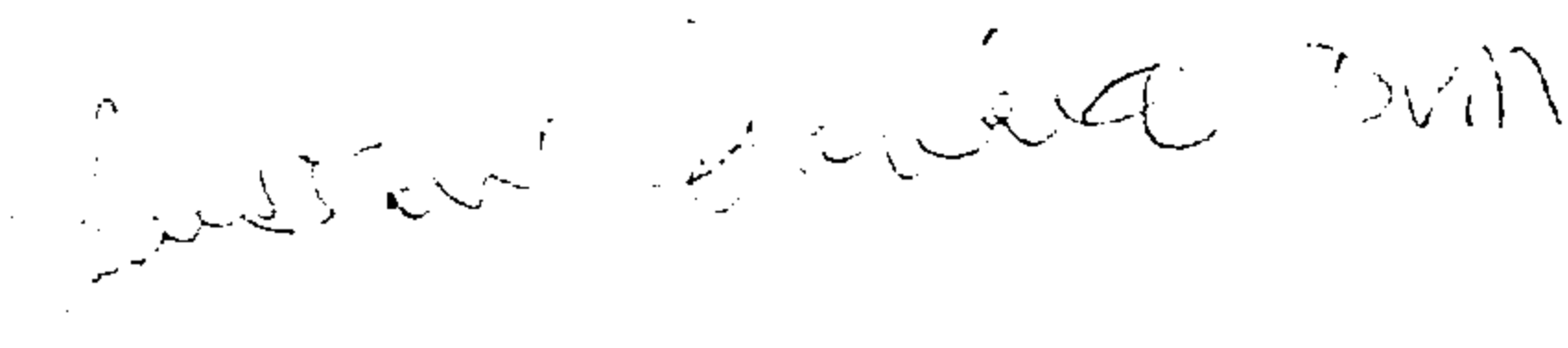
The health of our food animals in this country is critical. We, as veterinarians, have to pull together and protect our profession and our food supply.

Permitting, or not reprimanding laymen, to engage in veterinary services to me is unacceptable. I take a lot of pride in my work and my profession. It is degrading to witness unqualified individuals providing the same services I do.

Thermal imaging, equine dentistry, chiropractic manipulation, etc. are services veterinarians should provide. I have witnessed, multiple times, laymen providing these services. The board should stand up and protect my profession. If these proposed rule changes are passed these problems, along with many others, will get worse. As a result the animals and clients will suffer.

Our profession has to be protected and we as veterinarians deserve respect. In situations like this I like to remind myself of the Veterinarians Oath I recited upon graduation. Find your copy of this and read it over before these proposed rules are put into play.

Thank You,



Justine Saville, DVM

April 9, 2014

To the WV Board of Veterinary Medicine,

To whom it may concern,

Upon reviewing the changes made to the Practice Act, I would like to pose these sections for discussion. The following sections 3.8, 3.16, 5.3a, 5.3g, 5.3h1-h1-, 6.1b, 6.1g, 6.2, 7.1c6, 7.1c3a, and 8.2 are the ones that should be taken note of. These sections should be reviewed, clarified, questioned, and some changed or remain unchanged.

Sincerely,

Daniel Cain

DVM

Sparks Equine Veterinary Services, PLLC
684 Silo Rd., Summersville, WV 26651
Tel (304) 619-0076 Fax (304) 872-0399
sparksdvm@gmail.com
www.sparksequine.com



April 2016

West Virginia Board of Veterinary Medicine

5509 Big Tyler Rd., Suite 3, Cross Lanes, WV 25313

Dear Board Members,

Lynne Sparks, DVM

I am writing to the board to express my concerns regarding changes to the practice act that have been proposed by the board. I own and operate as a solo practitioner two practices in West Virginia. One, Sparks Equine Veterinary Services, is a mobile equine veterinary practice serving a large portion of central and southern West Virginia and has been in existence since 2005. The other, Sparks Equine Veterinary Dentistry, is a mobile equine dental specific practice that serves WV, OH and KY which was opened in 2015 to give owners a legal and highly trained alternative to lay "dentists". I cover many counties where there is no veterinarian at all in my regular practice, much less an equine veterinarian in that county or surrounding counties. I feel that my customer service excellent despite being a mobile solo practitioner. I cover emergencies for my clients 24 hours a day. In the event that I have to be out of town, I have an unwritten standing agreement with the Virginia Maryland Regional College of Veterinary Medicine Hospital that they will see my patients without a referral in the event of an emergency on a haul in basis. Clients have my mobile phone number which I carry with me when I am away and check messages routinely so that I may assist my clients in any way necessary.

