



State of Wisconsin  
Veterinary Examining Board

Governor Tony Evers  
Dr. Hunter Lang, DVM, Chair

**Telehealth Advisory Committee**

**Meeting Minutes**

**Thursday, April 8, 2021, 9:00AM**

**Members Present:** Stacey M Adams Sherman; Randall Lee Bond; Bob Nagel; Wilfred Schuler; Scott Spaulding; Susan B Krebsbach; Melanie Goble; Karen Hershberger-Braker; Rebecca A Krull; Chanda Holschbach; Erika Froeming; Teri Kleist; **Members Absent:** Shawn Hook;

**Staff Facilitating:** Melissa Mace; Angela Fisher; Cheryl Daniels;

**Agenda**

**I. Introductions**

**II. Discuss Telemedicine Proposal**

**A. Delegated Medical Services**

Committee members discussed telemedicine and the delegation of medical services under Wis. Admin. Code s. VE 7.02:

A member asked how the Board applies “observe on a daily basis” with respect to a veterinarian observing a CVT. Staff clarified that “observe” is not defined and would need to be held to a standard of reasonableness.

A member asked what being reachable within 15 minutes requires. Staff clarified that current rule requires that the veterinarian must be available at all times for consultation either in person or within 15 minutes of contact by telephone, by video conference or by electronic communication device.

A member expressed that it is important to recognize the differences between CVTs and unlicensed assistants.

Staff explained that currently veterinarians may delegate to certified veterinary technicians the provision of the following veterinary medical services under the direct supervision of the veterinarian when the veterinarian is personally present on the premises where the services are provided:

- (a) Administration of local or general anesthesia, including induction and monitoring.
- (b) Performing diagnostic radiographic contrast studies.
- (c) Dental prophylaxis and simple extractions that require minor manipulation and minimal elevation.

(d) Sample collection via a cystocentesis procedure.

(e) Placement of intravenous and arterial catheters.

(f) Suturing of tubes and catheters.

(g) Fine needle aspirate of a mass.

(h) Performing amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock.

Staff summarized that at the last meeting members suggested that the placement of IV catheters under e and the items under f and h could potentially be evaluated to allow a CVT to perform them without the veterinarian present on the premises but available via telehealth technologies.

A member expressed that b and d could probably be performed by a CVT without the veterinarian present.

A member expressed support allowing d and g to be performed by a CVT without the veterinarian present.

A member explained that diagnostic contrast studies require anesthesia, and expressed that general anesthesia should not be allowed without a veterinarian present.

A member expressed that diagnostic studies should specify awake studies.

A member expressed that not comfortable with h being done by a CVT without the veterinarian present. The member explained that cows can bleed out from an oocyte collection. The member explained that follicular aspiration and transvaginal oocyte collection involve piercing through the vaginal wall with a needle under ultrasound guidance into the ovary.

A member agreed that h should not be done by a CVT without the veterinarian present.

A member expressed support of h being done by a CVT without the veterinarian present. The member expressed that difference with a needle going into a bladder and a needle going into an ovary.

A member expressed concerns about the dangers of a CVT performing h without a veterinarian present. The member expressed that even veterinary graduate students can have difficulties with h that can endanger the animal.

Based on the discussion, staff highlighted the following items to consider:

(b) Performing diagnostic radiographic contrast studies: Only awake contrast studies not requiring general anesthesia

- (d) Sample collection via a cystocentesis procedure.
- (e) Placement of intravenous catheters (not arterial catheters)
- (f) Suturing of tubes and catheters.
- (g) Fine needle aspirate of a mass.
- (h) Performing amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock.

**Eleven members expressed support of allowing b (only awake contrast studies not requiring general anesthesia), d, e (not arterial catheters), f, and g as shown above to be performed by a CVT with the ability to communicate with the veterinarian via telehealth.**

**Ten members expressed opposition to allowing h to be performed by a CVT without the veterinarian present on the premises. One member expressed support of allowing h to be performed by a CVT without the veterinarian present on the premises with the ability to communicate with the veterinarian via telehealth.**

**Eleven members expressed support of requiring a shorter than 15 minute timespan for communicating with the veterinarian via telehealth regarding the specified medical services. Of those, five members expressed support of five minutes, one member expressed support of ten minutes, and two members expressed support of five or ten minutes.**

Staff explained that currently veterinarians may delegate to unlicensed assistants under direct supervision when the veterinarian is personally present on the premises where services are being provided:

- (a) Nonsurgical veterinary treatment of animal diseases and conditions, including administration of vaccines, and administration of sedatives and presurgical medications.
- (b) Observations and findings related to animal diseases and conditions to be utilized by a veterinarian in establishing a diagnosis or prognosis, including the drawing of blood for diagnostic purposes.
- (c) Dental prophylaxis.
- (d) Nutritional evaluation and counseling.

A member expressed that these acts should not be changed and that it is important to distinguish between the abilities of CVTs and unlicensed assistants.

A member expressed that areas of the state with shortages of CVTs could benefit from allowing unlicensed assistants to place IV catheters.

A member expressed that when a CVT is not available, the veterinarian should place the IV catheter for the safety of the patient, and not an unlicensed assistant.

Staff explained that Wisconsin allows for unlicensed assistants to become CVTs if they have two years of work experience.

**Eleven members expressed that the medical services currently delegable to unlicensed assistants with the veterinarian present on the premises should continue to require the veterinarian to be present on the premises.**

## **B. Telehealth Summary**

Staff provided a summary of the discussions from past meetings, which will be updated based on this meeting and other changes from members.

## **III. Wrap-Up and Next Steps**

The Board will take the information from the Committee and determine what to include in the initial hearing draft. Staff anticipates posting the initial economic impact analysis on the DATCP website for public comment by the mid-May.

Staff anticipate bringing the hearing draft to the Board for approval in July. The public hearing and comment period would likely be in late August or early September.

Staff will send notices to the Committee members when each of the public comment periods begin (both the economic impact analysis posting for public comment and the hearing draft and comment period). Committee members are welcome to provide comments as individuals during the public comment periods.

If there are significant comments received during the public hearing and comment period, the Board may ask the Committee to hold one more meeting, which would likely be in October.