



State of Wisconsin

Governor Tony Evers

Veterinary Examining Board

Dr. Hunter Lang, DVM, Chair

VETERINARY EXAMINING BOARD

January 19, 2022

9:00am

Contact: Melissa Mace 608-279-3861

In Person: Boardroom CR 106, 2811 Agriculture Drive, Madison, WI 53708

Via Internet Access: <https://www.zoomgov.com/j/1601399928?pwd=ZnQ1aFRya3hBUWJ1R1NHSGVKZFZadz09>

Via Telephone Access: Dial 1 (669) 254-5252, Meeting ID: 160 139 9928 and participant code: 617009

If you would like to appear during the public appearances portion via the remote portal, please send contact information to Melissa Mace at Melissa.Mace@wisconsin.gov or (608) 279-3861 by 4:30 p.m. Tuesday, January 18, 2022

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

I. 9:00 A.M. OPEN SESSION – CALL TO ORDER – ROLL CALL

II. Approval of the Agenda (action item)

III. Approval of Board Meeting Minutes

A. October 20, 2021 Full Board Meeting (**action item**)

B. November 8, 2021 Admin Rules Committee (**action item**)

IV. Introductions, Announcements and Recognition (informational)

A. Stephanie Bloechl-Anderson, Acting VEB disciplinary legal counsel.

B. Erin Carter, VEB investigator

V. Public Comments

Each speaker is limited to five minutes or less, depending on the number of speakers. Each speaker must fill out and submit an appearance card to the Board clerk.

VI. Administrative Items

A. Board member terms (informational)

B. Election of Officers (Current office holders) (**action item**)

1. Chair (Dr. Lang)

2. Vice Chair (Dr. Dommer Martin)

3. Secretary (Amanda Reese)
- C. Appointments of Liaisons, Alternates, and Delegates (**action item**)
 1. Continuing Education and Exams Liaison (Primary: Dr. Lang/ Alternate: Schuh)
 2. Administrative Rules Committee (Dr. Estelle, Dr. Dommer, Reese)
 3. Screening Panel (Dr. Dommer, Schuh, Dr. Holter, Dr. Nesson, Sherpe)
 4. Credentialing Committee (Dr. Lang, Dr. Nesson, Schuh)
- D. Roles and Authorities Delegated to the Case Advisor and Department Monitor (**action item**)
- E. Delegated Authority Motions (**action item**)
 1. Urgent Matters
 2. Screening Panel
 3. Credentialing Committee
 4. Document Signatures
 5. Roles and Authorities Delegated to the Case Advisor (monitoring liaison) and Department Monitor
- F. VPAP Quarterly/Annual report (informational)

VII. Licensing/Exam Inquiries

VIII. American Association of Veterinary State Boards (AAVSB) Matters (informational)

- A. Board Basics & Beyond Training, Kansas City MO April 1-2
- B. AAVSB Annual Meeting & Conference, Charlotte, North Carolina September 15 - 17

IX. Administrative Code Updates

- A. Admin rules – VE 1-11 Final Draft Approval (**action item**)

X. Legislative and Policy Update

- A. Legislative update (informational)

XI. Strategic Goals

- A. 2021 Goals (informational)

XII. Future Meeting Dates and Times

- A. Next Board Meeting – April 20, 2022 (9a.m.)

XIII. CONVENE TO CLOSED SESSION (ROLL CALL)

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

XIV. Deliberation on Licenses and Certificates (action items)

- A. Limited License resolution - EB

XV. Deliberation on Compliance Matters (action items)

A. Proposed Administrative Warnings

1. 19 VET 028 SK
2. 21 TECH 009 AD
3. 21 VET 129 GH

B. Proposed Stipulations, Final Decisions and Orders

1. 21 Vet 028 DT
2. 21 Vet 039 SM
3. 19 VET 073 AND 20 VET 010 LL
4. 21 VET 020 EH
5. 21 VET 051 MH
6. 21 VET 068 MS

C. Orders Granting Full Licensures

1. 21 VET 020 EH
2. 21 VET 016 SW
3. 21 VET 068 MS
4. 21 VET 051 MH
5. 21 VET 003 JS

D. Suspension Orders

1. 18 VET 037, 19 VET 026, 19 VET 038, 20 VET 003, 20 VET 100 AD

XVI. Review of Veterinary Examining Board Pending Cases Status Report

A. Pending Case Status Report (Informational)

XVII. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

XVIII. Open Session Items Noticed Above not Completed in the Initial Open Session

XIX. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

XX. Ratification of Licenses and Certificates

To delegate ratification of examination results to DATCP staff and to ratify all licenses and certificates as issued.

XXI. ADJOURNMENT

The Board may break for lunch sometime during the meeting and reconvene shortly thereafter.



VETERINARY EXAMINING BOARD

MEETING MINUTES

Wednesday, October 20, 2021

MEMBERS PRESENT: Alan Holter, DVM; Hunter Lang, DVM; Lyn Schuh; Arden Sherpe; Lisa Weisensel Nesson, DVM; Leslie Estelle, DVM.

STAFF PRESENT, Department of Agriculture, Trade and Consumer Protection (DATCP): Melissa Mace, VEB Executive Director; Aaron O'Neil and Liz Kennebeck, DATCP Attorneys; Robert Van Lanen, Regulatory Specialist; Angela Fisher, Program and Policy Analyst; Carrie Saynisch, License/Permit Program Associate; Dustin Boyd, Compliance Supervisor; Brittany Medina; Introductions and Discussion.

Hunter Lang, Chair, called the meeting to order at 9:06am. A quorum of six (6) members was confirmed.

AGENDA

I. 9:00 A.M. OPEN SESSION – CALL TO ORDER – ROLL CALL

II. Approval of the Agenda

MOTION: Alan Holter moved, seconded by Lisa Weisensel Nesson, to approve the agenda. Motion carried unanimously.

III. Approval of Board Meeting Minutes

A. July 21, 2021 Full Board Meeting

MOTION: Lisa Weisensel Nesson moved, seconded by Lyn Schuh, to approve the minutes from the July 21, 2021 board meeting. Motion carried unanimously.

IV. Introductions, Announcements and Recognition

A. Dr. Leslie Estelle, New Veterinarian Board Member

V. Public Comments

Each speaker is limited to five minutes or less, depending on the number of speakers. Each speaker must fill out and submit an appearance card to the Board clerk.

No public comments

VI. Administrative Items

A. Election and terms of office

By statute, elections have to be in January but changes would not take effect until July. Terms run July to July. Transitions have been a bit messy. Current practice is for newly elected officers and appointed liaisons and committee members is to take office after the January meeting. It may afford a better transition if the elections/appointments took place in January but new offices and appointments took effect July 1. This would allow a transition phase for new officers and and appointees. .

Robert Forbes served on the Administrative Rules Committee. The position has been vacant since he left office in July. The Administrative Rules committee meets between board meetings to look at comments and discuss any modifications to rule and guidance documents before the full board meets. The committee is comprised of 3 board members. The board is looking for someone to replace Dr. Forbes on the committee. Leslie Estelle volunteered.

MOTION: Alan Holter moved, seconded by Leslie Estelle, to have officers elected, and liaisons and committee appointed at the January VEB meeting, to take office or fill the appointment as of July 1st. Motion carried unanimously.

MOTION: Lisa Weisensel Nesson moved, seconded by Arden Sherpe, to appoint Leslie Estelle, DVM to the Administrative Rules committee. Motion carried unanimously.

B. Budget update

| VEB Appropriation 23700 | | | | | | |
|-------------------------|-----------------|-----------------|-----------------|-------------------|-------------------|--|
| CASH BALANCE REPORT | | | | | | |
| | FY 2019 Actuals | FY 2020 Actuals | FY 2021 Actuals | FY 2022 Estimates | FY 2023 Estimates | |
| Beginning Cash Balance | 808,322 | 613,241 | 1,295,363 | 480,894 | 817,989 | |
| Total Revenue | 99,977 | 1,026,463 | 99,584 | 1,026,463 | 90,000 | |
| Perm /Project Salaries | 159,638 | 162,033 | 141,355 | 168,818 | 180,000 | |
| LTE/Misc Salaries | 1,923 | 45,296 | 82,709 | 109,981 | 45,000 | |
| Fringe Benefits | 59,722 | 64,587 | 71,721 | 93,965 | 70,000 | |
| Supplies & Services | 73,776 | 72,425 | 168,268 | 196,604 | 100,000 | |
| VE 11 Wellness Program | - | - | - | 120,000 | 100,000 | |
| Total Expenses | 295,059 | 344,341 | 464,053 | 689,368 | 495,000 | |
| Net Income | (195,081) | 682,122 | (364,469) | 337,095 | (405,000) | |
| Ending Cash Balance | 613,241 | 1,295,363 | 930,894 | 817,989 | 412,989 | |

Budget is under authority of the Department of Agriculture, Trade and Consumer Protection. The Veterinary Examining Board does not approve the budget and cannot spend without approval from the Department of Agriculture, Trade and Consumer Protection. Funded by credential fees, not taxes. The state fiscal year runs from July 1st to June 30th. Licensing is biennial so Total Revenue will be greater in even years. No concerns with revenue at this time.

C. VPAP Quarterly report

VPAP quarterly and semi-annual update:

- 3rd utilization 1.5%
- Legal/Financial top hits for information and service

Seminars held:

| | | | |
|--|----------|-----|--------------|
| Opioids and Addiction for veterinary professionals | 19-Aug | 7pm | 7 attendees |
| Suicide prevention for Veterinary Professionals | Sept. 23 | 7pm | 16 attendees |
| Talking to Employees about Difficult Topics | Oct. 14 | 7pm | 16 attendees |

Seminars coming up:

| | | |
|---|--------|------|
| Welcome | 10-Nov | Noon |
| Positive Psychology: Enhancing Your Happiness | 18-Nov | 7pm |

Bulletins sent:

| | | | | | | |
|-----------|-----------|-------|--|-------|-----|----|
| 2-Jul-21 | Friday | 14:40 | Welcome to the Veterinary Professional Assistance Program | 48 | 81% | 0 |
| 13-Jul-21 | Tuesday | 13:00 | New VPAP Resources and Upcoming Webinar | 6,119 | 33% | 8 |
| 3-Aug-21 | Tuesday | 16:25 | Veterinary Examining Board Approves Telehealth Guidance | 6,412 | 54% | 33 |
| 9-Aug-21 | Monday | 11:30 | New Resources and Upcoming Webinar From the VPAP | 6,147 | 35% | 9 |
| 17-Aug-21 | Tuesday | 13:30 | New Webinar for Veterinary Professionals | 6,144 | 29% | 14 |
| 8-Sep-21 | Wednesday | 10:10 | Upcoming Webinar From the Veterinary Professional Assistance Program | 6,127 | 36% | 5 |
| 21-Sep-21 | Tuesday | 11:05 | Webinar on Suicide Prevention Scheduled for Thursday | 6,125 | 29% | 4 |

Last two were in WVMA newsletter which may explain increase in number of attendees. Will need to reset webinar schedule in January. Suggestions for topics are welcome. Continuing education credit are available for attendees to VPAP seminars(1 hour non-scientific).

VII. Licensing/Exam Inquiries

A. YTD credential holder break down

Total number of credential holders:

Certified Veterinary Technicians - 2702

Veterinarian – 3986

Total number of new credential holders year to date:

New Wisconsin licensed veterinarians (203)

- *Licensed by endorsement – 99*
- *Licensed by examination – 104*

New Wisconsin Certified Veterinary Technicians (191):

- *Licensed by examination – 75*
- *Licensed by On-the-Job experience (OTJ) – 96*
- *Licensed by endorsement – 20*

VIII. American Association of Veterinary State Boards (AAVSB) Matters

- A. 2021 AAVSB annual meeting: September 30 –October 2, Denver Colorado – Attendee recap (informational)

Diane Dommer, Melissa Mace, Aaron O’Neil, and Liz Kennebeck attended in person while Amanda Reese attended virtually. Executive Directors meet on Thursday to discuss licensing to hammer out inconsistencies between states to make movement easier. The business meeting begins on Friday with speakers and seminars. The meeting concludes on Saturday with voting for any changes and with a meeting to discuss legal cases in North America that may have relevance to Veterinary Boards.

During a presentation at AAVBS annual meeting there was discussion about the issue that there are a lot of people who really don’t know what boards do. Suggestion was to invite legislators and others in the executive branch and/or media among others to meetings so they can learn more about what the board does. Possible addition of student liaison from local state veterinary school.

IX. Administrative Code Items

- A. Admin rules – VE 1-11 Status

Hearings were held on September 9th and 15th. Written comments were received through September 29th. 45 written comments from a variety of people in industry and the public.

The final rule draft will go to the Board for approval in January. After that, the final draft will go to the Governor for approval, and then to the Legislature for passive review.

X. Legislative and Policy Update

- A. Legislative update

Summary of 3 different bills related to VEB introduced this legislative session. No action or movement in past few months.

XI. Strategic Goals

- A. 2021 Goals

GOALS

1. Develop rules for the safe practice of telehealth in Wisconsin and implement them by the end of 2022.
 - a. Hearing draft approved and went to hearing and public comment.
 - b. Published a guidance document on telehealth
2. Proactively engage license holders about the value of VPAP with a target of meeting the national average for EAP program utilization by the end of 2023.
 - a. See Quarterly report (Distributed in meeting)
3. Close 80% of active disciplinary cases within 12 months of the case opening at screening committee. 31 cases resulting in discipline that have been closed in 2021. 19 of the 31 were closed within 12 months, for a total of 61%.
 - a. 1 of those cases was opened in 2018
 - b. 11 of those cases were opened in 2019
 - c. 8 of those cases were opened in 2020
 - d. 11 of those cases were opened in 2021
4. Increase outreach to credential holders.
 - a. Presented at WVMA meeting in Hortonville.
 - b. Sent a 'newsletter' with notification of telehealth guidance and proposed rules to all credential holders.

The Wisconsin Veterinary Medical Association (WVMA) has been a great partner in promoting the Veterinary Professional Assistance Program (VPAP). 2 ½ - 3% would be a really good goal for VPAP engagement.

XII. Future Meeting Dates and Times

A. 2022 VEB meeting dates

Proposed dates for 2022:

January 19

April 20

July 20

October 19

MOTION: Alan Holter moved, seconded by Leslie Estelle, to approve the 2022 VEB meeting dates. Motion carried unanimously.

XIII. CONVENE TO CLOSED SESSION

MOTION: Lisa Weisensel Nesson moved, seconded by Alan Holter, to convene to closed session to discuss the Wis. Admin. Code Ch. VE 11 update on the request for proposals where bargaining reasons require a closed session (§ 19.85 (1) (e), Stats.); to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats.); to consider individual

histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). Hunter Lang read the language of the motion. The vote of each member by was ascertained by voice vote. Roll Call Vote: Leslie Estelle – yes; Hunter Lang – yes; Lisa Weisensel Nesson – yes; Lyn Schuh – yes; Arden Sherpe – yes; Alan Holter – yes; Motion carried unanimously.

XIV. Deliberation on Licenses and Certificates (Action Items)

A. Request for waiver of CE requirement

XV. Deliberation on Compliance Matters (Action Items)

A. Proposed Administrative Warnings

1. 15 VET 017 PY
2. 15 VET 027 LB
3. 19 VET 028 SK – *not ready-- removed*
4. 21 VET 013 VS

B. Proposed Stipulations, Final Decisions and Orders

1. 18 VET 041 PH
2. 19 VET 015 NB
3. 19 VET 080 SK – *not ready-- removed*
4. 20 TECH 004 KS
5. 20 VET 084 JG
6. 21 VET 003 JS
7. 21 VET 008 TY
8. 21 VET 014 JK

C. Orders Granting Full Licensures

1. 20 VET 081 KK
2. 20 VET 099 TK
3. 21 VET 009 RL
4. 21 VET 014 JK

D. Aged Case Discussion

XVI. Review of Veterinary Examining Board Pending Cases Status Report

A. Pending Case Status Report (Informational)

XVII. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

MOTION: Hunter Lang moved, seconded by Lyn Schuh, to reconvene to open session. Motion carried unanimously. The Board reconvened at 11:13am.

XVIII. Open Session Items Noticed Above not Completed in the Initial Open Session

XIX. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

MOTION: Alan Holter moved, seconded by Leslie Estelle, to approve JN's CE waiver request for 20 hours in the 2020/21 biennial renewal period as long as they demonstrate compliance with the required CE from the 2018/19 biennial renewal period. Arden Sherpe dissented. Motion carried.

MOTION: Alan Holter moved, seconded by Lisa Weisensel Nesson, to deny the CE waiver request for MR. Motion carried unanimously.

MOTION: Alan Holter moved, seconded by Leslie Estelle, to issue an administrative warning in the cases against 15 VET 017 PY, 15 VET 027 LB, and 21 VET 013 VS. Motion carried unanimously.

MOTION: Lisa Weisensel Nesson moved, seconded by Arden Sherpe, accept the signed stipulation and FDO for 18 VET 041 PH, 19 VET 015 NB, 20 TECH 004 KS, 20 VET 084 JG, 21 VET 003 JS, 21 VET 008 TY, 21 VET 014 JK. Motion carried unanimously.

MOTION: Leslie Estelle moved, seconded by Alan Holter, to issue an order granting full licensure in the case of 20 VET 081 KK, 20 VET 099 TK, 21 VET 009 RL, 21 VET 014 JK. Motion carried unanimously.

XX. Ratification of Licenses and Certificates

MOTION: Lisa Weisensel Nesson moved, seconded by Alan Holter, to delegate ratification of examination results to DATCP staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

XXI. ADJOURNMENT

MOTION: Lisa Weisensel Nesson moved, seconded by Alan Holter, to adjourn. Motion carried unanimously.

The meeting adjourned at 11:23am.



**VETERINARY EXAMINING BOARD
ADMINISTRATIVE RULES COMMITTEE**

MEETING MINUTES

Monday, November 8, 2021

MEMBERS PRESENT: Amanda Reese; Diane Dommer Martin, DVM; Leslie Estelle, DVM.

STAFF PRESENT, Department of Agriculture, Trade and Consumer Protection (DATCP): Melissa Mace, VEB Executive Director; Aaron O'Neil, DATCP Attorney; Angela Fisher, Program and Policy Analyst.

Diane Dommer, Chair, called the meeting to order at 9:05am. A quorum of three (3) members was confirmed.

I. 9:05 AM OPEN SESSION – ROLL CALL – CALL TO ORDER

a. Roll call administered by Melissa Mace, all members present.

II. Discuss potential changes to hearing draft CR-21-062 based on comments received. Note: final draft will be submitted to the full Veterinary Examining Board for consideration at the January 19th full Board meeting.

- a. Diane Dommer asked Angela Fisher to lead this discussion. Angela Fisher asked if Melissa Mace had any comments. Melissa Mace commented that the Administrative Rules Committee was convened to discuss comments that were provided on the hearing draft rule during the public comment period. The Members may propose changes to the rule based on those comments, but are not obligated to.
- b. Angela Fisher then walked through the pertinent parts of the hearing draft rule that received comments:
- i. The VCPR definition. Comments included concerns regarding emergency situations and consultation. Angela Fisher suggested that the definition of tele-triage and consulting be incorporated in this section in order to make the exceptions to an in-person initial VCPR more clear.
 - ii. Discussed the summary of comments received.

MOTION: Leslie Estelle moved and Amanda Reese seconded moving tele-triage language to the section discussing VCPR requirements. Motion carried unanimously.

MOTION: Leslie Estelle moved and Amanda Reese seconded moving consulting language to the section discussing VCPR requirements. Motion carried unanimously.