Here are my proposed changes to the wording of the laws of the practice act. Some are slight changes but all are significant.

Copy 10, 2014
pg 2 of 5
Sprecher

Suggested changes to proposed WV Practice act.

2.23 Dental Operation- the application or use of any instrument or device to any portion of an animal's tooth, gum or any related tissue for the prevention, cure or relief of any wound, fracture, injury, disease or other condition of an animal's tooth, gum or related tissue.

Explanation:

As stated in the proposed rule change the door is left open for layman dentists, farriers, mechanics, etc. to perform any and all dental procedures as long as they are not performed under sedation or anesthesia. This will lead to inhumane treatment of animals as there are ways to restrain any animal enough to perform any extraction or surgery without the use of sedative or anesthesia. This is already a problem within the equine industry in this state and others and this rule change will only make the unnecessary suffering of our animals worse. In my equine dental practice and regular mobile equine practice, I routinely see horses who have recently had an occlusal equilibration done by a layman who have major problems either caused by the floating that the layman has performed or malocclusions that were not taken care of at the time of the service. I have also seen many horses who have had teeth incompletely extracted or have had them extracted with no sedative or analgesic. In a horse, the only way to accurately determine that the entire tooth and root on a cheek tooth has been completely removed is through postoperative oral radiography. It is also imperative to radiograph the teeth prior to removal to determine which tooth or teeth are affected as this is not always apparent through an oral exam. The AAEP advocates strongly the use of sedative when oral exams and occlusal equilibrations (floatings) are performed on horses, much less more invasive procedures. I advocate this as well. It is imperative that the entire oral cavity has a thorough evaluation at every dental. This is nearly impossible, even with a speculum, in most unsedated horses.

For those not well versed in equine dentistry, my procedure for occlusal equilibration (floating) will be explained. The horse has a full physical examination and then is sedated. Once sedated the mouth is rinsed with a chlorhexidine based solution. A speculum is placed that holds the mouth open so that the entire oral cavity can be palpated and visually examined. A bright Luxeon LED light is placed on the speculum to allow visualization. A dental mirror and an array of dental probes and picks are used to evaluate the entire tooth crown and all soft tissue structures within the oral cavity. Once lesions are addressed, the treatment plan is discussed with the owner and a Powerfloat system (a modified Dewalt drill with a high speed rotating diamond disc blade) is inserted into the mouth and the enamel points or other anomalies found on the exam are corrected by grinding away the tooth surface. Both the cheek teeth and the incisor arcades are balanced. If any periodontal pockets (severe gingivitis) are noted they will be flushed and treated. Any need for further testing or therapy such as analgesic medication or antibiotics is discussed with the owner and a plan is developed.

4.7 Dental Operations

4.7a All dental operations shall be carried out by a licensed veterinarian, technician or veterinary assistant under the direct supervision of a licensed veterinarian.

Explanation: A veterinarian is essential to the diagnosis and treatment of oral disease. Any procedure performed on the teeth or oral cavity should be classified as a medical or surgical procedure that will impact the health and well-being of the animal. The remainder of the digestive

April 10, 2016
J.S. 2015
Sparks

system is under the care of the veterinarian, why should the oral cavity not be? Just because the general public can access a part of an animal does not mean that they should have free rein to treat it in any way. This should be left to those of us who have the training and experience to identify and treat disease.

4.8 Embryo Transfer – Only a veterinarian may perform the procedure commonly known as an embryo transfer.

Explanation: There is tremendous risk involved to mares who are palpated and ultrasounded rectally by untrained people. It is exceedingly easy to tear the rectum, causing life threatening consequences. To properly perform embryo transfers in mares, rectal palpations/ultrasounds will be necessary to assess the ovaries to time inseminations and the flushing of the embryos. It is also necessary to palpate/ultrasound the recipient mares. In addition, in all species it is common to have to administer hormonal therapy to influence the reproductive cycles of both the donors and recipients. These hormones are only available through veterinarians with a valid veterinarian client patient relationship. This is a complicated medical procedure and should not be turned over to the laymen to perform.

4.10 A veterinarian may not initiate or knowingly participate in any form of advertising or solicitation that contains a false, deceptive or misleading statement or claim.

Explanation: As veterinarians in a field that is rapidly changing and being challenged by laymen who are taking over more and more of our services in this state, it is imperative that we are professionals with our advertising. Having a statement such as this in the practice act helps to ensure that this continues to occur.

6.1 – All small animal full service and emergency facilities shall meet these minimum standards:

Explanation: Large animal facilities are separated out in 6.2 as a separate entity, which they should be as needs are different.

6.1.f – Method of correctly weighing an animal.

Explanation – I agree with this statement as it pertains to small animals, but it is impractical for all clinics to have a scale that will correctly weigh all animals, nor is it absolutely necessary for the treatment of large animals. This explanation is voided if the wording of 6.1 is changed to omit large animal facilities.

7.1.a.4.C This should be omitted from the practice act.

Explanation: As a solo practitioner with no employees it should be up to my discretion whether or not I wish to wear a radiation detection badge. This should be the responsibility of each practice owner to decide if it is necessary within their practice. In my practice radiographs are taken infrequently. Radiation badges would only add to the expense of the radiographs which would then have to be passed on to the client.

7.1.c.3.B A surgery table with an impervious surface which can be cleaned and disinfected.

Explanation: This statement is true for small animal practices but is not necessary for all large animal practices to have. In equine surgeries, there are many that may be performed with the animal on the ground on mats made of impervious material. It is optimal to have the animal on a table for many more invasive procedures, however getting them on a table is not always indicated or safe as they must be hoisted on a pulley system with ropes or straps attached to their lower limbs.

Capital 10/20/16
Pg 4 of 5
Spones

7.1.d.3 Dental instruments shall be cleaned between patients and sterilized when possible.

Explanation: There are many equine dental instruments that, due to the makeup of the equipment, it is impossible for them to be fully sterilized. The Powerfloat is one such example.

8.3 All house call practices that are not extensions of a stationary veterinary practice shall have written affiliation with a veterinary practice in the same region of this state or surrounding state. This does not apply to mobile large animal practices.

Explanation: It is not necessary for an excellent mobile practitioner to have a facility. Most good mobile large animal practitioners are too busy doing farm calls to need or want a stationary hospital. In order to operate a stationary hospital most of us would have to have an associate and would be unable to operate as solo practitioners. My mobile clinic is fully equipped to perform high quality medicine and surgery that meets or far surpasses the current minimum standards of care. It is a temperature controlled Bowie truck bed insert that has electric, hot and cold water and refrigeration capabilities.

12.1 Community service immunization clinics shall be operated by a veterinarian licensed by the board who has a licensed veterinary facility in the county or adjoining counties where the clinic is being held. These immunization clinics, not being held in a veterinary facility, can only be held periodically or in a non-clinical location and are not to exceed twice a year in the same location. This does not apply to large animal vaccination clinics.

Explanation: I am asked to do several equine EIA (Coggins) test and vaccination clinics every year by different organizations. The actual physical address for my practice is in Nicholas County but my mobile practice encompasses all or part of many counties in the state including but not limited to: Nicholas, Braxton, Gilmer, Lewis, Roane, Webster, Barbour, Fayette, Raleigh, Clay, Mercer, Kanawha, Putnam and Wyoming. I should be able to do a vaccine clinic in any of the counties that I routinely work in or in any adjacent county to my normal service area. Many of these counties do not have any other veterinarian who offers mobile equine services, nor do the adjacent counties. It is a convenient and necessary service for the horse people of our state. Some of the clinics that I have been asked to do had been covered by an out of state veterinarian in the past who had driven several hours to get there because a WV veterinarian was not available. I am closer to these clients and they can haul their horses to meet me within my practice area if the need arises and they have an emergency, rather than having to go out of state.

April 19, 2016
PS Scott
Sparks

If any of my suggestions requires further clarification please do not hesitate to contact me. I will also be available at the rule change committee meeting on April 17, 2016. I may be reached at (304) 619-0076 or sparksdvm@gmail.com.