Diane Dommer asked if technology became available that would allow for thorough exams to be completed using telehealth technologies if the Board could act to include those. Angela Fisher responded that it would, most likely, take another rule change, but it could be more limited and focused and potentially proceed faster than the current package. No changes to the VCPR requirements were requested by Members.

All members supported leaving assisted reproductive technologies (ARTs) as it is currently: a medical service that can only be delegated to a CVT under the direct supervision of a veterinarian when the veterinarian is present on the premises.

III. ADJOURNMENT

MOTION: Leslie Estelle moved and Amanda Reese seconded adjourning the meeting. Motion carried unanimously.

The meeting adjourned at 9:33am.

Veterinary Examining Board Agenda Request Form

| | |
|--|---|
| 1) Meeting Date | Jan. 19, 2022 |
| 2) Requestor Name | M. Mace |
| 3) Item Title for the Agenda | Board member terms |
| 4) Should the Item be in Open or Closed Session? | Open |
| 5) Are there Attachments? (If yes, include file names) | VEB Roster 2021-2022 |
| 6) Is a Public Appearance Anticipated? | no |
| 7) Description of the Agenda Item | <p>Review of any Board member terms and expirations.</p> <p>Terms are four years – may serve in roll over capacity if appointment not made upon term expiration.</p> <p>Second Term (may not be reappointed): Dr. Dommer Martin – Mixed Practice Veterinarian - 07/01/23 Dr. Weisensel Nesson – Equine Veterinarian – 07/01/23</p> <p>First Term (may reappoint) Dr. Hunter Lang – Large Animal Veterinarian – 07/01/23 Lyn Schuh – CVT – 07/01/23 Arden Sherpe – Public – 07/01/23 Amanda Reese – Public – 07/01/24 Dr. Alan Holter – Small Animal Veterinarian – 07/01/24 Dr. Leslie Estelle – Small Animal Veterinarian – 07/01/25</p> |

Veterinary Examining Board Agenda Request Form

| | |
|---|---|
| 1) Meeting Date | 1/20/21 |
| 2) Requestor Name | Angela Fisher |
| 3) Item Title for the Agenda | Election of Officers Appointment of Liaisons Appointment of Committees |
| 4) Should the Item be in Open or Closed Session? | Open Session |
| 5) Are there Attachments? (If yes, include file names) | “2021 Elections & Appointments” |
| 6) Is a Public Appearance Anticipated? | No |
| 7) Description of the Agenda Item | <p>Per s. 15.08(2), Wis Stat. (2) SELECTION OF OFFICERS. At its first meeting in each year, every examining board shall elect from among its members a chairperson, vice chairperson and, unless otherwise provided by law, a secretary. Any officer may be reelected to succeed himself or herself.</p> <p>The Board decided at the October 2021 meeting that while elections and appointments will be held at the first meeting of the year, the transition of officers and appointees will not take effect until the July meeting.</p> <p>The full Board elects the chair, vice chair, and secretary. Then the Board discusses and the chair appoints the liaisons and committees.</p> <p>The attachment lists the offices, liaisons, and committees that have been used in past years with descriptions of what these roles have been used for.</p> |



State of Wisconsin

Veterinary Examining Board

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2022 Elections and Appointments

| 2022 Election Results | | |
|-----------------------|---|-------------|
| Office | Description of Role | Member Name |
| Board Chair | Highest ranking officer. Manages meetings. Delegated authority to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority to the Board's Executive Director for purposes of facilitating the completion of assignments during or between meetings. | |
| Vice Chair | Serves as backup for the Board Chair. | |
| Secretary | Serves as secondary backup for the Board Chair. | |

| 2022 Liaison Appointments | | |
|--|--|-------------|
| Liaison | Description of Role | Member Name |
| Continuing Education and Exams Liaison | Consultation on CE questions (type of CE, acceptable as CE, etc.) Review and consult on questions regarding adequacy of Exams and Exam questions as appropriate. | Primary: |
| | | Alternate: |

| 2022 Committee Appointments | | |
|-----------------------------|---|-------------|
| Committee | Description of Role | Member Name |
| Screening Committee | Delegated authority to open cases for investigation or closes cases inappropriate for further action. Delegated authority to consider questions related to scope of practice of veterinary medicine and veterinary technicians. The Committee may choose to approve or reject a particular | Chair: |
| | | Member: |
| | | Member: |
| | | Member: |
| | | Member: |

| | | |
|--------------------------------------|---|---------|
| | <p>practice, or bring the matter to the full Board.</p> <p>Chair manages Committee meetings.</p> | |
| Credentiaing Committee | <p>Delegated authority to address all issues related to credentialing matters, except potential denial decisions should be referred to the full Board for final determination.</p> <p>Delegated authority to employ a “passive review” process for background checks, whereby if no Committee member requests a meeting on the materials within five business days after receiving them, the application would be considered cleared to proceed through the process.</p> <p>Chair manages Committee meetings.</p> | Chair: |
| | | Member: |
| | | Member: |
| Administrative Rules Committee | <p>Meet in between quarterly meetings to discuss administrative rules and guidance documents. The Committee’s role is to expedite the process of drafting documents. Final drafts will go to the full Board for approval.</p> <p>Chair manages committee meetings and is the primary contact for simpler administrative rule questions.</p> | Chair: |
| | | Member: |
| | | Member: |

Veterinary Examining Board Agenda Request Form

| | |
|--|--|
| 1) Meeting Date | Jan. 19, 2022 |
| 2) Requestor Name | M. Mace |
| 3) Item Title for the Agenda | Roles and Authorities Delegated to the Case Advisor and Department Monitor |
| 4) Should the Item be in Open or Closed Session? | Open |
| 5) Are there Attachments? (If yes, include file names) | “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor” “Roles and Authorities Delegated to the Case Advisor and Department Monitor” |
| 6) Is a Public Appearance Anticipated? | no |
| 7) Description of the Agenda Item | <p>The Board has at past meetings delegated authorities to the monitoring liaison and the department monitor as described in the document: “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor”</p> <p>This document has been reviewed and updates suggested to make it consistent with current practice/</p> <p>Proposed changes to the “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor”</p> <ol style="list-style-type: none"> 1. Rename as ‘Roles and Authorities Delegated to the Case Advisor and Department Monitor’ 2. Change and redefine the monitoring liaison (ML) to be the case advisor (CA). (Currently the Monitoring Liaison is defined as a single liaison {board member} for all FDOs.) 3. Define the Department Monitors (DM) as the VEB department staff that manage FDOs to include the investigators, investigators supervisor, Board Attorneys, and Exec Dir. Primary being the investigator. 4. Make the ability to grant a maximum 90 day extension for CE and payment of costs and/or forfeitures to the DM. 5. Allow the DM to grant or deny approval when Respondent proposes continuing/remedial education |

courses or change of employment, unless the order specifically requires full-Board approval.

6. This retains the CA (previously ML) role to grant or deny approval when Respondent proposes, treatment providers, mentors, supervisors, etc. unless the order specifically requires full-Board approval.

Potential Actions:

MOTION: _____ moved, seconded by ____, to adopt the changes as proposed to the 'Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor' document.

MOTION: _____ moved, seconded by ____, to adopt changes # , to the 'Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor' document

MOTION: _____ moved, seconded by ____, to reject the proposed changes to the 'Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor' document



State of Wisconsin

Veterinary Examining Board

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Roles and Authorities Delegated to the Case Advisor and Department Monitor

Definitions:

Case Advisor: Veterinary Examining Board (VEB) member that served as the case advisor on the original investigation, or is appointed as case advisor due to the prior case advisor being unavailable to complete the duty. (Example no longer serving on the VEB)

Department Monitor: Department of Agriculture Trade and Consumer Protection staff that work with the VEB to manage investigations and Final Decision Orders (FDO); Primary Department Monitors are the VEB Investigators. In their absence the Investigator Supervisor, Board attorneys, or Executive Director may act in their stead.

The Case Advisor is a board designee who works with Department Monitor(s) to enforce the Board's orders as explained below.

Authorities Delegated to the Case Advisor

The Case Advisor may take the following actions on behalf of the Board:

1. Grant a temporary reduction in random drug screen frequency upon Respondent's request if he/she is unemployed and is otherwise compliant with Board order. The Department Monitor will draft an order and sign on behalf of the Case Advisor. The temporary reduction will be in effect until Respondent secures employment in the profession.
2. Grant a stay of suspension if Respondent is eligible per the Board order. The Department Monitor will draft an order and sign on behalf of the Case Advisor.
3. Remove the stay of suspension if there are repeated violations or a substantial violation(s) of the Board order. The Department Monitor will draft an order and sign on behalf of the Case Advisor.
4. Grant or deny approval when Respondent proposes treatment providers, mentors, supervisors, etc. unless the order specifically requires full-Board approval. The Department Monitor will notify Respondent of the Case Advisor's decision

Authorities Delegated to the Department Monitor

The Department Monitor may take the following actions on behalf of the Board, draft an order and sign:

1. Grant full reinstatement of licensure if CE and payment of costs are the sole conditions of the limitation and Respondent has submitted the required proof of completion for approved courses and full payment of costs.
2. Grant a maximum 90-day extension, if warranted and requested in writing by Respondent, to complete

Board-ordered CE, pay proceeding costs, and/or pay forfeitures upon Respondent's request.

3. Suspend the license if Respondent has not completed Board-ordered CE and/or paid costs and forfeitures within the time specified by the Board order. The Department Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, or change of employment unless the order specifically requires full-Board approval. The Department Monitoring will work with the Case Advisor as appropriate when requests are unusual and/or seek to take courses that are not clearly related to the topics required in the FDO.

Clarification

1. In conjunction with removal of any stay of suspension, the Case Advisor may prohibit Respondent from seeking reinstatement of the stay for a specified period of time.



State of Wisconsin

Veterinary Examining Board

2811 Agriculture Drive • PO Box 8911 • Madison, WI 53708-8911 • Wisconsin.gov

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison is a board designee who works with department monitors to enforce the Board's orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board:

1. Grant a temporary reduction in random drug screen frequency upon Respondent's request if he/she is unemployed and is otherwise compliant with Board order. The Department Monitor will draft an order and sign on behalf of the Liaison. The temporary reduction will be in effect until Respondent secures employment in the profession.
2. Grant a stay of suspension if Respondent is eligible per the Board order. The Department Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board order. The Department Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board approval. The Department Monitor will notify Respondent of the Liaison's decision.
5. Grant a maximum 90-day extension, if warranted and requested in writing by Respondent, to complete Board-ordered CE, pay proceeding costs, and/or pay forfeitures upon Respondent's request.

Current Authorities Delegated to the Department Monitor

The Department Monitor may take the following actions on behalf of the Board, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board-ordered CE and/or paid costs and forfeitures within the time specified by the Board order. The Department Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.

Clarification

1. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. (This is consistent with current practice.)

**Veterinary Examining Board
Agenda Request Form**

| | |
|---|---|
| 1) Meeting Date | 1/20/21 |
| 2) Requestor Name | Angela Fisher |
| 3) Item Title for the Agenda | Delegation of Authority |
| 4) Should the Item be in Open or Closed Session? | Open Session |
| 5) Are there Attachments? (If yes, include file names) | “Delegated Authority Motions” “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor” |
| 6) Is a Public Appearance Anticipated? | No |
| 7) Description of the Agenda Item | These are motions to delegate VEB authority to officers, liaisons, and department staff. These motions occur at the first Board meeting of every calendar year. |

DELEGATED AUTHORITY MOTIONS

Delegated Authority – Urgent Matters

MOTION: _____ moved, seconded by _____: In order to facilitate the completion of assignments between meetings, the Board delegates authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Board, to appoint liaisons to the Department to act in urgent matters, to fill vacant appointment positions, where knowledge or experience in the profession is required to carry out the duties of the Board in accordance with the law.

Delegated Authority - Screening Panel

MOTION: _____ moved, seconded by _____, that the Board delegates authority to the Screening Panel to open cases for investigation or close cases inappropriate for further action.

MOTION _____ moved, seconded by _____, that the Board delegates authority to the Screening Panel to consider questions related to scope of practice of veterinary medicine and veterinary technicians. The Screening Panel may choose to approve or reject a particular practice, or bring the matter to the full Board.

Delegated Authority - Credentialing Committee

MOTION: _____ moved, seconded by _____, that the Board delegates authority to the Credentialing Committee to address all issues related to credentialing matters, except potential denial decisions should be referred to the full Board for final determination.

MOTION _____ moved, seconded by _____, that the Board delegates authority to the Credentialing Committee to employ a “passive review” process for issues related to credentialing matters, whereby if no Committee member requests a Committee meeting on the materials within five (5) business days after receiving them, the application would be considered cleared to proceed through the process, except for credentialing matters involving applicants that are:

- Currently under investigation or has been disciplined by the licensing authority in the other state, territory or country,

- A party in pending litigation in which it is alleged that the applicant is liable for damages for acts committed in the course of practice or,
- Where the applicant has been found liable for damages for acts committed in the course of practice which evidenced a lack of ability or fitness to practice.

Delegated Authority - Document Signatures

MOTION: _____, seconded by _____, that the Board delegates authority to the Chair to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority to the Board's Executive Director for purposes of facilitating the completion of assignments during or between meetings.

If changes not accepted on prior agenda item:

Delegated Authority - Monitoring Liaison and Department Monitor

MOTION: _____ moved, seconded by _____, to adopt the "Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor" document.

If changes accepted on prior agenda item:

Delegated Authority – Case Advisor and Department Monitor

MOTION: _____ moved, seconded by _____, to adopt the "Roles and Authorities Delegated to the Case Advisor and Department Monitor" document.

Veterinary Examining Board Agenda Request Form

| 1) Meeting Date | Jan. 19 2022 | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------|-------|------|-------|---|---------|-----|----|---------|--------|------|---|---|--------|-----|----|-------|------|------|--|--------|-----|-----------------|--------|-----|
| 2) Requestor Name | Mace | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3) Item Title for the Agenda | VPAP update | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4) Should the Item be in Open or Closed Session? | Open | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5) Are there Attachments? (If yes, include file names) | Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6) Is a Public Appearance Anticipated? | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7) Description of the Agenda Item | <p>Informational – no action needed. VPAP Quarterly and annual usage report from Human: Distributed at meeting 4th Qtr 2021 Seminars held (Oct – Dec):</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 70%;">Topic</th> <th style="width: 10%;">Date</th> <th style="width: 10%;">Time</th> <th style="width: 10%;">Count</th> </tr> </thead> <tbody> <tr> <td>Talking to Employees about Difficult Topics</td> <td>14- Oct</td> <td>7pm</td> <td>16</td> </tr> <tr> <td>Welcome</td> <td>10-Nov</td> <td>Noon</td> <td>2</td> </tr> <tr> <td>Positive Psychology: Enhancing Your Happiness</td> <td>18-Nov</td> <td>7pm</td> <td>54</td> </tr> </tbody> </table> <p>VPAP Bulletins sent (Oct – Dec): 12/2: Welcome to the Veterinary Professional Assistance Program (sent to new WI licensees each month) 11/30: Veterinary Professional Assistance Program Resources and Webinars 11/15: Thursday Webinar: Positive Psychology 11/2: Welcome to the Veterinary Professional Assistance Program (sent to new WI licensees each month) 11/2: Two VPAP Webinars Coming in November 10/12: This Thursday VPAP Webinars Presents: Talking to Employees About Difficult Topics 10/6: Upcoming Webinar: Talking to Employees About Difficult Topics</p> <p>2021 Webinars Summary:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Topic</th> <th style="width: 10%;">Date</th> <th style="width: 20%;">Time</th> </tr> </thead> <tbody> <tr> <td>Stress in Communities of Color: Finding Resilience</td> <td>25-Feb</td> <td>7pm</td> </tr> <tr> <td>Welcome Webinar</td> <td>10-Feb</td> <td>7pm</td> </tr> </tbody> </table> | Topic | Date | Time | Count | Talking to Employees about Difficult Topics | 14- Oct | 7pm | 16 | Welcome | 10-Nov | Noon | 2 | Positive Psychology: Enhancing Your Happiness | 18-Nov | 7pm | 54 | Topic | Date | Time | Stress in Communities of Color: Finding Resilience | 25-Feb | 7pm | Welcome Webinar | 10-Feb | 7pm |
| Topic | Date | Time | Count | | | | | | | | | | | | | | | | | | | | | | | |
| Talking to Employees about Difficult Topics | 14- Oct | 7pm | 16 | | | | | | | | | | | | | | | | | | | | | | | |
| Welcome | 10-Nov | Noon | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| Positive Psychology: Enhancing Your Happiness | 18-Nov | 7pm | 54 | | | | | | | | | | | | | | | | | | | | | | | |
| Topic | Date | Time | | | | | | | | | | | | | | | | | | | | | | | | |
| Stress in Communities of Color: Finding Resilience | 25-Feb | 7pm | | | | | | | | | | | | | | | | | | | | | | | | |
| Welcome Webinar | 10-Feb | 7pm | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|---|-----------|------------|
| Building Resilience: Your Best Weapon Against Stress. | April 22` | 7pm |
| Making Mental Health a Priority | 13-May | 7pm |
| Welcome Webinar | 10-Jun | 7pm |
| Working in Multigenerational teams | 15-Jul | noon |
| Opioids and Addiction for veterinary professionals | 19-Aug | |
| Suicide prevention for Veterinary Professionals | Sept. 23 | |
| Welcome | 9-Sep | 7pm |
| Talking to Employees about Difficult Topics | 14-Oct | 7pm |
| Welcome | 10-Nov | 12pm & 7pm |
| Positive Psychology: Enhancing Your Happiness | 18-Nov | 7pm |

2022 Webinars/Outreach:

Plan to scale back offer fewer webinars, CE offered where we can.

Seminars currently planned:

| | | |
|--|---------|-----|
| Meeting Your Personal Wellness Goals | Jan. 20 | 7pm |
| Finding Purpose: The Gateway to well-being | Mar/Apr | 7pm |

Preparing survey to gather feedback on topics such as:

- Enhancing Resilience in Yourself and Your Family
- Skills for Lasting Relationships
- Dealing with Compassion Fatigue and Burnout
- Using Mindfulness to Combat Stress
- Retaining Legal Control over Important Life Decisions
- Tips for a Good Night's Sleep

Veterinary Examining Board Agenda Request Form

| | |
|--|--|
| 1) Meeting Date | Jan 19, 2022 |
| 2) Requestor Name | M. Mace |
| 3) Item Title for the Agenda | Board Basics and Beyond training |
| 4) Should the Item be in Open or Closed Session? | Open |
| 5) Are there Attachments? (If yes, include file names) | No |
| 6) Is a Public Appearance Anticipated? | No |
| 7) Description of the Agenda Item | <p>Board Basics & Beyond is an interactive training session designed with the new board member, executive director, board staff, or attorney in mind. Participants acquire knowledge and skills necessary to excel in their regulatory role. This workshop is ideal for individuals new to their position or those wishing to learn more about being a regulator.</p> <p>When & Where April 1-2, 2022 Fontaine Hotel Kansas City, Missouri</p> <p>Cost Member cost \$250 USD per person, all in.</p> <p><u>Registration Open through February 28, 2022</u></p> <p>For more information visit Board Services AAVSB</p> <p>If you are interested in attending notify Melissa Mace no later than February 11.</p> |

Veterinary Examining Board Agenda Request Form

| | |
|---|--|
| 1) Meeting Date | 1/19/22 |
| 2) Requestor Name | Angela Fisher |
| 3) Item Title for the Agenda | Admin Rules – VE 1-11 Final Rule Draft Approval |
| 4) Should the Item be in Open or Closed Session? | Open |
| 5) Are there Attachments? (If yes, include file names) | “Final Rule Draft” “Checklist for Governor’s Office” “Summary of Public Comments” “All Written Comments” “Clearinghouse Comments” “Admin Rules Status” |
| 6) Is a Public Appearance Anticipated? | No |
| 7) Description of the Agenda Item | <p>Action Item: Approval of Final Rule Draft</p> <p>Background: Hearings were held on September 9th and 15th. Written comments were received through September 29th. The Administrative Rules Committee met on November 8th to discuss potential changes to the rule draft based on comments received.</p> <p>Changes from the Hearing Draft to the Final Draft:</p> <p>Based on public comments, the final rule draft maintains the same VCPR definition as was in the hearing draft, but does make changes to make related provisions clearer. Provisions regarding emergency care, general advice, and consulting were moved from the definitions into the body of the rule, and language was added to the telemedicine section to make it clearer that those specified items do not require the establishment of a VCPR.</p> <p>Based on public comments, the final rule draft maintains the same language regarding delegation as was in the hearing draft. No changes were made regarding ART procedures.</p> <p>The final rule draft also includes changes to address all Clearinghouse comments. Most significantly, the definitions were evaluated for clarity and consistency, and several terms were moved from the definitions into the body of the rule.</p> <p>Next Steps: The final draft will go to the DATCP Board on January 27th for approval. After approval from both the VEB and the DATCP Board, the final rule draft will go to the Governor for approval, and then to the Legislature for passive review.</p> <p>Reminder about Role of DATCP Board: The authority to determine fees for veterinarians and veterinary technicians is vested</p> |

in DATCP, pursuant to Wis. Stat. s. 89.063. Fee amounts would not be changed as a part of this proposal. However, the rule proposal states the existing fee amounts in rule.