Warm regards,

Lynne Sparks, DVM

Lynne Sparks, DVM

Apr 10, 2016

Holstein, Patricia A

From: FRANK CARY <mtInd@atlanticbb.net>
Sent: Sunday, April 10, 2016 8:43 PM
To: Holstein, Patricia A
Subject: 26-4-1 Standards of Practice

Frank J. Cary, DVM

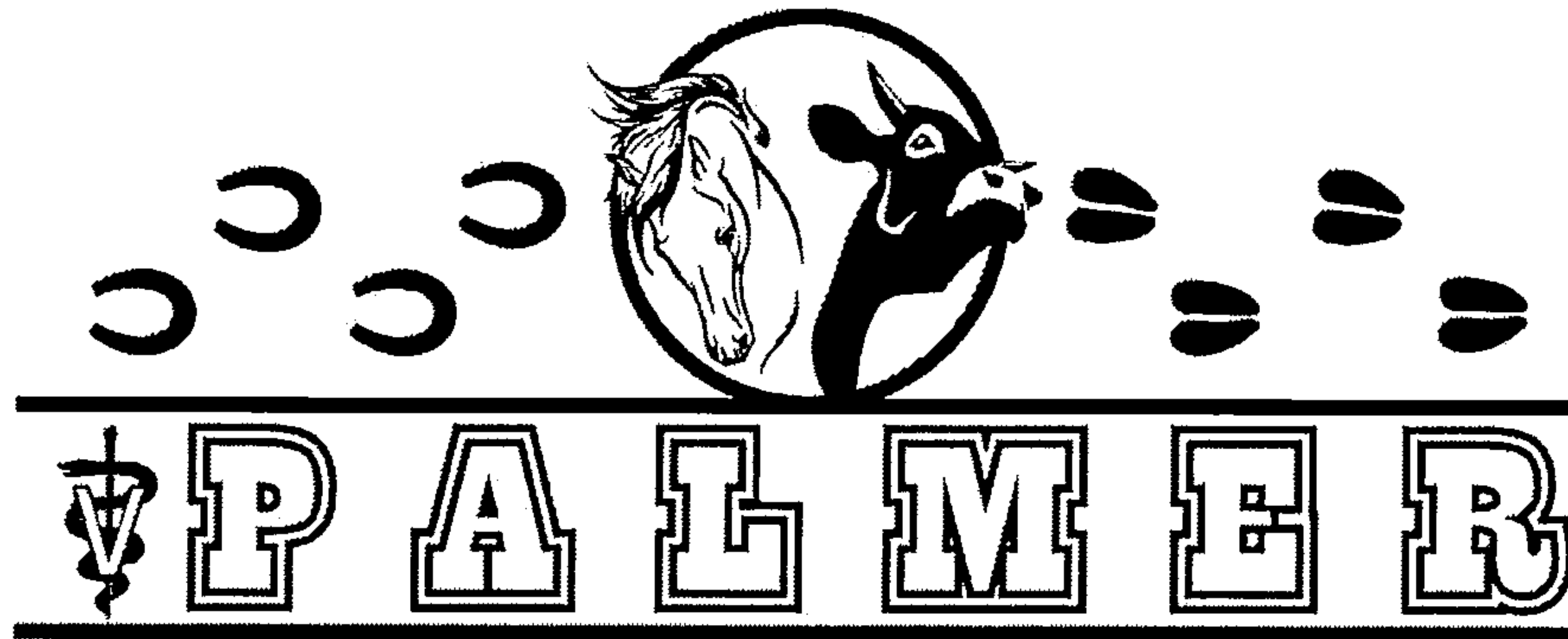
Mountainland Animal Hospital

I have had the privilege to review Dr. George Seiler's suggestions and comments on the proposed rule changes and I completely agree. Dr. Seiler had identified some problems with the way the changes were written and has made excellent suggestions to make them better. Please consider and adopt his suggestions.

Thank you,

Frank J. Cary DVM

April 10, 2016
PO BOX 143
Palmer



Large Animal Veterinary Services

Dr. Jenna Palmer

PO BOX 143

Waverly, WV 26184

304-588-7668 / 937-694-0547

April 8, 2016

I am writing this letter to express my severe concerns about the proposed rule changes to the Standards of Practice. For the last six years I have served as a mobile large animal veterinarian as well as working part time for small animal clinics in the area. In my practice, I cover 8 counties in WV including; Wood, Wirt, Roane, Jackson, Pleasants, Tyler, Calhoun, Ritchie, and some of Doddridge and Gilmer, as well as several counties in Ohio. Some of these proposed rule changes and the vague nature in which they are written causes me to be extremely apprehensive. I believe the changes will leave many loop holes for uncertified nonprofessionals to continue to "play doctor" and practice on animals in our state. I'm sure as many of my fellow large animal mobile practitioners can agree that we have seen firsthand the inhumane damage that these people can do when these loop holes are discovered and/or rules are not enforced.