**PROPOSED ORDER
OF THE STATE OF WISCONSIN VETERINARY EXAMINING BOARD
ADOPTING RULES**

1 The Wisconsin Veterinary Examining Board proposes the following permanent rule *to repeal*
2 *and recreate chs.* VE 1 to 3; to repeal chs. VE 4 to 10; *to amend* VE 11.04 (1) (a) and (i), VE
3 11.10 (1) (d) and (g) 1. and 2.; *to renumber* VE 11; *relating to* veterinarians and veterinary
4 technicians.

Analysis Prepared by the Veterinary Examining Board

The proposed rule makes structural changes, minor language changes, and telehealth changes.

Statutes Interpreted: Wis. Stat. §§ 89.02 (6) and (8) (c), 89.03, 89.05 (1), 89.063, 89.068 (1) (c), 89.07 (1), 89.075, and 95.21 (2) (a).

Statutory Authority: Wis. Stat. §§ 89.03 and 89.063.

Explanation of Statutory Authority

Wis. Stat. § 89.03 authorizes the Veterinary Examining Board (Board) to promulgate rules related to the practice of veterinary medicine.

Wis. Stat. § 89.063 authorizes the Department of Agriculture, Trade and Consumer Protection (Department) to determine by rule applicable fee amounts.

Related Statutes and Rules

Wis. Admin. Code chs. VE 1 to 11.

Plain Language Analysis

The proposed rule makes structural changes, minor language changes, and telehealth changes as described below.

Structural Changes

- Consolidates the eleven existing rule chapters into three chapters: one for veterinarians, one for veterinary technicians, and one for the professional assistance program. Consolidation makes the rules easier to access quickly.
- Adds a chapter for relevant complaint procedures that did not transfer in the previous rules from DSPTS to DATCP.
- States the current fee amounts in rule. Fee amounts do not change.

Minor Language Changes

- Makes changes regarding procedures and processes.
 - o Removes the word annual from references to the review of colleges and technical schools.
 - o Expands the temporary veterinary permit process to include applicants who are scheduled to take or are awaiting results from the examination on state laws and rules.
 - o Clarifies that applicants for licensure who have previously been licensed in Wisconsin or another jurisdiction must apply by endorsement.
 - o Adds for clarity and consistency a section identifying common situations in which the board may require additional information from an applicant when reviewing an application.
 - o States more clearly that the board may reprimand the licensee or deny, suspend, limit or revoke a credential for cause, including filing an incomplete or fraudulent application, misrepresenting information on an application, or violating the rule chapter or Wis. Stat. ch. 89.
- Makes technical changes and updates.
 - o Adds the denial of a license to the list of reasons for a temporary veterinary permit to expire.
 - o Allows applicants to provide proof of graduation through the American Association of Veterinary State Boards (AAVSB), which allows for electronic submissions using the AAVSB online system.
 - o Adds direction in the rules to assure the requirements for access to health care records required in Wis. Stat. s. 89.075 are clear and consistently applied.
 - o Removes an obsolete provision regarding continuing education auditing of journal articles read. The Board previously eliminated the ability to self-study journal articles and mistakenly did not also eliminate this provision regarding auditing.
 - o Clarifies the continuing education requirements for persons who have not been credentialed for more than 5 years.
 - o Adds language to clearly state license exemptions.
- Allows veterinarians to delegate additional veterinary medical acts to certified veterinary technicians and unlicensed assistants.

- Allows veterinarians to delegate the placement of intravenous catheters to unlicensed assistants under the direct supervision of the veterinarian present on the premises, per requests from stakeholders.
- Additional changes to the delegation of veterinary medical acts are included in the telehealth section of this summary.
- Makes changes for consistency and ease of use the places in which rule requirements repeat, or refer to requirements in statute.
 - Modifies language regarding unprofessional conduct so that it also refers to Wis. Stat. s. 89.07 (1).
 - Modifies language regarding prescribing and dispensing a veterinary drug to refer to Wis. Stat. s. 89.068 (1) (c).
 - Makes a correction to the delegation of rabies vaccinations to reflect Wis. Stat. s. 95.21 (2) (a).
- Modifies terminology for clarity and consistency.
 - Adds additional definitions and updates existing definitions language for clarity.
 - Renames “temporary permit” to “temporary veterinary permit” and renamed “temporary consulting permit” to “veterinary consulting permit.”
 - Changes language to use the word “dispense” rather than “sell” to be more consistent with statutory language and definitions to make the language clearer and easier to understand.
 - Adds a note clarifying that the board accepts “veterinary nurse” as equivalent to “veterinary technician.”

Telehealth Changes

- Adds definitions related to telehealth.
- Adds definitions related to veterinary consulting and clarifies that a consulting veterinarian or other consultant may not do any of the following:
 - Visit the patient or client or communicate directly with the client without the knowledge of the attending veterinarian.
 - Take charge of a case or problem without the consent of the attending veterinarian and the client.
- Clarifies that the practice of veterinary medicine takes place where the animal is located at the time of practice, in alignment with Wis. Stat. §§ 89.05 (1) and 89.02 (6).
- Clarifies that in order to practice veterinary medicine in Wisconsin a veterinarian must be licensed in Wisconsin and have an established veterinary-client-patient relationship (VCPR) with the client. A VCPR must be established via an in person physical exam, or timely medically appropriate visits to the premises on which the patient is kept. It may not be established by telehealth technologies.

- Clarifies that the VCPR, once established, extends to other veterinarians within the practice, or relief veterinarians within the practice, that have access to, and have reviewed, the medical history and records of the animal.
- Clarifies that records must be kept, regardless of the encounter type.
- Clarifies, in accordance with Wis. Stat. § 89.02(8) (c), that an animal owner must be able to easily seek follow-up care or information from the veterinarian who conducts an encounter while using telehealth technologies.
- Expands the delegation of medical services to allow a veterinarian to delegate the following items to a certified veterinary technician (CVT) if the veterinarian is available to communicate via telehealth technologies within five minutes. Under current rules, these items may only be delegated to a CVT if the veterinarian is personally present on the premises.
 - o Performing diagnostic radiographic awake contrast studies not requiring general anesthesia.
 - o Sample collection via a cystocentesis procedure.
 - o Placement of intravenous catheters.
 - o Suturing of tubes and catheters.
 - o Fine needle aspirate of a mass.

Summary of, and Comparison with, Existing or Proposed Federal Statutes and Regulations

Pursuant to 9 CFR 160 to 162, a veterinarian must be specifically authorized by the United States Department of Agriculture – Animal and Plant Health Inspection Service to perform animal disease eradication and control functions under federal animal health laws.

Licensure requirements to practice veterinary medicine are established by each state and should not be affected by federal requirements.

Summary of Comments Received during Hearing and Comment Periods

Preliminary Public Hearing and Comment Period on the Statement of Scope

The Board held a preliminary hearing on SS 064-20 on August 19, 2020, with a written comment period through August 26, 2020. The Board received three comments. One comment was for information. Two comments expressed support of the scope, both expressed support of including telehealth in the scope, and one also expressed support of including addressing the circumstances under which a veterinarian may dispense a drug for a patient of another veterinarian in the scope.

Comment Period on the Economic Impact Analysis

The economic impact analysis was posted for 14 days, with comments accepted through June 21, 2021. One comment was received. The comment noted a typo in the plain language analysis, which has been corrected. The comment also expressed objection to the term “veterinary nurse,”

stated that there are objections from the national nursing organization regarding the term, and stated that “nurse” does not adequately encompass the skills and knowledge base of veterinary technicians. The rule draft does not use “veterinary nurse” to refer to veterinary technicians, but does include a note that states that the Board accepts the classification of “veterinary nurse” in other jurisdictions as equivalent to “veterinary technician.” While the Board, and this rule, does not use “veterinary nurse” to refer to veterinary technicians, this note clarifies that the Board accepts the term as equivalent when used by other jurisdictions.

Public Hearing and Comment Period on the Preliminary Rule Draft

The Board held public hearings on the preliminary rule draft on September 9 and 15, 2021, with comments accepted through September 29, 2021. Both hearings offered a combination of in-person access and remote access. The Board sent an email notice to licensees notifying them of the hearing and comment period, in addition to the posting in the Administrative Register. The Board received 3 comments at public hearings and 25 written comments. There were 26 total commenters. Of these 26:

- Nine expressed support of the proposed rule. Of these nine:
 - o Nine also specified support of the veterinary-client-patient relationship (VCPR) definition
 - o Eight also specified support of the omission of Assisted Reproductive Technologies (ART) procedures in delegation changes
 - o Two also expressed that ART procedures should not be delegated to a CVT at all
 - o One also expressed opposition to delegation without the veterinarian on the premises generally
 - o Six also expressed support of language regarding veterinarians filling prescriptions for other veterinarians
- Fourteen expressed opposition to the VCPR definition
- One expressed opposition to the omission of ART in delegation changes
- Two did not express a position for/against the proposal
 - o One expressed concerns about existing rabies provisions

VCPR Definition

The hearing draft created a new section regarding telemedicine and stated that “In order to practice veterinary telemedicine in Wisconsin, a veterinarian must be licensed in Wisconsin and have an established VCPR with the client. A VCPR must be established via an in-person physical exam, or timely medically appropriate visits to the premises on which the patient is kept. The VCPR may not be established by telehealth technologies.”

Comments expressing opposition to the VCPR definition expressed that:

- There are cases where a veterinarian cannot do a physical exam because of the aggression displayed by the patient
- The VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters
- Telecommunicating might make veterinary services more affordable

- Access to veterinary care in northern Wisconsin is challenging and referral after hours is to a clinic over an hour away
- Being able to establish a VCPR via virtual tool would allow more pets to receive care at critical times
- Telemedicine can provide quality, and potentially lifesaving care, improve efficiency and flexibility in scheduling options, and provide benefits to pet owners without access to transportation or who are unable to easily leave their homes
- Dogs and cats needlessly suffer, experience premature death, or are relinquished to animal shelters due to gaps in veterinary access, and telemedicine is a critical tool for the veterinary community to bridge gaps in care
- While physical veterinary medical examinations are sometimes critical, responsible use of telemedicine can bring essential care to more animals
- The education and licensing requirements that veterinarians undertake prepare them to utilize professional judgement in determining whether telemedicine is appropriate in the care of a particular animal or condition
- The rule could require safeguards with criteria for establishing a VCPR through electronic means
- Telehealth technologies have been used to create a human physician-patient relationship, including infants and nonverbal children
- The American Association of Veterinary State Boards (AAVSB) practice act model language supports allowing a veterinarian to establish a VCPR through telemedicine
- Support options 2 and 3
- Support Michigan and Washington policies

Comments expressing support of the VCPR definition expressed that:

- The statutory definition of VCPR under Wis. Stat. s. 89.02 (8) requires that the veterinarian has recently examined the patient or has made medically appropriate and timely visits to the premises on which the patient is kept, the VEB is granted authority to promulgate rules within the limits established by the statutory authority granted to it by the legislature, and the VEB may not change the VCPR definition but may allow the use of telehealth technologies within the scope of the statutory definition
- The telehealth changes are good and oppose moving them beyond what was proposed in the hearing draft
- In-person contact is critical for the long-term care of the patient
- While telehealth is an excellent tool for managing very specific cases, it does not provide enough background for a broad picture view of a farm in its entirety
- There is a critical difference between providing care to animals and humans because animal patients cannot directly communicate their pain or their symptoms to a veterinarian using language
- The owner can misinterpret an animal's condition
- A physical exam or visit to the premises provides a more complete understanding of the animal, its medical history, the environment, and the client in order to provide the highest standard of care, and it is critical to the safe and effective provision of veterinary medicine using telehealth technologies
- An in-person visit by the veterinarian serves to protect patients and clients by assuring that animals have been appropriately evaluated

- Eliminating the requirement for an in-person evaluation can present substantial risks, including suboptimal diagnosis and treatment, misinterpretation of animals' clinical signs by owners/caretakers, overprescribing, animal disease risks associated with transport of livestock for which an in-person evaluation was not conducted prior to issuing a Certificate of Veterinary Inspection, public health risks associated with delayed or missed diagnosis of zoonotic disease, and claims of malpractice
- Medical care delivered to patients must continue to be of high quality, and technological tools used to support electronic veterinary visits are still in their early stages of development and as of yet do not provide the same amount of information as an in-person encounter
- Addressing care disparities is not as straightforward as allowing the VCPR to be established electronically, and barriers to the receipt of veterinary care include socioeconomic, geographic, knowledge and demographic/culture based
- Through research the lack of physical proximity and the requirement for an in-person visit do not appear to be the primary barriers to accessing veterinary care
- Telemedicine itself is not free of access barriers, right now only 10% of veterinary clients are using it (8% telephone only), and surveys on the human health side revealed technological barriers, such as lack of access to technology, insufficiency of broadband internet, and digital literacy
- Telemedicine is not a clear solution to the problem of cost, results are mixed as to whether telehealth reduces downstream utilization of health care, and study on the human side resulted no reduction in overall spending for patients
- The VCPR language is consistent with federal law, the Food and Drug Administration (FDA) does not allow a VCPR to be established through electronic means and does allow it to be maintained through electronic means, and Wisconsin veterinarians are required under federal law to follow federal VCPR requirement in each applicable circumstance, such as any extralabel drug use or when authorizing a veterinary feed directive
- The proposal is consistent with American Veterinary Medical Association (AVMA) and FDA policies, and is supported by the Wisconsin Veterinary Medical Association (WVMA)
- The practice of veterinary medicine should be as broad and expansive as is allowed under Wisconsin law and as is protective of animal health, and the proposed rule meets both of those criteria

Based on public comments, the Board decided to maintain the same VCPR definition in this final draft as was in the preliminary hearing draft. However, the Board did make changes to make related provisions clearer. The Board moved provisions regarding emergency care, general advice, and consulting, and from the definitions into the body of the rule and added language to the telemedicine section of the rule to make it clearer that those specified items do not require the establishment of a VCPR.

ART Procedures

The hearing draft included creating a new category of delegation to allow a veterinarian to delegate specific acts to a CVT when the veterinarian is available via telehealth technologies within five minutes, rather than requiring that the veterinarian be personally present on the

premises as current rule requires. This new category of delegation did not include ART procedures, which are performing amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock.

The comment expressing opposition to the omission of ART in delegation changes expressed that:

- CVTs safely and effectively perform ART under the direct supervision of a veterinarian hundreds of times each week
- The omission of ART will prevent the incorporation of technology into future operations, have a financial effect on farms, and cause delays to procedures due to the lack of large animal veterinarians
- Human medicine has broadly applied telehealth to existing procedures by modifying the definition of direct supervision generally and not based on individual services

Comments expressing support of the omission of ART in delegation changes expressed that:

- ART procedures are very tactile in nature, it is not uncommon to find reproductive abnormalities and pathology that require diagnosis by palpation, palpation is critical for the procedures, and specific tactile manipulations that cannot be visualized in their entirety from the exterior of the animal
- ART procedures pose a significant risk for complications that cannot be managed in a timely fashion unless the veterinarian is present on the premises
- Severe complications can have life-threatening and permanent consequences to a previously healthy animal, and the veterinarian needs to be present on the premises to mitigate the risk of permanent damage
- The required level of care cannot be accomplished via telehealth
- The risk of complications from ART procedures is significant, and the convenience of using telehealth does not outweigh the risk to the animal
- Relaxing these rules could hurt the perception of the Wisconsin dairy industry by giving the impression that Wisconsin quality is not up to standards, while delegating ART procedures could save some money up front, the long-term implications outweigh any potential short-term gain, and we need to continue to set the bar high when it comes to caring for animals and educating the public
- There may be business or financial reasons that could make the delegation of ART procedures using telehealth appealing to practitioners, clients, or businesses, but the argument is inappropriate in this context, the role of the VEB is to define the safe provision of veterinary care for animals and to protect animal health and not to make the practice of veterinary medicine fast or economical, and cited North Carolina State Board of Dental Examiners, *Petitioner v. Federal Trade Commission*, 574 U.S. 494 (2015)
- ART procedures should not be delegated to a CVT at all, and that performing them with telehealth would be a step in the wrong direction for the industry
- A veterinarian must be present on the premises for procedures delegated to a CVT in general, and being available within five minutes when the aorta has been lacerated during a cystocentesis is not acceptable
- The procedures identified in the draft can be safely supervised by a veterinarian using telehealth, but would oppose expansion of the proposed list

Based on public comments, the Board decided not to add ART procedures to the delegation changes. The delegation changes in this proposed final draft are the same as those in the hearing draft.

Other Comments

Six commenters expressed support of language regarding veterinarians filling prescriptions for other veterinarians. No commenters expressed opposition to this aspect of the rule proposal.

One commenter expressed concerns about existing rabies provisions, including that cats also have a risk of rabies, it is restrictive to require a veterinarian to be physically present for a CVT to give a rabies vaccine, and a veterinary assistant should be able to provide the rabies vaccine if the veterinarian is present. This rule draft references Wis. Stat. s. 95.21 (2) (a), which requires that rabies vaccinations required for dogs be administered “by a veterinarian or, if a veterinarian is physically present at the location the vaccine is administered, by a veterinary technician.” This requirement is statutory, and therefore the Board is unable to evaluate a change in rule.

Rules Clearinghouse

The Board modified the rule draft to address all Clearinghouse comments. Most significantly, per Clearinghouse comments, the Board evaluated the definitions sections for clarity and consistency. The Board identified several terms that are used only once or twice in rule, or in some cases not used at all in the body of the rule, and moved the content from the definitions into the body of the rule, including:

- In VE 1:
 - o Complementary, alternative, and integrative therapies
 - o Consulting veterinarian
 - o Consultant
 - o Consultation
 - o Deception
 - o Faculty license
 - o Fraud
 - o General Advice
 - o Gross negligence
 - o Post graduate training permit
 - o Preceptor
 - o Standard of care
 - o Surgery
 - o Telemedicine
 - o Tele-triage
 - o Temporary veterinary permit
 - o Veterinary consulting permit
- In VE 2:
 - o Advertising
 - o Board approved technical school or college
 - o Gross negligence

- Surgery

Comparison with Rules in Adjacent States

The structural changes and minor language changes in the proposed rule are unique to Wisconsin rules and make the rules clearer and easier to use. Veterinary telehealth regulations in Wisconsin, Illinois, Iowa, Michigan, and Minnesota are compared below. Regulatory recommendations by the American Association of Veterinary State Boards, the American Veterinary Medical Association, and the Wisconsin Veterinary Medical Association are also included for comparison.

Wisconsin

Under both the existing rule and the proposed rule, a veterinarian must be licensed in Wisconsin in order to practice veterinary medicine and have an established VCPR with the client. A VCPR must be established via an in-person physical exam, or timely medically appropriate visits to the premises on which the patient is kept. It may not be established by telehealth technologies.

The proposed rule clarifies items related to telehealth and also expands the delegation of medical services to allow a veterinarian to delegate the specific items to a CVT if the veterinarian is available to communicate via telehealth technologies within five minutes.

Illinois

In Illinois, a valid VCPR cannot be established solely by telephonic or electronic communications. No further information was provided regarding whether Illinois would allow telehealth to be used if a VCPR was previously established.

Iowa

In Iowa, a valid VCPR cannot be established solely by telephonic or electronic communications. No further information was provided regarding whether Iowa would allow telehealth to be used if a VCPR was previously established.

Michigan

Michigan recently promulgated a new rule related to the practice of veterinary medicine using telehealth technologies, which became effective April 15, 2021. The Michigan rules now require:

- Disclosure of the identity and contact information of the veterinarian providing telehealth services. Licensing information shall be provided upon request.
- Ensure that the technology method and equipment used to provide telehealth services complies with all current privacy-protection laws.
- Employ sound professional judgement to determine whether using telehealth is an appropriate method for delivering medical advice or treatment to the animal patient.
- Have sufficient knowledge of the animal patient to render telehealth services demonstrating by satisfying one of the following:

- Have recently examined the animal patient in-person or have obtained current knowledge of the animal patient through the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically.
- Have conducted medically appropriate and timely visits to the premises where the group of animal patients is kept.
- Act within the scope of practice.
- Exercise the same standard of care applicable to traditional, in-person veterinary care service.
- Be readily available to the animal patient for follow-up veterinary services or ensure there is another suitable provider available for follow-up care.
- Consent for medical advice and treatment shall be obtained before providing a telehealth service.
- Evidence of consent for medical advice and treatment must be maintained in the animal patient's medical record.
- A veterinarian providing a telehealth service may prescribe a drug if the veterinarian is a prescriber acting within the scope of practice and in compliance.

Minnesota

Minnesota only allows patient-specific telemedicine within a VCPR. A VCPR cannot be established without an in-person examination. A veterinarian licensed in another state can serve as a consultant to the Minnesota veterinarian that holds the VCPR for that patient. The same standards of care apply to services rendered via telemedicine as to in-person visits.

American Association of Veterinary State Boards (AAVSB)

The AAVSB practice act model and AAVSB guidelines for telehealth are both available at <https://www.aavsb.org/board-services/member-board-resources/practice-act-model/>. Regarding the VCPR, the AAVSB practice model act and AAVSB guidelines for telehealth state that:

- Veterinarian-Client-Patient Relationship (VCPR) exists when:
 - Both the Veterinarian and Client agree for the Veterinarian to assume responsibility for making medical judgments regarding the health of the Animal(s); and
 - The Veterinarian has sufficient knowledge of the Animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the Animal(s); and
 - The Veterinarian has provided the client with information for obtaining timely follow up care.
- The AAVSB recommends that each jurisdiction promulgate appropriate regulations clarifying who may be included within the scope of a single VCPR such as a Veterinarian or another Veterinarian within the same practice group with access to medical records. The AAVSB recommends that each jurisdiction promulgate appropriate regulations defining how to establish sufficient knowledge of the Animal(s), including the following:

- A recent examination of the Animal or group of Animals, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; or
 - Through medically appropriate and timely visits to the premises at which the Animal or group of Animals are kept.
- The AAVSB recommends that each Jurisdiction promulgate appropriate regulations for the Veterinarian to provide instructions to the Client for obtaining follow up care that may include directing the Client to another Veterinarian or emergency clinic. It is essential for the VCPR to be easily established in order to require the Veterinarian to assume accountability for the Veterinary Medical Services rendered. Furthermore, as standards of practice and codes of conduct change over time, it is easier to promulgate new rules incorporating such changes rather than adopting legislative modifications.

American Veterinary Medical Association (AVMA)

AVMA guidelines for the use of telehealth in veterinary practice are available at <https://www.avma.org/sites/default/files/2021-01/AVMA-Veterinary-Telehealth-Guidelines.pdf>.

Regarding the VCPR, the AVMA guidelines state that:

- Having a VCPR in place is critical whenever practicing veterinary medicine, whether practicing in person or remotely using telemedicine. The AVMA Model Veterinary Practice Act, which many governmental bodies use as a guide when establishing or revising laws governing veterinary practice, includes the following definition of the VCPR: The veterinarian-client-patient relationship is the basis for veterinary care. To establish such a relationship the following conditions must be satisfied:
 - The licensed veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient(s) and the need for medical therapy and has instructed the client on a course of therapy appropriate to the circumstance.
 - There is sufficient knowledge of the patient(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition(s) of the patient(s).
 - The client has agreed to follow the licensed veterinarian's recommendations.
 - The licensed veterinarian is readily available for follow up evaluation or has arranged for:
 - Emergency or urgent care coverage, or
 - Continuing care and treatment has been designated by the veterinarian with the prior relationship to a licensed veterinarian who has access to the patient's medical records and/or who can provide reasonable and appropriate medical care.
 - The veterinarian provides oversight of treatment.
 - Such a relationship can exist only when the veterinarian has performed a timely physical examination of the patient(s) or is personally acquainted with the keeping and care of the patient(s) by virtue of medically appropriate and timely visits to the operation where the patient(s) is(are) kept, or both.

- Patient records are maintained. Both the licensed veterinarian and the client have the right to establish or decline a veterinarian-client-patient relationship within the guidelines set forth in the AVMA Principles of Veterinary Medical Ethics. A licensed veterinarian who in good faith engages in the practice of veterinary medicine by rendering or attempting to render emergency or urgent care to a patient when a client cannot be identified, and a veterinarian-client-patient relationship is not established, should not be subject to penalty based solely on the veterinarian's inability to establish a veterinarian-client-patient relationship.
- Many states have adopted this definition of the VCPR, or a very similar one, as a component of their state veterinary practice act or regulations. In addition, federal law requires a veterinarian to establish a VCPR before undertaking any extra-label drug use in animals, issuing a Veterinary Feed Directive, or the creation and use of certain types of biologics. It is also important for veterinarians to understand that they must comply with the federal law requiring a VCPR under these circumstances, regardless of how a state may ultimately define a VCPR in state law or regulation.
- Given current technological capabilities, available research, and the existing state and federal regulatory landscape, the AVMA believes veterinary telemedicine should only be conducted within an existing VCPR. An exception may be made for advice given in an emergency until a patient can be seen by a veterinarian. Ultimately, how a state defines the VCPR, the congruence of that state VCPR with federal requirements, and whether or not a VCPR exists in a given situation based on those definitions, determine what services can be offered.
- Within an established VCPR: A variety of telehealth and telemedicine service models are available to veterinarians and veterinary practices. Client-facing telemedicine services may include use of tools that allow the veterinarian to remotely and securely gather essential patient health information from the animal owner or another caretaker; access the patient's medical records; and conduct a virtual evaluation of the patient through real-time video or transmitted photographs or other data.
- Without an established VCPR: The veterinarian may provide non-patient-specific advice, but must stay clear of diagnosing, prognosis of, or treating patients. Two exceptions may apply: (1) if state law allows a VCPR to be established electronically, the veterinarian has met the requirements for doing so, and activities that would invoke a requirement for adherence to the federal VCPR are not conducted or (2) advice given in an emergency until a patient can be seen by a veterinarian. Non-client electronic communications that include the provision of non-patient-specific advice and general educational content are usually acceptable.

Wisconsin Veterinary Medical Association (WVMA)

WVMA formed a Telehealth Task Force and submitted suggested guidelines to the Board on December 19, 2019. Regarding the VCPR, the WVMA suggested guidelines state that:

- VCPR Required: Veterinary services may only be provided using telehealth technologies where a VCPR is established. If an existing VCPR relationship is present, then telehealth technologies may be used as long as the VCPR is maintained in accordance with Wis. Stat. s. 89.02 (8) and the requirements in this Section. If an existing VCPR relationship is not present, then a veterinarian must take appropriate steps to establish a VCPR consistent with Wis. Stat. s. 89.02 (8) and the requirements in this Section.
- Establishing an Initial VCPR for Telehealth: For purposes of establishing an initial VCPR prior to engaging in the practice of veterinary medicine using telehealth technologies, the veterinarian must meet the requirements of Wis. Stat. s. 89.02 (8) and:
 - o For livestock, (food and fiber animals), the veterinarian must have either conducted an in-person physical examination of the patient or must have visited the premises on which the patient is kept at least once in the immediate six (6) months prior to engaging in any telehealth treatment or services.
 - o For companion animals and equine animals, the veterinarian must have conducted an in-person physical examination of the patient at least once in the immediate six (6) months prior to engaging in any telehealth treatment or services.
- Maintaining a VCPR for Telehealth: Once a VCPR is established, for purposes of maintaining that VCPR and engaging in the ongoing practice of veterinary medicine using telehealth technologies, the veterinarian must meet the requirements of Wis. Stat. s. 89.02 (8) and:
 - o For livestock (food and fiber animals), the veterinarian must either conduct an in-person physical examination of the patient or must visit the premises on which the patient is kept at least once every six (6) months.
 - o For companion animals and equine animals, the veterinarian must conduct an in-person physical examination of the patient at least once every twelve (12) months.

Summary of Factual Data and Analytical Methodologies

The proposed rule makes the rules clearer and easier to use. Restructuring the chapters makes the rules easier to read and reference quickly. Adding a chapter for relevant complaint procedures makes these procedures clearer and more accessible to credential holders and members of the public. The fee amounts remain the same, but are stated in the proposed rule to make them readily accessible. Minor language changes relating to procedures and processes, technical changes and updates, delegation of veterinary medical acts, references to statutory requirements, and terminology make the proposed rule more consistent and easier to understand. The proposed rule includes language changes to respond to public interest in the use of telehealth technologies in veterinary medicine. The proposed rule could reduce the burden to veterinarians, veterinary technicians, and consumers of veterinary services, as the proposed rule is easier to read and understand quickly.

The Board held a preliminary public hearing on SS 125-19 on February 17, 2020, with a written comment period through February 24, 2020. The Board received three comments. All three comments requested that the statement of scope be expanded to address the use of telehealth technologies in the practice of veterinary medicine. One comment also requested that the

statement of scope address the circumstances under which a veterinarian may dispense a drug for a patient of another veterinarian. This statement of scope for this rule proposal (SS 064-20) includes both of these topics.

The Board held a preliminary hearing on SS 064-20 on August 19, 2020, with a written comment period through August 26, 2020. The Board received three comments. One comment was for information. Two comments expressed support of the scope, both expressed support of including telehealth in the scope, and one also expressed support of including addressing the circumstances under which a veterinarian may dispense a drug for a patient of another veterinarian in the scope.

The Board convened a Telehealth Advisory Committee (Committee) to advise the Board in relation to the veterinary telehealth. The Committee was comprised of 13 representatives: 10 veterinarians and 3 certified veterinary technicians. Of the veterinarians, 1 works in large and small animal practice, 3 work in large animal practice, 1 works in equine and small animal practice, and 5 work in small animal practice. The veterinarians included representatives from the Wisconsin Veterinary Medical Association, Sexing Technologies, and the Dairy Business Association. The Department submitted a notice to JCRAR with the names of the Committee members on February 9, 2021.

The Committee met on March 4, March 25, and April 8, 2021, to discuss potential veterinary telehealth options. The following is a summary of proposals that the Telehealth Advisory Committee discussed, as well as the responses of the Committee members:

A. Definitions

Attending Veterinarian: means the veterinarian who holds the Veterinarian-Client-Patient Relationship and is responsible for the medical care and treatment of the animal.

Consulting Veterinarian: means the veterinarian who gives advice or assistance, whether in-person or by any method of communication, to the attending veterinarian, for the benefit of an animal patient.

Consultant: means a person whose subject matter expertise, in the opinion of the attending veterinarian, will benefit an animal patient, and who gives the attending veterinarian advice or assistance, whether in-person or by any method of communication.

Consultation: means the advice or assistance given by a consulting veterinarian or other consultant to the attending veterinarian where the responsibility for patient treatment, prescriptions, and welfare remain with the attending veterinarian.

A consulting veterinarian or other consultant may not do any of the following:

- a. Visit the patient or client or communicate directly with the client without the knowledge of the attending veterinarian.
- b. Take charge of a case or problem without the consent of the attending veterinarian and the client.

Informed Consent: means the veterinarian has informed the client or the client's authorized representative, in a manner understood by the client or representative, of the diagnostic and treatment options, risk assessment, and prognosis, and the client has consented to the recommended treatment.

General Advice: means any advice provided by a veterinarian or certified veterinary technician, via any method of communication within or outside of an established VCPR, which is given in general terms and is not specific to an individual animal or group of animals, diagnosis, or treatment.

Telehealth: is the collection of technology tools used to remotely deliver virtual veterinary medical, health, and education services, allowing a veterinarian to deliver enhance care and education.

Telemedicine: is the remote delivery of veterinary healthcare services, such as health assessments or consultations, over the telecommunications infrastructure, allowing a veterinarian to evaluate, diagnose and treat patients without the need for an in-person visit.

Tele-triage: means emergency animal care, including animal poison control services, for immediate, potentially life-threatening animal health situations, including poison exposure mitigation, animal CPR instructions, and other critical lifesaving treatment or advice that may be performed within or outside of a VCPR.

Members asked for clarification about the consulting veterinarian, consultant, and consultation definitions but no member expressed opposition to these definitions. No member expressed concerns about any of the other definitions.

B. Location of Practice

The practice of veterinary medicine takes place where the animal is located at time of practice, in alignment with Wis. Stat. §§ 89.05 (1) and 89.02 (6).

No member expressed concerns.

C. Establishing Veterinarian-Client-Patient Relationship (VCPR)

- Option 1: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client. A VCPR must be established via an in person physical exam, or timely medically appropriate visits to the premises on which the patient is kept. It may not be established by telehealth technologies.
- Option 2: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client prior to treating a

patient. A VCPR may be established by utilizing telehealth technologies to examine the patient as medically appropriate to the circumstance.

- Option 3: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client prior to treating a patient. To establish a VCPR the veterinarian must meet the requirements of Wis. Stat. § 89.02 (8). A licensed veterinarian may satisfy the exam requirement under Wis. Stat. § 89.02 (8) (b) for the establishment of the VCPR via telehealth technologies through the use of instrumentation and diagnostic equipment where images and medical records are able to be transmitted electronically or a physical in person exam.

Six members expressed support of option 1. One member expressed support of either option 1 or 3, as long as the veterinarian physically touches the animal at some point. One member expressed support of option 2. Two members expressed support of either option 2 or 3. One member expressed support of either option 2 or 3, as long as a VCPR is established in person at some point during the life of the patient.

Seven members expressed support of keeping the current timeframe requirements as timely and medically appropriate. One member expressed support of a one-year minimum requirement. One member expressed support of a 12 or 18-month minimum requirement. One member expressed support of a one or two-year minimum requirement.

D. Extending VCPR

The VCPR, once established, extends to other veterinarians within the practice, or relief veterinarians within the practice, that have access to, and have reviewed, the medical history and records of the animal.

All members expressed support.

E. Prescribing

Medication may not be prescribed without either a physical examination or medically appropriate and timely visits to the premises where the animal or group of animals is kept.

Nine members expressed that the language is not necessary or is redundant to the VCPR language. One member expressed no opinion.

F. Record Keeping

Records must be kept, regardless of encounter type, in accordance with the current Wis. Admin. Code ch. VE 7.

All members agreed.

G. Continuity of Care

In accordance with Wis. Stat. § 89.02(8) (c), an animal owner must be able to easily seek follow-up care or information from the veterinarian who conducts an encounter while using telehealth technologies. The veterinarian must ensure that the client is aware of the veterinarian's identity and location.

Seven members expressed support of including identity and location. Of those, two specified that at least to the level of the state. One member expressed no need for the language. Two members expressed no opinion.

H. Permit and/or Continuing Education (CE)

Require a permit and/or telehealth-specific continuing education (CE) to practice telehealth.

Eight members expressed that a permit and/or specific CE should not be required to practice telehealth. One member expressed that CE on telehealth should be required, similar to what is required to practice telehealth in human medicine. One member expressed support of requiring both a permit and CE, but also expressed concerns about the logistics of it.

I. Delegated Medical Services – CVTs

Based on the discussion, staff highlighted items the following items to consider with regards to CVTs and telehealth:

- (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.

J. Delegated Medical Services – Unlicensed Assistants

Staff highlighted items currently delegable to unlicensed assistants to discuss with regards to telehealth.

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.

Analysis and Supporting Documents Used to Determine Effect on Small Business and in Preparation of an Economic Impact Analysis

The proposed rule will directly affect Wisconsin licensed veterinarians and certified veterinary technicians. Most veterinary practices are small businesses. Current fee amounts would not change. Adjustments to make rule language and structure clearer, and to simplify processes where possible, may reduce the burden to each of these affected entities, by making the rules easier to access and understand quickly.

The Board convened a Telehealth Advisory Committee (Committee) to advise the Board in relation to the veterinary telehealth. The Committee was comprised of 13 representatives: 10 veterinarians and 3 certified veterinary technicians. Of the veterinarians, 1 works in large and small animal practice, 3 work in large animal practice, 1 works in equine and small animal practice, and 5 work in small animal practice. The veterinarians included representatives from the Wisconsin Veterinary Medical Association, Sexing Technologies, and the Dairy Business Association.

Fiscal Estimate and Economic Impact Analysis

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on Small Business

The Board expects the proposed rule to have minimal to no economic impact. No fee amounts will be changed in the proposed rule.

Most veterinary practices are small businesses. The proposed rule's structural changes and minor language changes may reduce the burden to veterinarians, veterinary technicians, and consumers of veterinary services, as the rules may become easier to access and understand quickly.

The proposed rule also allows for more use of telehealth technologies than the existing rule. New language regarding telehealth may reduce the economic burden to veterinarians and animal owners, especially in rural areas. The proposed rule expands the delegation of medical services to allow a veterinarian to delegate the following items to a CVT if the veterinarian is available to communicate via telehealth technologies within five minutes. Under current rules, these items may only be delegated to a CVT if the veterinarian is personally present on the premises.

- Performing diagnostic radiographic awake contrast studies not requiring general anesthesia.
- Sample collection via a cystocentesis procedure.
- Placement of intravenous catheters.
- Suturing of tubes and catheters.
- Fine needle aspirate of a mass.

The Department's Regulatory Review Coordinator may be contacted by:

Email at Bradford.Steine1@wisconsin.gov

Telephone at (608) 224-5024

The Regulatory Flexibility Analysis is attached.