2.23/ (2.23) "Dental Operation" By adding "under sedation or anesthesia" leaves an opening for nonprofessionals to do damage to animals mouths. I was always taught never to do an equine dental without sedation because the horse can hurt itself or others when fighting with the mouth speculum. I don't think there is any other way to do an appropriate dental exam and float/treatment without sedation. I have seen the damaging effects that were caused by the hands of untrained nonprofessionals that have worked on horse's feet and decided to "file" the horse's teeth as well with the hoof rasp. If you have ever seen a hoof rasp then you know that there isn't a smooth surface on any edge. One can image the damage that was done to the horse's mouth. Once the amateurs have done their damage, myself as well as other licensed doctors are then tasked with the burden of trying to "fix" the sometimes irreversible damage done by the untrained nonprofessional.

April 10, 2016
pg 2 of 3
P. M. M.

2.89 "Legend drugs" Strike "or other licensed provider" A licensed Veterinarian should be the only person able to script medication for an animal.

2.10 "Limited veterinary practice" This section is way too vague. For many of the mobile practitioners in rural WV the only way to deliver treatments is to preform them on the farm because many farmers don't have trailers to haul them to a veterinary clinic for treatment. Many animals also are too sick or it is too dangerous to haul them in trailers. The elimination of many of these statements leaves too many openings for untrained unprofessionals to continue "practicing" on animals. It is now unclear what I can and cannot do as a mobile veterinarian.

4.8 "Embryo transfer" I'm not sure why this was removed from the Standards of Practice. This is a procedure that should be performed by a Veterinarian only. Many of my colleagues have spent valuable time and money doing extra veterinary training on this procedure to be able to perform it correctly. This also requires the use of prescription medication to be performed. Removing it leaves an opening for a nonprofessional to begin performing these procedures.

8.1-I think it is ridiculous to imply that mobile practices have oxygen supply, scavenger systems, sterile tables, etc. This is impractical and many clients in rural WV don't have the ability to transport animals to Veterinary facilities to have surgical procedures performed. Imposing this change will mean the vast majority of us practicing mobile large animal medicine will no longer be able to perform these services which opens the door to an untrained person to perform these services inhumanly. For example: tying a horse up in a stock trailer and castrating it with a pocket knife. You may think this is an over-exaggeration but if you talk to any large animal veterinarian I'm sure they can attest to a similar story or one just as savage.

8.2- This statement needs to be removed. I'm not sure what the benefit of posting services NOT available at a clinic is? Wouldn't this be as redundant as going to a restaurant and seeing a list of food they don't serve posted on the menu/wall?

8.3 -This statement needs to be removed. Those of us providing large animal ambulatory care also provide emergency services for our clients with the exception of a few days out of the year in which we are in mandatory classes or the occasional vacation. During these times we provide other options for referral for our clients to neighboring practices or referral centers. We offer referral to Ohio State University for animals needing care/services I am not able to give.

12.1- This should be re-written to say a "licensed veterinarian practicing in the county or surrounding counties." Those of us that are mobile veterinarians do not all have a licensed facility to which we are affiliated. I am held to the same standards of care in the field as I am in an exam room. Forcing me (and other large animal ambulatory veterinarians) to be tied to a clinic would only result in my inability to continue offering professional veterinary medicine to many patients.

12.2- This reads that anyone can give the rabies vaccination but any other vaccinations must be given by a veterinarian or registered technician supervised by a veterinarian. It should state that rabies vaccination must be given by a veterinarian or under direct supervision of the veterinarian.