Department Contact Person

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RULE TEXT

5 SECTION 1. Ch. VE 1 is repealed and recreated to read:

6 **Chapter VE 1 Veterinarians**

7 **Subchapter I – Authority and Definitions**

8 **VE 1.01 Authority.** The rules in this chapter are adopted by the veterinary examining
9 board pursuant to the authority delegated by ss. 15.08 (5), 89.03 (1) and (2), and 227.11 (2),
10 Stats.

11 **VE 1.02 Definitions.** In this chapter:

12 (1) “AAVSB” means the American Association of Veterinary State Boards.

13 (2) “Accredited college or university” means an educational institution that is accredited
14 by a regional or national accrediting agency recognized by the U.S. department of education.

15 (3) “Advertising” means to give notice by any means, including any circular, card, notice,
16 telephone book listing, magazine, newspaper or other printed material or any electronic medium.

17 (4) “Approved veterinary college” means a veterinary college which is AVMA accredited
18 or approved.

19 (5) “Attending veterinarian” means the veterinarian who holds the VCPR and is
20 responsible for the medical care and treatment of the animal.

21 (6) “AVMA” means the American Veterinary Medical Association.

22 (7) “Board” means the veterinary examining board.

23 Note: The board office is located at 2811 Agriculture Drive, P.O. Box 8911, Madison,
24 Wisconsin 53708–8911.

25 (8) “Client” has the meaning set forth at s. 89.02 (3), Stats.

26 (9) “Department” has the meaning set forth at s. 89.02 (3d), Stats.

27 (10) “Informed consent” means the veterinarian has informed the client or the client’s
28 authorized representative, in a manner understood by the client or the client’s authorized
29 representative, of the diagnostic and treatment options, risk assessment, and prognosis, and the
30 client or the client’s authorized representative has consented to the recommended treatment.

31 (11) “License” means a credential issued to a person by the board signifying the person
32 has met the requirements of ss. 89.06 (1) or (2m) (a) or 89.072, Stats., to practice veterinary
33 medicine in this state.

34 (12) “NAVLE” means the North American Veterinary Licensing Examination.

35 (13) “Patient” has the meaning set forth at s. 89.02 (4s), Stats.

36 (14) “Supervision” means available at all times for consultation, either in person or
37 within 15 minutes of contact by telephone, by video conference or by electronic communications
38 device, except where other provisions are specified in rule.

39 (15) “Telehealth technologies” means the collection of technology tools used to remotely
40 deliver virtual veterinary medical, health, and education services, allowing a veterinarian to
41 deliver enhanced care and education.

42 (16) “Unlicensed assistant” means a person working under the supervision of a
43 veterinarian, but not holding a license, permit, or certificate issued by the board.

44 (17) “VCPR” means a veterinarian–client–patient relationship and has the meaning set
45 forth at s. 89.02 (8), Stats.

46 (18) “Veterinary prescription drug” has the meaning set forth at s. 89.02 (11), Stats.

47 (19) “Veterinary student” means a person enrolled in an approved veterinary college in a
48 curriculum leading to a doctor of veterinary medicine degree.

49 **Subchapter II – Examinations**

50 **VE 1.04 Administration.** (1) The board or its designee shall administer the
51 examinations required of applicants for licensure as a veterinarian by s. VE 1.12 and of
52 applicants for certification as a veterinary technician by s. VE 2.04 at least once each year.

53 (2) Prior to November 1, 2000, the board shall accept as its licensure examinations the
54 national board examination and the clinical competency test. On and after November 1, 2000, the
55 board shall accept as its licensure examination the NAVLE.

56 (3) The board or its designee shall provide an examination admission document to the
57 applicant. The applicant shall present the admission document with any required identification at
58 the examination.

59 (4) The board or its designee shall provide rules of conduct at the beginning of the
60 examination. Time limits may be placed on each portion of the examination.

61 (5) The board may deny release of grades or issuance of a license or certificate if the
62 board determines that the applicant violated rules of conduct or otherwise acted dishonestly.

63 Note: Qualified applicants with disabilities shall be provided with reasonable
64 accommodations.

65 **VE 1.06 Competency tested.** (1) Examinations administered under this chapter test
66 entry level competency and seek to determine that an applicant's knowledge of animals and their
67 treatment is sufficient to protect public health and safety.

68 (2) The board shall furnish to individuals, upon request, general information describing
69 the competencies upon which the examination is based.

70 **VE 1.08 Passing scores.** (1) Passing scores for veterinary applicants for the national
71 board examination and the clinical competency test, and for the NAVLE, shall be based on the
72 board's determination of the level of examination performance required for minimum acceptable
73 competence in the profession. The board shall make the determination, after consulting with
74 subject matter experts who have reviewed a representative sample of the examination questions
75 and available candidate performance statistics, and set the passing score for the examination at
76 the point representing the minimum acceptable competence in the profession. The board may
77 accept any recommendation of the national examination provider.

78 (2) The passing score for an examination on state laws and rules related to the practice of
79 veterinary medicine shall be based on the board's determination of the level of examination
80 performance required for minimum acceptable competence in the profession. The board shall
81 make the determination, after consulting with subject matter experts who have reviewed a
82 representative sample of the examination questions and available candidate performance
83 statistics, and set the passing score for the examination at the point representing the minimum
84 acceptable competence in the profession.

85 **VE 1.10 Claim of examination error.** (1) An applicant for veterinary licensure wishing
86 to claim examination error shall file a written request for board review in the board office within
87 30 days of the date the examination was reviewed. The request shall include all of the following:

88 (a) The applicant's name and address.

89 (b) The type of license for which the applicant applied.

90 (c) A description of the mistakes the applicant believes were made in the examination
91 content, procedures, or scoring, including the specific questions or procedures claimed to be in
92 error.

93 (d) The facts which the applicant intends to prove, including reference text citations or
94 other supporting evidence for the applicant's claim.

95 (2) The board shall review the claim, make a determination of the validity of the
96 objections and notify the applicant in writing of the board's decision and any resulting grade
97 changes.

98 (3) If the board confirms the failing status following its review, the application shall be
99 deemed incomplete, and the applicant may be reexamined under s. VE 1.04.

100

Subchapter III – Licensure

101 **VE 1.12 License exemptions.** No veterinary license or permit is required for the
102 following veterinarians:

103 (1) Employees of the federal government while engaged in their official duties.

104 (2) Employees of an educational or research institution while engaged in teaching or
105 research, except if employed by a school of veterinary medicine in this state and the employee
106 practices veterinary medicine on privately owned animals.

107 (3) Graduates of schools outside the United States and Canada who are enrolled in the
108 educational commission for foreign veterinary graduates certification program of the AVMA or
109 the program for the assessment of veterinary education equivalence offered by the AAVSB while
110 completing the required year of clinical assessment under the supervision of a veterinarian.

111 **VE 1.14 Qualifications for licensure; examination or endorsement.** The board may
112 issue a license to practice veterinary medicine to an applicant who satisfies all of the following:

113 (1) Submits an application form provided by the board which includes the applicant's
114 notarized signature.

115 Note: Applications are available upon request to the board office located at 2811
116 Agriculture Drive, P.O. Box 8911, Madison, WI 53708-8911 or at the website at
117 www.datcp.wi.gov.

118 (2) Successfully completes an examination on state laws and rules related to the practice
119 of veterinary medicine.

120 Note: The examination on state laws and rules is separate from the NAVLE and the
121 national board examination and clinical competency test.

122 (3) Provides proof of graduation through one of the following means:

123 (a) A certificate of graduation from a veterinary college which shall be signed and sealed
124 by the dean of the school and submitted directly to the board by the school. The certificate may
125 be provided by electronic means if the seal is visible.

126 (b) Certification of graduation provided by the AAVSB.

127 (4) Does not have a conviction record or pending criminal charge relating to an offense
128 the circumstances of which substantially relate to the practice of veterinary medicine. An
129 applicant who has a conviction record or pending criminal charge shall request appropriate
130 authorities to provide information about the record or charge directly to the board in sufficient
131 specificity to enable the board to make a determination whether the record or charge
132 substantially relates to the practice of veterinary medicine.

133 (5) Provides all documents in English.

134 (6) Satisfies the requirements for either licensure by examination or licensure by
135 endorsement. Applicants who have never previously been licensed in any jurisdiction must apply
136 by examination. Applicants who have previously been licensed in Wisconsin or any other
137 jurisdiction must apply by endorsement.

138 **VE 1.16 Qualifications for licensure by examination.** Applicants for licensure by
139 examination shall satisfy all of the following:

140 (1) Passed the NAVLE within the last five years.

141 (2) For applicants who graduated from a veterinary college which is not board approved,
142 provide proof of graduation required under VE 1.14 (3), and evidence of successful completion
143 of either the educational commission for foreign veterinary graduates certification program or the
144 program for the assessment of veterinary education equivalence offered by the AAVSB which
145 shall be submitted directly to the board by the AVMA or the AAVSB.

146 (3) Pay the nonrefundable application fee of \$115.

147 **VE 1.18 Qualifications for licensure by endorsement.** Applicants for licensure by
148 endorsement shall satisfy all of the following:

149 (1) The applicant has not previously failed the NAVLE, unless the applicant has
150 subsequently retaken and passed the NAVLE.

151 (2) The applicant holds a current license to practice veterinary medicine in another state
152 or U.S. territory or province of Canada.

153 (3) The applicant has satisfied the qualifications for licensure, in s. VE 1.16, within the
154 last 5 years or has actively practiced for 4000 hours during the 5 years preceding application.

155 (4) For an applicant holding a current unrestricted license to practice veterinary
156 medicine in a country other than the United States or Canada, who is not a graduate of an
157 approved veterinary college, in addition to the requirements of sub. (3), submit evidence that the
158 applicant has successfully completed either the certification program of the educational
159 commission for foreign veterinary graduates of the AVMA or the program for the assessment of
160 veterinary education equivalence offered by the AAVSB.

161 (5) For an applicant holding a current unrestricted license to practice veterinary medicine
162 in a country other than the United States or Canada, who is a graduate of a school of veterinary
163 medicine approved by the board, in addition to the requirements of sub. (3), submit the
164 following:

165 (a) Evidence satisfactory to the board that the requirements for initial licensure in the
166 country where the applicant was originally licensed, including examination requirements, are
167 substantially equivalent to the requirements for graduates of schools of veterinary medicine
168 approved by the board who are seeking initial licensure in this state; or

169 (b) Before November 1, 2000, evidence that the applicant has successfully completed the
170 national board examination and the clinical competency test. On or after November 1, 2000,
171 evidence that the applicant has successfully completed the NAVLE.

172 (6) Provides verification of licensure records and status which has been provided directly
173 to the board by every state or country in which the applicant has ever held a license or certificate
174 to practice veterinary medicine or by the AAVSB.

175 (7) Pays the nonrefundable application fee of \$185.

176 **VE 1.20 Licensure review by board.** The board may determine that an applicant is not
177 eligible for licensure if any of the following apply:

178 (1) The applicant has a conviction record or pending criminal charge relating to an
179 offense the circumstances of which substantially relate to the practice of veterinary medicine.

180 (2) The applicant has been disciplined by the veterinary licensing authority in any other
181 state, territory or country.

182 (3) The applicant is a party in pending litigation in which it is alleged that the applicant is
183 liable for acts committed in the course of practice which evidence a lack of ability or fitness to
184 practice, as determined by the board.

185 (4) The applicant is currently under investigation by another veterinary licensing
186 authority, for acts, related to the license to practice veterinary medicine, which may provide a
187 basis for disciplinary action in this state, as determined by the board.

188 (5) The applicant has been found liable for damages for acts committed in the course of
189 practice of veterinary medicine which evidenced a lack of ability or fitness to practice, as
190 determined by the board.

191 (6) The applicant has had United States drug enforcement administration privileges
192 restricted or revoked.

193 (7) The applicant has had physical or mental impairment, including impairment related to
194 drugs or alcohol, which is reasonably related to the applicant's ability to adequately undertake the
195 practice of veterinary medicine in a manner consistent with the safety of a patient or the public.

196 **VE 1.22 Reciprocal credentials for service members, former services members, their**
197 **spouses.** (1) The board shall grant a license or permit to an individual who the board determines
198 meets all of the requirements under s. 89.073, Wis. Stat.

199 (2) A person applying for a reciprocal credential under s. 89.073, Wis. Stat., shall pay one
200 of the following nonrefundable fees as applicable:

201 (a) \$40 for a service member or former service member.

202 (b) \$141 for a spouse as defined by s. 89.073 (1) (c), Wis. Stat.

203 **VE 1.24 Issuing a license.** (1) The board shall review its records to determine eligibility
204 of the applicant for licensure. Within 30 business days of determining an applicant is eligible for
205 licensure, the board shall issue a license to the applicant.

206 (2) The board shall inquire as to whether the applicant is competent to practice as a
207 veterinarian in this state and shall impose any reasonable conditions in issuing the license,
208 including reexamination, as the board deems appropriate, if any of the following apply:

209 (a) The applicant has not previously been licensed in any jurisdiction and passed the
210 NAVLE more than 5 years ago.

211 (b) The applicant was previously licensed in Wisconsin or another jurisdiction and has
212 not been licensed in any jurisdiction for more than 5 years.

213 (c) The board has reviewed the application under any provision in s. VE 1.20.

214 **VE 1.26 Administrative fees.** (1) A person requesting a printed license shall pay a
215 nonrefundable fee of \$10.

216 (2) A person requesting verification of licensure to another state or organization shall pay
217 a nonrefundable fee of \$10.

218 **VE 1.28 Renewal of license.** A license expires if not renewed by January 1 of even-
219 numbered years. A licensee who allows the license to expire may apply to the board for renewal
220 of the license as follows:

221 (1) If the licensee applies for renewal of the license less than 5 years after its expiration,
222 the license shall be renewed upon payment of the renewal fee, payment of the late fee if
223 applicable, and fulfillment of 30 hours of continuing education required under s. VE 1.30
224 completed before the license renewal.

225 (2) If the licensee applies for renewal of the license 5 or more years after its expiration,
226 in addition to requiring the licensee to pay the renewal fee and late fee, and to fulfill the
227 continuing education hours required under s. VE 1.30 completed before the license renewal, the
228 board shall inquire as to whether the applicant is competent to practice as a veterinarian in this
229 state and shall impose any reasonable conditions on reinstatement of the license, including
230 reexamination, as the board deems appropriate. An applicant under this subsection is presumed
231 to be competent to practice as a veterinarian in this state if at the time of application for renewal
232 the applicant holds a full unexpired license issued by a similar licensing board of another state or
233 territory of the United States or of a foreign country or province whose standards, in the opinion
234 of the board, are equivalent to or higher than the requirements for licensure in this state.
235 Notwithstanding any presumption of competency under this subsection, the board shall require
236 each applicant under this subsection to pass the examination specified under s. VE 1.14 (2).

237 (3) The licensee shall pay a nonrefundable renewal fee of \$160.

238 (4) A licensee who submits a license renewal after January 1 of even numbered years
239 shall pay, in addition to the renewal fee under sub. (3), a nonrefundable late fee of \$25.

240 **VE 1.30 Continuing education; requirements.** (1) (a) Except as provided in subs. (2)
241 and (3), a veterinarian shall complete at least 30 hours of continuing education pertinent to
242 veterinary medicine in each biennial renewal period. The 30 hours of continuing education shall
243 include at least 25 hours of continuing education that relates to scientific topics pertinent to
244 veterinary medicine.

245 (b) All 30 continuing education hours in this subsection shall be documented. A
246 minimum of 25 hours of continuing education shall be documented by an approved continuing
247 education provider.

248 (c) A continuing education hour shall consist of 50 minutes of contact time.

249 (2) Subsection (1) does not apply to an applicant who applies to renew a license that
250 expires on the first expiration date after the initial issuance of the license.

251 (3) The board may waive the requirements, under sub. (1), if it finds that exceptional
252 circumstances, such as prolonged illness, disability, or other similar circumstances, have
253 prevented an applicant from meeting the requirements.

254 (4) Continuing education hours shall be completed during the preceding 2-year licensure
255 period.

256 (5) To obtain credit for completion of continuing education hours, a licensee shall, at the
257 time of each renewal, sign a statement saying that the licensee has completed, during the
258 preceding 2-year licensure period, the continuing education programs required under sub. (1).

259 (6) A veterinarian who fails to complete the continuing education requirements by the
260 renewal date shall not practice as a veterinarian until the license is renewed.

261 (7) For auditing purposes, every veterinarian shall maintain records of continuing
262 education hours for at least 5 years from the date the certification statement required under sub.
263 (5) is signed. The board may audit for compliance by requiring a veterinarian to submit evidence
264 of compliance to the board for the biennium immediately preceding the biennium in which the
265 audit is performed. Documentation of completion of continuing education hours shall include
266 one of the following:

267 (a) A certificate of attendance from an approved course provider.

268 (b) A grade report or transcript from an accredited college or university.

269 (c) A copy of a published work authored or co-authored by the licensee.

270 (d) A copy of a meeting syllabus, announcement, abstract or proceeding for a
271 presentation.

272 (e) A signed document from an internship or residency institution certifying enrollment in
273 a program.

274 **VE 1.32 Continuing education; programs and courses. (1) CRITERIA FOR**
275 **PROGRAMS AND COURSE APPROVAL.** To be approved, a continuing education program or
276 course shall meet the following criteria:

277 (a) The subject matter of the program or course shall be pertinent to veterinary medicine.

278 (b) The program or course sponsor agrees to record registration and furnish a certificate
279 of attendance to each participant.

280 (2) UNRELATED SUBJECT MATTER. If a continuing education course includes
281 subject matter that is not pertinent to veterinary medicine, only those portions of the course that
282 relate to veterinary medicine will qualify as continuing education under this chapter.

283 (3) MODALITIES AND METHODS OF DELIVERY. Modalities and methods of
284 delivery of continuing education programs acceptable to the board include one or more of the
285 following:

286 (a) Attendance at a scientific workshop, seminar, or laboratory demonstration pertinent to
287 veterinary medicine.

288 (b) Enrollment in graduate or other college level courses pertinent to veterinary medicine.
289 Credit for qualified courses will be approved on the basis of multiplying each college credit hour
290 by 10.

291 (c) Enrollment in an internship, residency or certification program approved by a
292 veterinary specialty organization recognized by the AVMA or in an AVMA accredited
293 veterinary school.

294 (d) Authorship or co-authorship of a published work, such as review articles, abstracts,
295 presentations, proceedings, book chapters, and web-based continuing education materials shall
296 be approved for 5 hours each.

297 (e) A peer reviewed publication shall be approved for 5 hours.

298 (f) Development and presentation of research findings, scientific workshops, seminars or
299 laboratory demonstrations pertinent to veterinary medicine shall be approved for 5 contact hours
300 each.

301 (g) Up to 15 hours per biennium shall be granted for a combination of continuing
302 education hours completed under pars. (d) to (f), provided the continuing education is published
303 or presented under the auspices of a provider approved under sub. (4).

304 (h) On-line, video, audio, correspondence courses, or other interactive distance learning
305 courses pertinent to veterinary medicine, or to employment as a veterinarian.

306 (4) APPROVED PROGRAM PROVIDERS. Subject to compliance with the
307 requirements set forth in subs. (1) to (3), the board shall approve attendance at and completion of
308 one or more continuing education programs approved by any one of the following approved
309 program providers as fulfilling the continuing education hours required under this chapter:

310 (a) A national, regional, state, or local veterinary medical or veterinary technician
311 association.

312 (b) A federal or state agency.

313 (c) An accredited college or university.