Cepja 10/2016

pg 30 + 3

Palmer

Thank you for taking the time to consider these changes I have suggested. It is not reasonable for those of us practicing large animal medicine to pick apart all of these guidelines in such a short amount of time. We are out on the frontlines working sun up to sun down sometimes without weekends off. So many of the guidelines are vague and need further explanation. Please keep in mind if some of these statements aren't amended a large portion of us practicing mobile medicine will be forced to no longer provide these services. This in turn will leave them knocking on the small animal clinic doors with wounded and sick animals that not all small animal clinics are equipped to help. It will also cause the untrained "average Joe" to be perform cruel, inhumane procedures more commonly than they currently are. I worked incredibly hard to get an education. I, along with many of my colleagues, have sacrificed countless hours investing in not only a profession helping animals, but a passion and a way of life. I take great pride in the experience I have gained. I have made many friendships with owners through the years as I have done everything in my power to make their furry family member a top priority. Offering professional veterinary services at a reasonable price has been the foundation for my successful large animal veterinary practice. It is my obligation to be a voice for those who can't speak for themselves. By implementing some of these standards, you are tying the hands of many excellent doctors to be unable to adequately provide quality care. It will also open the door for dangerous, uneducated and untrained people to not only maim or kill innocent animals but it will allow these same people to destroy a reputable profession.

Thank you for your time,

Jenna Palmer, DVM

Copy to Dr
pg 10 of 3
Sette



Dr. Shawn D. Sette
Hurricane Animal Hospital
2120 Mount Vernon Road
Hurricane, WV 25526
Front desk 304-757-2287
Fax 304-757-7227

West Virginia Board of Veterinary Medicine,

First let me say that I know how hard it was for you to take on the re-writing of Section 4 of the Standards of Practice. My comments below are not to complain, but to make sure that some of the items I thought about as I read the draft have been considered before you send the final draft to the legislature.

26-4-2.3. I feel that the last few words (“under sedation or anesthesia”) need to be removed. Their presence seems to indicate that there are procedures that can be done without anesthesia. I believe this leaves too much room for procedures to be performed by non-licensed, non-professionals. Dental cleanings cannot be performed safely, humanely, or properly in a non-anesthetized patient. The American Veterinary Dental College is against anesthesia-free dental cleanings.

26-4-2.14 Under the definition of Surgery, you make a short list of things that surgery can be used for. This list is too limited. For example, an exploratory abdominal surgery does not treat. It is used to diagnose. I suggest that you remove “for treating diseases, deformities, injuries, and for reproductive sterilization or elective surgical procedures.”

26-4-2.16 I need clarification of what the definition of “veterinarian in charge” is trying to say. As I read it, it sounds like it is referring to the owner of the practice, but it also states that this person is a veterinarian. Currently there are lay people and corporations in WV that own veterinary practices and those individuals are in charge of maintaining the practice within the standards. Or is it only referencing a single veterinarian that is working on a single patient and that veterinarian is in charge of the practice at that moment? It seems like this definition was created to suit specific needs in other portions of the practice act, but it leads to misunderstanding when used in other contexts or sections.

26-4-3.14 I suggest you add “Unless required by law” to the end of this rule. It appears that Rule 26-4-3.16 violates rule 26-4-3.14

April 10, 2016
pg 2 of 3
Sutter

26-4-4 Immunization Clinics should be listed in the Classification of Veterinary Practices so that when groups of clinics are referred to in other sections these clinics are not forgotten or left out in being required to perform in certain ways. They should be required to do many of the things that full service practices do. Record keeping, provide emergency care, etc. As we all know, immunization clinics (and "spay/neuter" facilities) end up examining, consulting, diagnosing, treating, dispensing.....just like a regular hospital, but without all the legal requirements. We should be working towards improving animal care throughout the state and not allowing avenues to circumvent good medical practice.

26-4-5.1.c.1 In this rule, a group of farm animals of one species under single ownership, may be considered as a single entity. I feel this rule should apply to all types of animals and not be limited to farm animals. A good example may be a litter of puppies or a small household of pet birds.

26-4-5.1.i There are times that non-working equipment is kept in the hospital in order to be harvested for parts so that other equipment can be maintained. There should be a statement that allows non-working equipment to be kept, harvested, and stored until disposal or sale. Maybe it should be required to mark this old equipment in an obvious manner.

26-4-5.2.a Is cloud storage of data (offsite storage) covered and permitted with this rule?

26-4-5.1.b I suggest that you end this rule stating that the comparison of veterinary work will be with other work in WV. Since we have no veterinary school or referral specialist hospitals in our state, we should not be held to a standard that may be done in a veterinary teaching hospital in other states. As many of you know, client finances dictate decisions veterinary medicine more than anything else.