314 (d) An association listed in the AVMA or the National Association of Veterinary
315 Technicians in America directory.

316 (e) An AVMA accredited veterinary school or veterinary technician program.

317 (f) A program approved by the AAVSB through its Registry of Approved Continuing
318 Education approval program.

319 (g) A foreign veterinary medical or veterinary technician association, an accredited
320 college or university, or a governmental agency that is, as determined by the board comparable
321 to a program provider listed under pars. (a) to (f).

322 **Subchapter IV – Permits**

323 **VE 1.34 Temporary veterinary permits.** (1) In this section, “Preceptor” means a
324 veterinarian who agrees to supervise a holder of a temporary veterinary permit.

325 (2) An applicant may be granted a temporary veterinary permit before the board receives
326 notice of successful completion of the NAVLE or the examination on state laws and rules related
327 to the practice of veterinary medicine, if the applicant provides evidence that the applicant is
328 either scheduled to take the examination for the first time, or is awaiting results of the
329 examination.

330 (3) An applicant shall complete an application for temporary veterinary permit and
331 submit the nonrefundable fee of \$10.

332 (4) The board shall receive written verification of employment signed and provided
333 directly to the board by the preceptor.

334 (5) The application and verification required by subs. (3) and (4) shall be received by the
335 board office at least 2 weeks prior to the date the applicant intends to begin work.

336 (6) In order to provide supervision for a holder of a temporary veterinary permit, a
337 preceptor shall do all of the following:

338 (a) Delegate only those tasks commensurate with demonstrated abilities of the temporary
339 veterinary permit holder.

340 (b) Be available for direct communication with the temporary veterinary permit holder
341 when the temporary veterinary permit holder is providing veterinary services. Direct
342 communication shall be in person, by telephone, video conference, or electronic communication
343 device.

344 (7) A temporary veterinary permit shall expire upon any of the following:

345 (a) Notification of failure of any examination.

346 (b) Failure to take the next scheduled examination.

347 (c) Issuance of a license.

348 (d) Denial of a license.

349 (8) An applicant may be granted a temporary veterinary permit only once.

350 (9) Any change or addition of preceptor shall be reported to the board by filing a new
351 verification as specified in sub. (4).

352 (10) Within 30 business days of determining an applicant is eligible for a temporary
353 permit, the board shall issue a permit to the applicant. Notification of issuance shall also be
354 provided to the preceptor.

355 **VE 1.36 Veterinary consulting permits.** (1) The board may issue a veterinary
356 consulting permit to practice veterinary medicine in this state to a person holding a license to
357 practice veterinary medicine in another state or territory of the U.S. or in another country,
358 provided the licensee is in good standing in the other jurisdiction, and a veterinarian has
359 requested a consultation.

360 (2) A veterinary consulting permit may be used up to 60 total days per calendar year.

361 (3) The veterinary consulting permit shall expire on December 31 of each year or on the
362 60th day of use in a calendar year. The holder of a consulting permit may apply for a new permit
363 for a subsequent year by completing the application procedure specified in this section.

364 (4) An applicant for a veterinary consulting permit shall file a completed application
365 with the board. All supporting documents shall be provided in English. An application is not
366 complete until the board receives all of the following:

367 (a) An application form provided by the board and completed by the applicant which
368 includes the applicant's notarized signature.

369 Note: Applications are available upon request to the board office located 2811
370 Agriculture Drive, P.O. Box 8911, Madison, WI 53708-8911.

371 (b) The required nonrefundable fee of \$160.

372 (c) Verification of licensure records and status which has been provided directly to the
373 board by the jurisdictions or the AAVSB for every state or country in which the applicant has
374 ever held a license or certificate to practice veterinary medicine.

375 (d) Written verification from a veterinarian that a consultation is being sought.

376 (5) A veterinary consulting permit shall automatically expire upon notice to the board
377 that the consultation has been completed.

378 (6) After hearing, a veterinary consulting permit may be denied, suspended, limited or
379 revoked, or the permittee may be reprimanded, for any of the following reasons:

380 (a) Revisiting the patient or client or communicating directly with the client without the
381 knowledge of the attending veterinarian.

382 (b) Taking charge of a case or problem without the consent of the attending veterinarian
383 and the client.

384 (c) Violating any law or rule related to the practice of veterinary medicine.

385 **Subchapter V – Practice Related to Veterinary Schools**

386 **VE 1.38 Faculty license.** (1) APPLICATION. An applicant for a faculty license under s.
387 89.06 (2m) (a), Stats., shall file a completed application with the board. All supporting
388 documents shall be submitted in English. An application is not complete until the board receives
389 all of the following:

390 (a) An application form provided by the board and completed by the applicant, which
391 includes the applicant's notarized signature.

392 Note: Applications are available upon request to the board office located at 2811
393 Agriculture Drive, P.O. Box 8911, Madison, Wisconsin 53708-8911.

394 (b) The required nonrefundable fee of \$185.

395 (c) Verification of employment by a school of veterinary medicine in this state which has
396 been submitted directly to the board by the dean of the school.

397 (d) Proof of graduation through one of the following means:

398 1. A certificate of graduation from an approved veterinary college signed and sealed by
399 the dean of the school submitted directly to the board by the school, or evidence of substantially
400 equivalent qualifications.

401 2. Certification of graduation provided by the AAVSB.

402 (e) Successful completion of an examination on state laws and rules related to the
403 practice of veterinary medicine.

404 (2) DISCIPLINARY ACTION. A faculty license may be denied, suspended, limited or
405 revoked, or the licensee may be reprimanded, for any of the following reasons:

406 (a) Violation of any law or regulation substantially related to the practice of veterinary
407 medicine.

408 (b) Engaging in the practice of veterinary medicine in this state outside the scope of
409 employment unless licensed to do so.

410 (3) EXPIRATION. The faculty license expires upon termination of the faculty employee's
411 employment with the school of veterinary medicine, as reported by the dean of the school of
412 veterinary medicine.

413 **VE 1.40 Post graduate training permit.** (1) The board may grant a post graduate
414 training permit allowing the permit holder to practice veterinary medicine on privately owned

415 animals only within the scope of the permittee's internship or residency program at a school of
416 veterinary medicine in this state.

417 (2) An applicant for a post graduate training permit under s. 89.06 (2m) (b), Stats., shall
418 file a completed application with the board. All supporting documents shall be provided in
419 English. An application shall not be considered complete until the board receives all of the
420 following:

421 (a) An application form provided by the board and completed by the applicant, including
422 the applicant's notarized signature.

423 Note: Applications are available upon request to the board office located at 2811
424 Agriculture Drive, P.O. Box 8911, Madison, Wisconsin 53708-8911.

425 (b) Evidence that the applicant has received a degree from a school of veterinary
426 medicine or an equivalent degree.

427 (c) The required nonrefundable fee of \$100.

428 (d) Verification that the applicant is undertaking intern or resident training at a school of
429 veterinary medicine in this state. Verification shall consist of certification signed and sealed by
430 the dean of the school and submitted directly to the board by the school.

431 (3) An applicant for a post graduate training permit shall successfully complete an
432 examination on state laws and rules related to the practice of veterinary medicine before a permit
433 may be issued.

434 (4) A post graduate training permit may be denied, suspended, limited or revoked, or the
435 licensee may be reprimanded, for any of the following reasons:

436 (a) Violation of any law or regulation substantially related to the practice of veterinary
437 medicine.

438 (b) Engaging in the practice of veterinary medicine in the State of Wisconsin outside the
439 scope of the training program unless licensed to do so.

440 (5) The post graduate training permit expires upon termination of the permittee's
441 internship or residency program, as reported by the dean of the school of veterinary medicine.

442 **VE 1.42 Veterinary students.** (1) A veterinary student may practice veterinary
443 medicine within the school of veterinary medicine pursuant to standards and supervisory
444 protocols established by the school.

445 (2) A veterinary student may perform delegated veterinary acts outside of the school
446 setting as set forth under s. VE 1.44 (1), (3), and (9).

447 **Subchapter VI – Standards of Practice and Unprofessional Conduct**

448 **VE 1.44 Delegation of veterinary medical acts.** (1) In delegating the provision of
449 veterinary medical acts to veterinary students, certified veterinary technicians and others, the
450 veterinarian shall do all of the following:

451 (a) Delegate only those tasks commensurate with the education, training, experience and
452 demonstrated abilities of the person supervised.

453 (b) Provide the supervision required under subs. (2) to (8).

454 (c) Where the veterinarian is not required to be personally present on the premises where
455 the delegated services are provided, be available at all times for consultation either in person or
456 within 15 minutes of contact by telephone, by video conference or by electronic communication
457 device.

458 (d) Observe and monitor the activities of those supervised on a daily basis.

459 (e) Evaluate the effectiveness of delegated acts performed under supervision on a daily
460 basis.

461 (f) Establish and maintain a daily log of each delegated patient service which has been
462 provided off the premises of the supervising veterinarian.

463 (g) Notify the client that some services may be provided by a veterinary student, certified
464 veterinary technician or an unlicensed assistant.

465 (2) The following acts are limited to those holding a license under s. 89.06 (1), 89.06
466 (2m) (a), or 89.072, Stats.; a permit under s. VE 1.36, 1.38, or 1.40; or active status as a student
467 at a college of veterinary medicine approved by the board, and may not be delegated to or
468 performed by veterinary technicians or other persons not holding such license or permit:

469 (a) Diagnosis and prognosis of animal diseases and conditions.

470 (b) Prescribing of drugs, medicines, treatments and appliances.

471 (c) Performing surgery, which means any procedure in which the skin or tissue of the
472 patient is penetrated or severed but does not include any of the following:

473 (a) Activities not considered the practice of veterinary medicine, as follows:

474 1. Activities identified in s. 89.05 (2) (a) and (b), Stats.

475 2. Subcutaneous insertion of a microchip for identifying an animal.

476 3. Ear tag or tattoo placement for identifying an animal.

477 4. Euthanasia by injection.

478 (b) Activities considered the practice of veterinary medicine, but which a veterinarian
479 may delegate to a certified veterinary technician, as specified in s. VE 1.44 (5) and (6), as
480 follows:

481 1. Simple dental extractions that require minor manipulation and minimal elevation.

482 2. Administration of injections, including local and general anesthesia.

483 3. Sample collection via a cystocentesis procedure.

- 484 4. Placement of intravenous and arterial catheters.
- 485 5. Suturing of tubes and catheters.
- 486 6. Fine needle aspirate of a mass.
- 487 7. Performing amniocentesis, embryo collection and transfer, follicular aspiration, and
- 488 transvaginal oocyte collection and recovery on livestock.

489 (3) Except as provided under s. 95.21 (2), Stats., veterinarians may delegate to veterinary

490 students the provision of veterinary medical services under the supervision of the veterinarian

491 when the veterinarian is personally present on the premises where the services are provided.

492 (4) Except as provided under s. 95.21 (2), Stats., veterinarians may delegate to certified

493 veterinary technicians the provision of the following veterinary medical services under the

494 supervision of the veterinarian:

495 (a) Nonsurgical veterinary treatment of animal diseases and conditions, including

496 administration of vaccines.

497 Note: See s. 95.21 (2) (a), Stats., for the delegation of rabies vaccinations.

498 (b) Observations and findings related to animal diseases and conditions to be utilized by a

499 veterinarian in establishing a diagnosis or prognosis, including routine radiographs, nonsurgical

500 specimen collection, drawing of blood for diagnostic purposes, and laboratory testing

501 procedures.

502 (c) Administration of sedatives and presurgical medications.

503 (d) Nutritional evaluation and counseling.

504 (e) Except to certified veterinary technicians who are also licensed professionals

505 governed by the provisions in s. VE 1.48, the provision of any complementary, alternative, or

506 integrative therapy, as defined in s. VE 1.48 (1).

507 (5) Veterinarians may delegate to certified veterinary technicians the provision of the
508 following veterinary medical services under the supervision of the veterinarian when the
509 veterinarian is available to communicate via telehealth technologies within 5 minutes or the
510 veterinarian is personally present on the premises where the services are provided:

511 (a) Performing diagnostic radiographic awake contrast studies not requiring general
512 anesthesia.

513 (b) Sample collection via cystocentesis procedure.

514 (c) Placement of intravenous catheters.

515 (d) Suturing of tubes and catheters.

516 (f) Fine needle aspirate of a mass.

517 (6) Veterinarians may delegate to certified veterinary technicians the provision of the
518 following veterinary medical services under the supervision of the veterinarian when the
519 veterinarian is personally present on the premises where the services are provided:

520 (a) Administration of local or general anesthesia, including induction and monitoring.

521 (b) Performing diagnostic radiographic contrast studies, including those requiring general
522 anesthesia.

523 (c) Dental prophylaxis and simple extractions that require minor manipulation and
524 minimal elevation.

525 (d) Placement of arterial catheters.

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

528 (7) Veterinarians may delegate to unlicensed assistants the provision of the following
529 veterinary medical services under the supervision of the veterinarian:

530 (a) Basic diagnostic studies, including routine radiographs, nonsurgical specimen
531 collection, and laboratory testing procedures.

532 (b) Monitoring and reporting to the veterinarian changes in the condition of a hospitalized
533 patient.

534 (c) Dispensing prescription drugs pursuant to the written order of the veterinarian.

535 (8) Except as provided under s. 95.21, Stats., veterinarians may delegate to unlicensed
536 assistants the provision of the following veterinary medical services under the supervision of the
537 veterinarian when the veterinarian is personally present on the premises where the services are
538 provided:

539 (a) Nonsurgical veterinary treatment of animal diseases and conditions, including
540 administration of vaccines, and administration of sedatives and presurgical medications.

541 (b) Observations and findings related to animal diseases and conditions to be utilized by a
542 veterinarian in establishing a diagnosis or prognosis, including the drawing of blood for
543 diagnostic purposes.

544 (c) Dental prophylaxis.

545 (d) Nutritional evaluation and counseling.

546 (e) Placement of intravenous catheters.

547 (9) Notwithstanding subs. (1) to (8), a veterinary student, certified veterinary technician
548 or unlicensed assistant employed by a veterinarian may, under the supervision of the veterinarian
549 and pursuant to mutually acceptable written protocols, perform evaluative and treatment
550 procedures necessary to provide an appropriate response to life-threatening emergency situations
551 for the purpose of stabilizing the patient pending further treatment.

552 **VE 1.46 Veterinary consulting.** (1) DEFINITIONS. In this section:

553 (a) “Consulting veterinarian” means the veterinarian who gives advice or assistance,
554 whether in-person or by any method of communication, to the attending veterinarian, for the
555 benefit of a patient.

556 (b) “Consultant” means a person whose subject matter expertise, in the opinion of the
557 attending veterinarian, will benefit a patient, and who gives the attending veterinarian advice or
558 assistance, whether in-person or by any method of communication.

559 (2) A consulting veterinarian or other consultant may give advice or assistance to the
560 attending veterinarian where the VCPR remains with the attending veterinarian and the
561 responsibility for patient treatment, prescriptions, and welfare remain with the attending
562 veterinarian.

563 (3) A consulting veterinarian or other consultant may not do any of the following:

564 (a) Visit the patient or client or communicate directly with the client without the
565 knowledge of the attending veterinarian.

566 (b) Take charge of a case or problem without the consent of the attending veterinarian
567 and the client.

568 (4) Subsection (3) does not apply to other veterinarians licensed by the board, practicing
569 with the attending veterinarian, who have access to, and have reviewed, the medical history and
570 records of the animal.

571 **VE 1.48 Veterinary referral to a license holder in another profession.** (1) In this
572 section, “Complementary, alternative, and integrative therapies” means a heterogeneous group of
573 preventive, diagnostic, and therapeutic philosophies and practices. These therapies include:

574 (a) Veterinary acupuncture, acutherapy, and acupressure.

575 (b) Veterinary homeopathy.

576 (c) Veterinary manual or manipulative therapy, meaning therapies based on techniques
577 practiced in osteopathy, chiropractic medicine, or physical medicine and therapy.

578 (d) Veterinary nutraceutical therapy.

579 (e) Veterinary phytotherapy.

580 (2) A veterinarian may make a referral to a client, for treatment of a patient by a license
581 holder in another profession, using complimentary, alternative, or integrative therapies, as
582 defined in sub. (1), if the license holder, to whom the client and patient are referred, provides all
583 of the following evidence to the veterinarian for performing the type of therapy for which the
584 referral is being made:

585 (a) The license holder's current licensing in good standing, with the applicable board
586 through the department of safety and professional services.

587 (b) The license holder's education, training, and experience in performing the therapy on
588 an animal.

589 (3) The VCPR, as defined in s. 89.02 (8), Stats., does not extend to the provision of any
590 complementary, alternative, or integrative therapy performed on a veterinarian's patient, under
591 either of the following circumstances:

592 (a) The therapy is performed by a license holder in another profession, where the
593 veterinarian demonstrates meeting the requirements, in sub. (2), for making the referral to the
594 license holder.

595 (b) The veterinarian's client obtains any complementary, alternative, or integrative
596 therapy services for a veterinarian's patient without a referral by the veterinarian.

597 **VE 1.50 Veterinary telemedicine.** (1) In this section, "Telemedicine" means the remote
598 delivery of veterinary healthcare services, such as health assessments or consultations, over the

599 telecommunications infrastructure, allowing a veterinarian to evaluate, diagnose and treat
600 patients without the need for an in-person visit.

601 (2) The practice of veterinary medicine takes place where the animal is located at the
602 time of practice, in accordance with ss. 89.05 (1) and 89.02 (6), Wis. Stats.

603 (3) In order to practice veterinary telemedicine in Wisconsin, a veterinarian must be
604 licensed in Wisconsin.

605 (4) Except as provided under subs. (6) and (7) and s. VE 1.46, the veterinarian must have
606 an established VCPR with the client. The VCPR must be established via an in-person physical
607 exam, or timely medically appropriate visits to the premises on which the patient is kept. The
608 VCPR may not be established by telehealth technologies.

609 (5) The VCPR, once established, extends to other veterinarians licensed by the board,
610 who are practicing with the attending veterinarian, and who have access to, and have reviewed,
611 the medical history and records of the animal.

612 (6) Tele-triage and emergency animal care, including animal poison control services, for
613 immediate, potentially life-threatening animal health situations, including poison exposure
614 mitigation, animal cardiopulmonary resuscitation instructions, and other critical lifesaving
615 treatment or advice that may be performed within or outside of a VCPR.

616 (7) A veterinarian may provide general advice in general terms that is not specific to an
617 individual animal or group of animals, diagnosis, or treatment, and may provide this general
618 advice within or outside of an established VCPR.

619 (8) Records must be kept in accordance with this chapter.

620 (9) In accordance with s. 89.02 (8) (c), Wis. Stat., an animal owner must be able to easily
621 seek follow-up care or information from the veterinarian who conducts an encounter while using
622 telehealth technologies.

623 (10) A veterinarian using telehealth technologies is required to follow all applicable
624 requirements of this chapter.

625 **VE 1.52 Records.** (1) A veterinarian shall maintain individual patient records on every
626 patient administered to by the veterinarian other than food and fiber patients and equine patients
627 for a period of not less than 3 years after the date of the last entry. The veterinarian shall keep
628 individual client records for equine and food and fiber patients for 3 years after the date of the
629 last entry. A computerized system may be used for maintaining a record, as required under this
630 section, if the system is capable of producing a printout of records contained in such system
631 within 48 hours of a request.

632 (2) The individual patient record shall contain clinical information pertaining to patients
633 other than food and fiber patients and equine patients with sufficient information to justify the
634 diagnosis and warrant treatment, including information regarding each of the following matters
635 which apply:

636 (a) Date.