26-4-7.1.c.6 This rule states that the veterinarian must provide a way for a client to obtain advice on a 24 hour basis after a surgical procedure or treatment. In areas close to an Emergency Room, this would be the case. But what if the owner does not want to travel to the ER? What if the ER DVM does not feel it is appropriate to give advice over the phone without a Client-Patient-Relationship, which should include an exam. A single practitioner, or even a multiple doctor situation, cannot be available for consult at all times. Especially in rural areas where there is not an emergency clinic. It would be difficult for an individual to be available for consult continuously.

26-4-7.1.d.3 It is not possible to autoclave some dental instruments like my large IM3 machine or even the handle coming from the device.

26-4-8.3 You many need to define "same location" by making a linear mileage definition or radius.

26-4-11.1 I feel you should remove the list of specific reasons why a pet has been left with a vet and merely state that if a pet is placed in the care of the facility. I have had multiple episodes in 23 years when a client brought in a stray or their own pet and claimed that they needed to return to work or go get money for the care of the pet and we offered to hold the pet while they were gone. When they don't return, we are in a dilemma as to what are responsibility is.

Copy to [unclear]
MS [unclear]
Sette

Thank you for all your efforts,
Sincerely,

Dr. Shawn Sette

Copy to Holstein

Holstein, Patricia A

From: Doc Holly <hkossuth@frontier.com>
Sent: Monday, April 11, 2016 9:41 AM
To: Holstein, Patricia A
Subject: Proposed Rule Changes

Please accept my comments and suggestions as a practice owner and an active AVMA and WVVMA member.

Pg 17. 12.1. Historically Brooke County holds immunization clinics for multiple days, during a week in June.

Pg 11. 6.4b Clarifying that this is for emergency facilities and not all practices as I could not leave for errands, attending CE or a much needed vacation.

Pg 14. 7.1D Dental Services.

On page 1 "Dental Operation" is defined, but on 7.1.d.1 the term "dental procedures" is used. Support staff should be limited to scaling, polishing and charting only.

Holly L. Kossuth DVM

Capital Hill
P.O. Box 1000

To whom it may concern;

My name is Dr. Audra Melton and I am writing this letter in regards to the proposed changes to the Veterinary Practice Act of West Virginia. After careful examination of the proposed changes, I have some concerns regarding those changes and how they affect the veterinarians practicing in our state. I have been a practicing veterinarian in WV for 8 years and have had the opportunity to work in a variety of practice settings – from private practice to relief work and in an emergency clinic setting as well. While brick and mortar practices have been the standard business model of our profession for years and WV's practice act is designed specifically around that type of model, in the last 15 years, mobile practices even for small animals have become much more prevalent through out the United States. I feel that the proposed changes when applied in the real world, will make it very difficult if not almost impossible for a small animal mobile practitioner to ply his or her trade in WV. I feel that the proposed changes are so restrictive that they reach the level of restraint of trade and thus I question their legality.

While I have specific concerns about the proposed changes as they apply to large animal practitioners, I believe that most large animal veterinarians would not typically have any difficulty finding a small animal brick and mortar practice that would be willing to affiliate with them because there is no direct competition between those two entities. While the proposed changes raise issues of liability for the brick and mortar practice, from an economic stand point the large animal practitioner isn't really in competition with a brick and mortar small animal practice. However, in stark contrast, as a mobile small animal practitioner, I don't foresee any small animal clinic voluntarily affiliating with me because I am in direct competition with them. When I do a patient assessment, I determine if my current level of medical capabilities can provide the highest standard of care for my patient. If I believe the patient needs services that I am currently unable to provide, I recommend a local veterinarian close to them or, as my patients are typically in the Fairmont area, I refer them to the emergency clinic at the Prickett's Fort exit if it is after hours. I am currently outfitting a 2013 Mercedes Sprinter van with complete surgical, radiograph, and blood work capabilities. From a quality of care perspective, I do not believe that a brick and mortar the practice offers any quality of care services that I can not readily provide myself. Like any brick and mortar practitioner, I assess the urgency of the patient's condition and either schedule my driving to their location in a timely manner, refer them to a specialist, or have them contact an emergency clinic. I am available 24 hours a day and answer my own phone. Being a mobile clinic in no way hinders my ability to provide clients with quality care for their pets at the same level as a traditional brick and mortar the practice.