637 (b) Client name.

638 (c) Patient identification.

639 (d) History.

640 (e) Complaint.

641 (f) Present illness.

642 (g) Provisional diagnosis.

- 643 (h) Physical examination findings.
- 644 (i) Record of client's informed consent by signature and date or other specified means.
- 645 (j) Treatment — medical, surgical.
- 646 (k) Vaccinations administered.
- 647 (L) Drugs prescribed, dispensed or administered, including strength or concentration,
648 route of administration, dosing schedule, number dispensed and number of refills allowed.
- 649 (m) Final diagnosis.
- 650 (n) Consultation, if any.
- 651 (o) Clinical laboratory reports.
- 652 (p) Radiographic reports.
- 653 (q) Necropsy findings.
- 654 (r) Identification of the veterinarian providing the care.
- 655 (3) The client record for food and fiber patients shall contain at least the following
656 information which apply:
- 657 (a) Date.
- 658 (b) Client name.
- 659 (c) Type of call.
- 660 (d) Individual or herd diagnosis.
- 661 (e) Record of client's informed consent by signature and date or other specified means.
- 662 (f) Treatment and drugs used including amounts of drugs administered and method of
663 administration.
- 664 (g) Drugs dispensed including dosing schedule and number dispensed.
- 665 (h) Meat or milk withholdings.

- 666 (i) Clinical laboratory reports.
- 667 (j) Identification of the veterinarian providing the care.
- 668 (4) The client record for equine patients shall contain at least the following information
- 669 which applies:
- 670 (a) Date.
- 671 (b) Client name.
- 672 (c) Patient identification.
- 673 (d) History.
- 674 (e) Physical examination findings.
- 675 (f) Diagnosis.
- 676 (g) Record of client's informed consent by signature and date or other specified means.
- 677 (h) Treatment-medical, surgical.
- 678 (i) Treatment and drugs used including amount of drugs administered and method of
- 679 administration.
- 680 (j) Drugs dispensed including dosing schedule and number dispensed.
- 681 (k) Clinical laboratory reports.
- 682 (L) Radiographic reports.
- 683 (m) Necropsy findings.
- 684 (n) Identification of the veterinarian providing the care.
- 685 (5) A veterinarian shall provide access to health care records in accordance with s.
- 686 89.075, Wis. Stat.
- 687 **VE 1.54 Change of name and address.** Every veterinarian shall notify the board of a
- 688 change of name or address within 30 days.

689 **VE 1.56 Display of license.** Each veterinarian shall display a current license in a manner
690 conspicuous to the public view, and shall at all times have evidence of licensure available for
691 inspection when practicing at a remote location.

692 **VE 1.58 Unprofessional conduct.** Unprofessional conduct by a veterinarian is
693 prohibited. Unprofessional conduct includes:

694 (1) Unprofessional conduct under s. 89.07 (1), Wis. Stat.

695 (2) Conduct in the practice of veterinary medicine which evidences a lack of knowledge
696 or ability to apply professional principles or skills.

697 (3) Fraud in the practice of veterinary medicine, including any of the following:

698 (a) The making of false claims regarding knowledge, ability, skills or facilities for use in
699 treatment or diagnosis of a disease.

700 (b) The making of false claims regarding testing, inspecting, reporting or issuing of
701 inter-state, intra-state or export health certificates.

702 (4) Gross, serious, or grave negligence, as compared to less serious or more ordinary acts
703 of negligence, in the practice of veterinary medicine.

704 (5) “Deception” in the practice of veterinary medicine, including any of the following:

705 (a) Claiming to have performed an act or given a treatment which has not in fact been
706 performed or given.

707 (b) Giving needless treatment.

708 (c) Using a different treatment than stated.

709 (6) Being convicted of a crime the circumstances of which substantially relate to the
710 practice of veterinary medicine.

711 (7) Violating or aiding and abetting the violation of any law or administrative rule or
712 regulation substantially related to the practice of veterinary medicine.

713 (8) Advertising in a manner which is false, fraudulent, misleading or deceptive, or
714 knowingly maintaining a professional association with another veterinarian or veterinary firm
715 that advertises in a manner which is false, fraudulent, misleading or deceptive.

716 (9) Having a veterinary license or federal veterinary accreditation limited, suspended or
717 revoked, or having been subject to any other related discipline or restriction.

718 (10) Practicing or attempting to practice, while the veterinarian has a physical or mental
719 impairment, including impairment related to drugs or alcohol which is reasonably related to the
720 applicant's ability to adequately undertake the practice of veterinary medicine in a manner
721 consistent with the safety of a patient or the public.

722 (11) The personal use, misuse, or sale, other than for medical treatment of patients, of the
723 drugs listed in the U.S. Controlled Substances Act of 1979, as amended, or ch. 961, Stats., except
724 personal use of drugs prescribed by a physician for individual use by the veterinarian.

725 (12) Prescribing, ordering, dispensing, administering, supplying or giving of any
726 amphetamine, its salts, isomers and salts of its isomers or related sympathomimetic amine drug
727 designated as a Schedule II drug in ch. 961, Stats., except for the treatment of narcolepsy or
728 hyperkinesis in animals who do not respond to other methods of treatment, or for clinical
729 research of these compounds as approved by the board. A written description of the intended
730 research project proposed shall be filed with the board prior to conducting the research.

731 (13) Prescribing or dispensing veterinary prescription drugs to a client without following
732 the requirements in s. 89.068 (1) (c), Stats.

733 (14) Dispensing any veterinary prescription drugs to a person unless the person requests
734 fulfillment of a prescription meeting the requirements of s. 89.068 (1) (b), Stats.

735 (15) Failure to include on the label of a prescription drug the generic or brand name of
736 the drug dispensed, the name and address of the clinic or veterinarian dispensing the drug, the
737 directions for use and caution statements required by law. In case of companion animals, the
738 prescription shall bear the name or identification of the patient.

739 (16) Prescribing, ordering, dispensing, administering, supplying or giving any controlled
740 substance solely for training or racing purposes and not for a medically sound reason.

741 (17) Allowing a veterinary student to treat a patient without the veterinarian giving
742 supervision.

743 (18) Failure of the veterinarian to advise the client that the person assisting is a
744 veterinary student or unlicensed assistant.

745 (19) Failure to maintain records as required by s. VE 1.52.

746 (20) Refusal, upon request, to cooperate in a timely manner with the board's
747 investigation of complaints lodged against the veterinarian. Persons taking longer than 30 days to
748 provide requested information shall have the burden of demonstrating that they have acted in a
749 "timely manner."

750 (21) Failure to keep the veterinary facility and all equipment, including mobile units, in a
751 clean and sanitary condition while practicing as a veterinarian.

752 (22) Failure of a veterinarian to permit the board or its agents to enter and inspect the
753 veterinarian's practice facilities, vehicle, equipment and records during office hours and other
754 reasonable hours.

755 (23) Engaging in unsolicited communications to members of the board regarding a
756 matter under investigation by the board other than to the investigative member of the board.

757 (24) Practicing under an expired license.

758 (25) Exceeding the scope of veterinary practice, as defined in s. 89.02 (6), Stats., by
759 providing medical treatment to humans or distributing, prescribing or dispensing for human use
760 prescription drugs, as defined in s. 450.01 (20), Stats., or any drug labelled for veterinary or
761 animal use only.

762 (26) Falsely certifying to the board under s. VE 1.30 (5) that the veterinarian:

763 (a) Has completed the 30 hours of continuing education required under s. VE 1.30 (1).

764 (b) Is exempt under s. VE 1.30 (2) from having to complete the 30 hours of continuing
765 education required under s. VE 1.30 (1).

766 (27) Failure to inform a client prior to treatment of the diagnostic and treatment options
767 consistent with the veterinary profession's standard of care, meaning diagnostic procedures and
768 modes of treatment considered by the veterinary profession to be within the scope of current,
769 acceptable veterinary medical practice, and the associated benefits and risks of those options.

770 (28) Failure to release a patient's medical records as required by s. 89.075, Stats.

771 (29) Advertising a specialty or claiming to be a specialist when not a diplomate of a
772 veterinary specialty organization recognized by the AVMA American Board of Veterinary
773 Specialties or by a foreign veterinary specialty organization which, in the opinion of the board, is
774 equivalent to an AVMA American Board of Veterinary Specialists recognized veterinary
775 specialty organization.

776 (30) Failure to provide copies of or information from veterinary records, with or without
777 the client's consent, to the board or to public health, animal health, animal welfare, wildlife or

778 agriculture authorities, employed by federal, state, or local governmental agencies who have a
779 legal or regulatory interest in the contents of said records for the protection of animal or public
780 health.

781 **VE 1.60 Board action.** The board may reprimand the licensee or deny, suspend, limit or
782 revoke a veterinary license or permit under this chapter for cause, including any of the following:

783 (1) Filing an incomplete or fraudulent application, or misrepresenting any information on
784 an application.

785 (2) Violating this chapter or ch. 89, Stats.

786 SECTION 2. Ch. VE 2 is repealed and recreated to read:

787 **Chapter VE 2 Veterinary Technicians**

788 **Subchapter I – Authority and Definitions**

789 **VE 2.01 Authority.** The rules in this chapter are adopted by the veterinary examining
790 board pursuant to the authority delegated by ss. 15.08 (5), 89.03 (1) and (2), and 227.11 (2),
791 Stats.

792 **VE 2.02 Definitions.** In this chapter:

793 (1) “Accredited college or university” means an educational institution that is accredited
794 by a regional or national accrediting agency recognized by the U.S. Department of Education.

795 (2) “AVMA” means the American veterinary medical association.

796 (3) “Board” means the veterinary examining board.

797 Note: The board office is located at 2811 Agriculture Drive, P.O. Box 8911, Madison,
798 Wisconsin 53708–8911.

799 (4) “Certificate” means a document issued to a person by the board, after the person has
800 met the requirements of s. 89.06 (3), Stats., signifying that the person has met the statutory
801 requirements to practice veterinary technology in Wisconsin.

802 (5) “Client” has the meaning set forth at s. 89.02 (3), Stats.

803 (6) “Department” has the meaning set forth at s. 89.02 (3d), Stats.

804 (7) “Patient” has the meaning set forth at s. 89.02 (4s), Stats.

805 (8) “VTNE” means the veterinary technician national exam.

806 **Subchapter II – Certification**

807 **VE 2.04 Certification.** (1) The board may issue a certificate to practice as a veterinary
808 technician to an applicant who does all of the following:

809 (a) Submits an application form provided by the board which includes the applicant's
810 notarized signature.

811 Note: Applications are available upon request to the board office located at 2811
812 Agriculture Drive, P.O. Box 8911, Madison, WI 53708-8911 or at the website at
813 www.datcp.wi.gov.

814 (b) Meets the age and training requirements of s. 89.06 (3), Stats.

815 (c) Pays one of the following nonrefundable fees as applicable:

816 1. \$115 for an applicant who has never been credentialed in Wisconsin or another
817 jurisdiction.

818 2. \$185 for an applicant who has previously been credentialed in Wisconsin or another
819 jurisdiction.

820 (d) Has successfully completed both the VTNE and an examination on state laws and
821 rules related to the practice of veterinary technology, the results of which shall be submitted

822 directly to the board by the department's office of examinations or the interstate reporting
823 services.

824 (e) Provides verification of licensure records and status which has been provided directly
825 to the board by the jurisdictions or the American Association of Veterinary State Boards for
826 every state or country in which the applicant has ever held a license or certificate to practice
827 veterinary technology.

828 Note: The board accepts the classification of “veterinary nurse” in other jurisdictions as
829 equivalent to “veterinary technician.”

830 (f) Does not have a conviction record or pending criminal charge relating to an offense
831 the circumstances of which substantially relate to the practice of veterinary technology. An
832 applicant who has a conviction record or pending criminal charge shall request appropriate
833 authorities to provide information about the record or charge directly to the board in sufficient
834 specificity to enable the board to make a determination.

835 (g) Provides all supporting documents in English.

836 (2) The board shall review its records to determine eligibility of the applicant. Within 30
837 business days of determining an applicant is eligible for certification, the board shall issue a
838 certificate to the applicant.

839 (3) The board shall inquire as to whether the applicant is competent to practice as a
840 veterinary technician in this state and shall impose any reasonable conditions on instatement of
841 the certificate, including reexamination, as the board deems appropriate, if any of the following
842 apply:

843 (a) The applicant has not previously been certified in any jurisdiction and passed the
844 VTNE more than 5 years ago.

845 (b) The applicant was previously certified in Wisconsin or another jurisdiction and has
846 not been certified in any jurisdiction for more than 5 years.

847 (c) The applicant has prior related discipline or litigation in another jurisdiction.

848 (d) The applicant has pending related discipline or litigation in any jurisdiction.

849 **VE 2.06 Reciprocal credentials for service members, former services members, their**

850 **spouses.** (1) The board shall grant a certification to an individual who the board determines
851 meets all of the requirements under s. 89.073, Wis. Stat.

852 (2) A person applying for a reciprocal credential under s. 89.073, Wis. Stat., shall pay one
853 of the following nonrefundable fees as applicable:

854 (a) \$40 for a service member or former service member.

855 (b) \$141 for a spouse as defined by s. 89.073 (1) (c), Wis. Stat.

856 **VE 2.08 Passing scores.** (1) The passing score for veterinary technician applicants on
857 the written national examination shall be based on the board's determination of the level of
858 examination performance required for minimum acceptable competence in the profession. The
859 board shall make the determination after consultation with subject matter experts who have
860 reviewed a representative sample of the examination questions and available candidate
861 performance statistics, and shall set the passing score for the examination at that point that
862 represents minimum acceptable competence in the profession. The board may accept the
863 recommendation of the national examination provider.

864 (2) The passing score for an examination on state laws and rules related to the practice of
865 veterinary technology shall be based on the board's determination of the level of examination
866 performance required for minimum acceptable competence in the profession. The board shall
867 make the determination after consultation with subject matter experts who have reviewed a

868 representative sample of the examination questions and available candidate performance
869 statistics, and shall set the passing score for the examination at that point that represents
870 minimum acceptable competence in the profession.

871 **VE 2.10 Administrative fees.** (1) A person requesting a printed certificate shall pay a
872 nonrefundable fee of \$10.

873 (2) A person requesting verification of certification to another state or organization shall
874 pay a nonrefundable fee of \$10.

875 **VE 2.12 Renewal of certification.** A certificate expires if not renewed by January 1 of
876 even-numbered years. A certificate holder who allows the certificate to expire may apply to the
877 board for renewal of the certificate as follows:

878 (1) If the certificate holder applies for renewal of the certificate less than 5 years after its
879 expiration, the certificate shall be renewed upon payment of the renewal fee and late fee and
880 fulfillment of 15 hours of continuing education required under s. VE 2.14 completed before the
881 certificate renewal.

882 (2) If the certificate holder applies for renewal of the certificate 5 or more years after its
883 expiration, in addition to requiring the certificate holder to pay the renewal fee and late fee, and
884 to fulfill the continuing education hours required under s. VE 2.14 completed before the
885 certificate renewal, the board shall inquire as to whether the applicant is competent to practice as
886 a veterinary technician in this state and shall impose any reasonable conditions on renewal of the
887 certificate including reexamination, as the board deems appropriate. An applicant under this
888 subsection is presumed to be competent to practice as a veterinary technician in this state if at the
889 time of application for renewal the applicant holds a full unexpired certificate issued by a similar
890 licensing board of another state or territory of the United States or of a foreign country or

891 province whose standards, in the opinion of the board, are equivalent to or higher than the
892 requirements for certification in this state. Notwithstanding any presumptions of competency
893 under this subsection, the board shall require each applicant under this subsection to pass the
894 examination specified under s. VE 2.04 (2).

895 (3) The certificate holder shall pay a nonrefundable renewal fee of \$160.

896 (4) A certificate holder who submits a certificate renewal after January 1 of even
897 numbered years shall pay, in addition to the renewal fee under sub. (3), a nonrefundable late fee
898 of \$25.

899 **VE 2.14 Continuing education; requirements.** (1) (a) Except as provided in subs. (2)
900 and (3), a veterinary technician shall complete at least 15 hours of continuing education pertinent
901 to veterinary medicine or veterinary technology in each biennial renewal period. The 15 hours of
902 continuing education shall include at least 10 hours of continuing education that relates to
903 scientific topics pertinent to veterinary medicine.

904 (b) All 15 continuing education hours required in this subsection shall be documented. A
905 minimum of 12 hours of continuing education shall be documented by an approved continuing
906 education provider.

907 (c) A continuing education hour shall consist of 50 minutes of contact time.

908 (2) Subsection (1) does not apply to an applicant who applies to renew a certificate that
909 expires on the first expiration date after the initial issuance of the certificate.

910 (3) The board may waive the requirements under sub. (1) if it finds that exceptional
911 circumstances, such as prolonged illness, disability, or other similar circumstances, have
912 prevented an applicant from meeting the requirements.

913 (4) Continuing education hours shall be completed during the preceding 2-year
914 certification period.

915 (5) To obtain credit for completion of continuing education hours, a certificate holder
916 shall, at the time of each renewal, sign a statement saying that the certificate holder has
917 completed, during the preceding 2-year certification period, the continuing education programs
918 required under sub. (1).

919 (6) A veterinary technician who fails to complete the continuing education requirements
920 by the renewal date shall not practice as a veterinary technician until the certificate is renewed.

921 (7) For auditing purposes, every veterinary technician shall maintain records of
922 continuing education hours for at least 5 years from the date the certification statement required
923 under sub. (5) is signed. The board may audit for compliance by requiring a veterinary technician
924 to submit evidence of compliance to the board for the biennium immediately preceding the
925 biennium in which the audit is performed. Documentation of completion of continuing education
926 hours shall include one of the following:

927 (a) A certificate of attendance from an approved course provider.

928 (b) A grade report or transcript from an accredited college or university.

929 (c) A copy of a published work authored or co-authored by the licensee.

930 (d) A copy of a meeting syllabus, announcement, abstract or proceeding for a
931 presentation.

932 (f) A signed document from an internship or residency institution certifying enrollment in
933 a program.

934 **VE 2.16 Continuing education; programs and courses. (1) CRITERIA FOR**
935 **PROGRAMS AND COURSE APPROVAL.** To be approved, a continuing education program or
936 course shall meet the following criteria:

937 (a) The subject matter of the program or course shall be pertinent to veterinary
938 technology.

939 (b) The program or course sponsor agrees to record registration and furnish a certificate
940 of attendance to each participant.

941 (2) **UNRELATED SUBJECT MATTER.** If a continuing education course includes
942 subject matter that is not pertinent to veterinary technology, only those portions of the course that
943 relate to veterinary technology will qualify as continuing education under this chapter.

944 (3) **MODALITIES AND METHODS OF DELIVERY.** Modalities and methods of
945 delivery of continuing education programs acceptable to the board include one or more of the
946 following:

947 (a) Attendance at a scientific workshop, seminar, or laboratory demonstration pertinent to
948 veterinary technology.

949 (b) Enrollment in graduate or other college level courses pertinent to veterinary
950 technology. Credit for qualified courses will be approved on the basis of multiplying each
951 college credit hour by 10.

952 (c) Enrollment in an internship, residency or certification program approved by a
953 veterinary specialty organization recognized by the AVMA or in an AVMA accredited
954 veterinary school.

955 (d) Authorship or co-authorship of a published work, such as review articles, abstracts,
956 presentations, proceedings, book chapters, and web-based continuing education materials shall
957 be approved for 5 hours each.

958 (e) A peer reviewed publication shall be approved for 5 hours.