My understanding is that the WV board of Veterinary Medicine's main purpose is to provide the public with safe and professional veterinary care. These proposed changes on the face of it, do not achieve those goals. If there is no quality of care issue with my practice, the board is overstepping their authority by telling me I must align with some outside corporate entity. The same could be said for the proposed changes that non-veterinarians can practice equine dentistry. I would note that both these areas of proposed changes are diametrically opposed to every other state I have been able to inquire with, in that those states allow independent mobile practices both small and large. and the general trend of restricting equine dentistry to licensed veterinarians. It is my hope that the board will discern that these changes

April 16, 2014
PS 2014
Melton

are of a business/economic nature as opposed to a quality of care issue and substantially modify them so that the number of people desiring veterinary services in rural West Virginia have that option. I also believe that if the board modifies these proposed changes, it will greatly reduce the board from becoming embroiled in legal entanglements that will distract them from providing a quality veterinary environment for West Virginians. Thank you for your consideration.

Sincerely,

Dr. Audra Melton
Mountain State Veterinary Services, PLLC



West Virginia Veterinary Medical Association
3801 Westerre Parkway, Suite D, Henrico, VA 23233
(P): 804.346.0170 | (F): 804.346.2655 | (E): jdavis@wvma.org

March 31, 2016

Officers

Hello everyone,

Shawn Sette, DVM
President

Holly Kossuth, DVM
Past President

Scott Moore, DVM
President-Elect

April Munique, DVM
Secretary

Dan Montgomery, DVM
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Region 5

Jim Taylor, DVM
Region 6

Frank Cary, DVM
Region 7

AVMA Delegate
Holly Kossuth, DVM

Association Coordinator
Jacquelyn Davis

I am writing to you on behalf of the West Virginia Veterinary Medical Association. Our association was made aware of the changes being made with Section 4 of the Standards of Practice Act by the West Virginia Board of Veterinary Medicine. The open comment period is from March 10 to April 11, 2016. Our executive board has discussed the process by which these changes will be made into law with the WVBVM and felt we should notify not only our members, but every licensed veterinarian and RVT in the state. Our fear is that you may not know the urgency of the time line put forth.

To comment, you must:

- First, go to the WVBVM website and read the suggested changes for yourself by visiting www.wvbvm.org and clicking *Notice of Public Comment Period - 26-4-1 Standards of Practice* under the "News" tab mid-way through the homepage
- Second, if you have any comments or suggestions on improving the document, **you MUST notify the WVBVM in writing by April 11, 2016.** No extensions allowed. Mail to: West Virginia Board of Veterinary Medicine 5509 Big Tyler Rd. Suite 3, Cross Lanes, WV 25313 E-mail to: patricia.a.holstein@wv.gov Fax to: 304-776-8256

After the comment period ends, the Rule Changing Committee of the WVBVM will meet on April 17th from 3:00-6:00pm at Stone Wall Jackson Resort. This is an open meeting to the public. At that meeting, they will not accept comment on any "new" suggestions. They will only discuss the suggestions that were brought forth during the comment period. It is imperative that you speak now. As you can imagine, revamping just Section 4 is a big undertaking for the WVBVM and you must take an active role in reviewing and helping to edit it **BEFORE** it becomes law. **After the April 17th meeting, the WVBVM will present the legislature with their final proposal and most likely it will be approved for use.**

Our association's Executive Board met with a representative of the WVBVM this past week. We discussed problems, as well as potential problems with the interpretation of the document. Each of our Executive Board Members will write a letter, and we encourage you to write a letter. Many letters are better than only one. We also believe that a small animal practitioner, like myself, may not be able to envision the complications that may arise for a large animal practitioner or emergency clinic doctor.

Over the past few years, our association has taken an aggressive approach to legislation. We have hired a bill reader and a lobbyist that keep a close eye on things at the State Capitol for us. Once they identify an issue for us and get our policy position on it, they are able to be our eyes, ears, and most importantly, our voice. They have been instrumental in targeting the right people for us to speak with, and acting on important issues in a timely manner.

In my opinion, this is the most important reason for you to be a member of our association. Sure, we may put on some great CE and a few parties every now and then, but by far the most important thing our association does is represent our members on legislative issues. If you are a member, we value your membership. If you are not a member, please step up and join. The more members we have, the stronger and more unified our voice will be and this will improve the outcomes for all of us.

Thank you for your time in helping us mold The Practice Act into something we can all live with,

Sincerely,

Dr. Shawn Sette
WVMA President