959 (f) Development and presentation of research findings, scientific workshops, seminars or
960 laboratory demonstrations pertinent to veterinary technology shall be approved for 5 contact
961 hours each.

962 (g) Up to 8 hours per biennium shall be granted for a combination of continuing
963 education hours completed under pars. (d) to (f), provided the continuing education is published
964 or presented under the auspices of a provider approved under sub. (4).

965 (h) On-line, video, audio, correspondence courses, or other interactive distance learning
966 courses pertinent to veterinary technology, or to employment as a veterinary technician.

967 (4) APPROVED PROGRAM PROVIDERS. Subject to compliance with the
968 requirements set forth in subs. (1) to (3), the board shall approve attendance at and completion of
969 one or more continuing education programs approved by any one of the following approved
970 program providers as fulfilling the continuing education hours required under this chapter:

971 (a) A national, regional, state, or local veterinary medical or veterinary technician
972 association.

973 (b) A federal or state agency.

974 (c) An accredited college or university.

975 (d) An association listed in the AVMA or the National Association of Veterinary
976 Technicians in America directory.

977 (e) An AVMA accredited veterinary school or veterinary technician program.

978 (f) A program approved by the American Association of Veterinary State Boards through
979 its Registry of Approved Continuing Education approval program.

980 (g) A foreign veterinary medical or veterinary technician association, an accredited
981 college or university, or a governmental agency that is, as determined by the board comparable
982 to a program provider listed under pars. (a) to (f).

983 **Subchapter III – Standards of Practice and Unprofessional Conduct**

984 **VE 2.18 Prohibited acts.** The following acts are limited to veterinarians and therefore
985 prohibited for veterinary technicians:

986 (1) Diagnosis and prognosis of animal diseases and conditions.

987 (2) Prescribing of drugs, medicines, treatments and appliances.

988 (3) Performing surgery as defined by VE 1.44 (2) (c).

989 **VE 2.20 Change of name and address.** Every veterinary technician shall notify the
990 board of a change of name or address within 30 days.

991 **VE 2.22 Display of certificate.** Each veterinary technician shall display a current
992 certificate in a manner conspicuous to the public view.

993 **VE 2.24 Standards of practice.** (1) Veterinary technicians may perform delegated
994 veterinary acts as set forth under s. VE 1.44 (4), (5), (6), and (9).

995 (2) In the performance of delegated veterinary acts a veterinary technician shall:

996 (a) Accept only those delegated veterinary acts for which there are mutually approved
997 protocols, written standing orders or verbal directions.

998 (b) Accept only those delegated veterinary acts for which the veterinary technician is
999 competent to perform based on education, training or experience.

1000 (c) Consult with a veterinarian in cases where the veterinary technician knows or should
1001 know a delegated veterinary act may harm a patient.

1002 **VE 2.26 Unprofessional conduct.** The following acts constitute unprofessional conduct
1003 by a veterinary technician and are prohibited:

1004 (1) Unprofessional conduct under s. 89.07 (1), Wis. Stat.

1005 (2) Performing as a veterinary technician unless supervised as specified under s. VE 1.44
1006 (4), (5), (6), and (9).

1007 (3) Misrepresentation in obtaining a veterinary technician certificate or in performing as
1008 a veterinary technician.

1009 (4) Conduct in the practice of veterinary technology which evidences a lack of
1010 knowledge or ability to apply professional principles or skills.

1011 (5) Gross, serious, or grave negligence, as compared to less serious or more ordinary acts
1012 of negligence, while performing as a veterinary technician.

1013 (6) The personal use, misuse or sale other than for medical treatment of patients, of drugs
1014 listed in the U.S. controlled substances act of 1970, as amended, or ch. 961, Stats., other than
1015 drugs prescribed by a physician for use by the veterinary technician.

1016 (7) Practicing or attempting to practice while the veterinary technician has a physical or
1017 mental impairment, including impairment related to drugs or alcohol, which is reasonably related
1018 to the applicant's ability to adequately undertake the practice of veterinary technology in a
1019 manner consistent with the safety of a patient or the public.

1020 (8) Being convicted of a crime the circumstances of which substantially relate to the
1021 practice of veterinary technology.

1022 (9) Violating or aiding and abetting the violation of any law or administrative rule
1023 substantially related to the practice of veterinary technology.

1024 (10) Having a veterinary technician certificate limited, suspended or revoked or subject
1025 to any other disciplinary action in another state or U.S. jurisdiction.

1026 (11) Accepting fees for animal health care services from a client.

1027 (12) Practicing under an expired certificate.

1028 (13) Falsely certifying to the board under s. VE 2.14 (5) that the veterinary technician:

1029 (a) Has completed the 15 hours of continuing education required under s. VE 2.14 (1).

1030 (b) Is exempt under s. VE 2.14 (2) from having to complete the 15 hours of continuing
1031 education required under s. VE 2.14 (1).

1032 (14) Advertising, as defined under s. VE 1.02 (3), a specialty or claiming to be a
1033 specialist when not recognized as such by a veterinary technician specialty academy recognized
1034 by the National Association of Veterinary Technicians in America or by a foreign veterinary
1035 technician specialty academy which, in the opinion of the board, is equivalent to a National
1036 Association of Veterinary Technicians in America recognized veterinary technician specialty
1037 academy.

1038 **VE 2.28 Board action.** The board may reprimand the certificate holder or deny, suspend,
1039 limit or revoke a certification under this chapter for cause, including any of the following:

1040 (1) Filing an incomplete or fraudulent application, or misrepresenting any information on
1041 an application.

1042 (2) Violating this chapter or ch. 89, Stats.

1043 SECTION 3. Ch. VE 3 is repealed and recreated to read:

1044 **Chapter VE 3 Complaint Procedures**

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Subchapter I – Authority and Definitions

3.01 Authority. The rules in this chapter are adopted by the veterinary examining board pursuant to the authority in ss. 89.03 (1), 227.11 (2) (a) and 227.51 (3), Stats.

3.02 Definitions. In this chapter:

(1) “Administrative injunction” means a special order enjoining a person from the continuation of a practice or use of a title without a credential required under ch. 89, Stats.

(2) “Administrative law judge” means the administrative law judge assigned by the division to hear a disciplinary proceeding or summary suspension or limitation appeal, on behalf of the board, or an administrative injunction proceeding on behalf of the department.

(3) “Board” means the veterinary examining board.

(4) “Case advisor” means a member of the board assigned to assist disciplinary counsel in an investigation of an informal complaint about a credential holder.

(5) “Complainant” means the person who signs a complaint.

(6) “Complaint” means the formal charging of violations against a credential holder in a disciplinary proceeding.

(7) “Court-ordered injunction” means a judgment and order by a court of competent jurisdiction enjoining a person from the continuation of a practice or use of a title without a credential required under ch. 89, Stats.

(8) “Credential” means a license, certification, or permit that is issued under ch. 89, Stats.

(9) “Credential holder” means an individual holding any license, permit, or certificate granted by the board, or having any right to renew a license, permit, or certificate granted by the board.

(10) “Department” has the meaning set forth at s. 89.02 (3d), Stats.

1068 (11) "Department counsel" means the department attorney assigned an informal
1069 complaint against any person who may be continuing a practice or use of a title without a
1070 credential required under ch. 89, Stats.

1071 (12) "DHA" means the division of hearings and appeals in the department of
1072 administration.

1073 (13) "Division" means the division of animal health in the department.

1074 (14) "Disciplinary counsel" means the department attorney assigned an informal
1075 complaint against a credential holder.

1076 (15) "Disciplinary proceeding" means an administrative proceeding against a credential
1077 holder for any alleged violations of law constituting misconduct.

1078 (16) "Informal complaint" means any written information submitted to the board or
1079 department by any person, which alleges facts that, if true, warrant action including an
1080 administrative warning, discipline, or an injunction.

1081 (17) "Minor violation" means all of the following:

1082 (a) No significant harm was caused by misconduct of the credential holder.

1083 (b) Continued practice by the credential holder presents no immediate danger to the
1084 public.

1085 (c) If prosecuted, the likely result of prosecution would be a reprimand or a limitation
1086 requiring the credential holder to obtain additional education.

1087 (d) The complaint does not warrant use of prosecutorial resources.

1088 (18) "Misconduct" means a violation of a statute, rule, or regulation related to the
1089 profession or other conduct for which discipline may be imposed under ch. 89, Stats.

1090 (19) "Office" means the office of legal counsel in the department.

1091 (20) "Petition" means a petition for summary credential suspension or limitation or a
1092 special order for an administrative injunction.

1093 (21) "Petitioner" means the disciplinary or department counsel.

1094 (22) "Respondent" means a credential holder who is charged in a disciplinary proceeding
1095 or a person who is charged in an administrative injunction proceeding.

1096 (23) "Screening" means preliminary review of complaints to determine the disposition of
1097 any informal complaints.

1098 (24) "Screening committee" means the committee of the board that meets with
1099 disciplinary counsel to determine the disposition of any informal complaints.

1100 (25) "Special order" means an administrative order issued by the department enforced
1101 against a named or identified person.

1102 **Subchapter II – Procedures for Informal Complaints**

1103 **3.04 Scope; kinds of proceedings.** This subchapter governs procedures for investigating
1104 and disposing of informal complaints against credential holders and non-credentialed entities
1105 before the board and persons before the department.

1106 **3.06 Receiving informal complaints.** All informal complaints received shall be referred
1107 to the office for filing, screening and, if necessary, investigation.

1108 **3.08 Screening.** Screening for complaints against credential holders shall be done by the
1109 board's screening committee, in consultation with the disciplinary counsel. Considerations in
1110 screening include:

1111 (1) Whether the person complained against is credentialed.

1112 (2) Whether the matter alleged is a violation of any statute, rule, regulation, or standard
1113 of practice.

- 1114 (3) Whether the matter alleged, if taken as a whole, is any of the following:
- 1115 (a) Not a violation, so that the matter may be closed.
- 1116 (b) A minor violation, so that the matter may be disposed of with an administrative
1117 warning.
- 1118 (c) Requires further investigation by disciplinary counsel, with assistance by a case
1119 advisor and department staff as assigned.

1120 **3.10 Non-credentialed persons.** Department staff shall investigate complaints, and may
1121 consult with the board, concerning any complaint against a person who may be engaged in the
1122 practice of veterinary medicine or veterinary technology without holding a credential.

1123 **3.12 Negotiated settlement.** (1) WHEN INITIATED. At the discretion of the disciplinary
1124 counsel, in consultation with the case advisor in assigned matters, or department counsel,
1125 negotiations for settlement may be held prior to the commencement of a disciplinary proceeding.
1126 Where the informal complaint investigation reveals undisputed or clearly ascertainable facts,
1127 from documents received, resolution through negotiations is encouraged.

1128 (2) LIMITATION. Negotiations for settlement shall not be held without the consent of the
1129 credential holder. No agreement reached between the parties through negotiations, which
1130 imposes discipline upon a credential holder, shall be effective or binding until the parties
1131 stipulate to the agreement in writing, signed by the credential holder and any representative and
1132 disciplinary counsel, for approval by the board in a signed final order.

1133 (3) ORAL STATEMENTS IN NEGOTIATIONS. Oral statements made during negotiations shall
1134 not be introduced into or made part of the record in a disciplinary proceeding.

1135 **3.14 Issuing an administrative warning.** In lieu of commencing disciplinary
1136 proceedings under subch. III or injunction proceedings under subch. IV, the board or department
1137 may issue an administrative warning, after making all of the following findings:

1138 (1) That there is specific evidence of misconduct by the credential holder.

1139 (2) That the misconduct is a minor violation of a statute or rule related to the profession
1140 or other conduct for which discipline or an administrative injunction may be imposed.

1141 (3) That issuance of an administrative warning will adequately protect the public.

1142 **3.16 Contents of an administrative warning.**

1143 (1) An administrative warning shall be issued in writing, shall state the findings required
1144 by s. VE 3.12, and include a notice of the right to request a review under s. VE 3.18.

1145 (2) An administrative warning may be issued to a credential holder by mailing the
1146 administrative warning to the last address provided to the department. Service by mail is
1147 complete on the date of mailing. The warning may also be issued by email, if the credential
1148 holder has given permission to send all notices to a specified email address. Service by email is
1149 complete upon sending.

1150 **3.18 Review of an administrative warning.** A credential holder who has been issued an
1151 administrative warning may make a request in writing for the board to review its issuance within
1152 20 days after the date of mailing or emailing. The request shall be in writing and set forth:

1153 (1) The credential holder's name and address.

1154 (2) The reason for requesting a review.

1155 **3.20 Administrative warning review procedures.** The procedures for an administrative
1156 warning review are:

1157 (1) Within 45 calendar days of receipt of a request for review, the board shall notify the
1158 credential holder of the time and place of the review.

1159 (2) No discovery is permitted. A credential holder may inspect records under s. 19.35,
1160 Stats., the public records law.

1161 (3) The board shall preside over the appeal and the review shall be electronically
1162 recorded.

1163 (4) The board shall provide the credential holder with an opportunity to make a personal
1164 appearance before it and present a statement. The board may request the disciplinary counsel to
1165 appear and present a statement on issues raised by the credential holder. The board may establish
1166 a time limit for making a presentation. Unless otherwise determined by the disciplinary
1167 authority, the time for making a personal appearance shall be 20 minutes.

1168 (5) If the credential holder fails to appear for a review, or withdraws the request for a
1169 review, the disciplinary authority may note the failure to appear in the minutes and leave the
1170 administrative warning in effect without further action.

1171 (6) The board may adjourn into closed session to deliberate on the request for review.
1172 Any action taken by the board following deliberation shall be made in open session. The board
1173 shall send the final decision of its review to the credential holder.

1174 **3.22 Review record.** The credential holder may request a copy of the recorded review at
1175 no cost.

1176 **Subchapter III – Procedures for Disciplinary Proceedings**

1177 **3.24 Scope.** This subchapter governs procedures in all disciplinary proceedings against
1178 credential holders before the board.

1179 **3.26 Commencement of disciplinary proceedings.** Disciplinary proceedings commence
1180 when a complaint is served upon the respondent.

1181 **3.28 Pleadings to be captioned.** All pleadings, notices, orders, and other papers filed in
1182 disciplinary proceedings shall be captioned: "BEFORE THE WISCONSIN VETERINARY
1183 EXAMINING BOARD" and shall be entitled: "IN THE MATTER OF DISCIPLINARY
1184 PROCEEDINGS AGAINST _____, RESPONDENT."

1185 **3.30 Complaint.** The disciplinary counsel may make a complaint upon information and
1186 belief and it shall contain:

1187 (1) The name and address of the credential holder complained against and the name and
1188 address of the complainant.

1189 (2) A short statement in plain language of the cause for disciplinary action identifying
1190 with reasonable particularity the transaction, occurrence or event out of which the cause arises
1191 and specifying the statute, rule or other standard alleged to have been violated.

1192 (3) A request in essentially the following form: "Wherefore, the complainant demands
1193 that the board hear evidence relevant to matters alleged in this complaint, determine and impose
1194 the discipline warranted, and assess the costs of the proceeding against the respondent."

1195 (4) The signature of the complainant.

1196 **3.32 Service and filing of complaint.**

1197 (1) The complaint and other papers may be served on a respondent by mailing a copy of
1198 the paper to the respondent at the last known address of the respondent, by any procedure
1199 described in s. 801.14 (2), Stats., or by electronic transmission if agreed to by the respondent or
1200 respondent's authorized representative. Service by mail is complete upon mailing.

1201 (2) Any paper required to be filed with the board may be mailed to the board's office
1202 and, if an administrative law judge has been designated to preside in the matter, to the
1203 administrative law judge and shall be deemed filed on the date of the postmark. Materials
1204 submitted by personal service or by inter-departmental mail shall be considered filed on the date
1205 they are received at the board's office or by the administrative law judge. Papers required to be
1206 filed may instead be filed and served by electronic mail or facsimile transmission. For materials
1207 transmitted by electronic mail, the filing date shall be the date that the electronic mail was sent.
1208 For materials transmitted by facsimile, the date received shall determine the date of filing.

1209 **3.34 Answer.**

1210 (1) An answer to a complaint shall state in short and plain terms the defenses to each
1211 cause asserted and shall admit or deny the allegations upon which the complainant relies. If the
1212 respondent is without knowledge or information sufficient to form a belief as to the truth of the
1213 allegation, the respondent shall so state and this has the effect of a denial. Denials shall fairly
1214 meet the substance of the allegations denied. The respondent shall make denials as specific
1215 denials of designated allegations or paragraphs but if the respondent intends in good faith to deny
1216 only a part or a qualification of an allegation, the respondent shall specify so much of it as true
1217 and material and shall deny only the remainder.

1218 (2) The respondent shall set forth affirmatively in the answer any matter constituting an
1219 affirmative defense.

1220 (3) Allegations in a complaint are admitted when not denied in the answer.

1221 (4) An answer to a complaint shall be filed within 30 days from the date of service of the
1222 complaint.

1223 **3.36 Administrative law judge.**

1224 (1) DESIGNATION. The board may request DHA assign an administrative law judge to
1225 preside over any disciplinary proceeding.

1226 (2) AUTHORITY AND DUTIES. An administrative law judge may, on behalf of the board,
1227 do all of the following:

1228 (a) Gain permission from parties for service of all documents to be via electronic
1229 transmission, or other means if necessary.

1230 (b) Require parties to clarify positions or issues.

1231 (c) Hold prehearing conferences and issue memoranda for the record, summarizing all
1232 actions taken and agreements reached.

1233 (d) Make procedural rulings and issue scheduling orders, including for motions, date,
1234 time and location of hearing, discovery, identification of witnesses and evidence for hearing,
1235 stipulations by the parties for hearing and other matters aiding in the orderly disposition of the
1236 proceedings.

1237 (e) Hold motion hearings and make rulings on said motions.

1238 (f) Adjourn or postpone proceedings.

1239 (g) Grant continuances or extensions of time.

1240 (h) Issue subpoenas to compel witness attendance and document production.

1241 (i) Regulate discovery proceedings, and issue orders to compel or limit discovery.

1242 (j) Select the location of the hearing.

1243 (k) Preside over hearings and regulate the course of hearings.

1244 (L) Administer oaths and affirmations.

1245 (m) Make evidentiary rulings and receive relevant evidence.

1246 (n) Impose sanctions on disobedient parties.

1247 (o) Require or permit the parties to file written briefs and arguments.

1248 (p) Supervise the required creation of a stenographic or electronic record of the portion of
1249 the proceedings conducted under the auspices of the administrative law judge.

1250 (q) If required, order and supervise the preparation of a written transcript of proceedings
1251 conducted before the administrative law judge.

1252 (r) Issue proposed decisions.

1253 (3) LIMITS ON AUTHORITY. The administrative law judge may not exercise any authority
1254 reserved to the board.

1255 (4) IMPARTIALITY.

1256 (a) An administrative law judge shall withdraw from a contested case if the
1257 administrative law judge determines that there is a conflict of interest or other circumstance
1258 which prevents the administrative law judge from acting impartially, or which creates an undue
1259 appearance of bias.

1260 (b) If an administrative law judge receives an ex parte communication which violates s.
1261 227.50 (1), Stats., the administrative law judge shall deal with the ex parte communication as
1262 provided in s. 227.50 (2), Stats. (3)

1263 **3.38 Settlements.** At any point in a proceeding, the parties may agree to settle the case.
1264 Parties wishing to settle a case shall file both a written stipulation, signed by the respondent and
1265 any representative and disciplinary counsel, setting forth the agreed terms of settlement, and a
1266 proposed final order disposing of the case, for approval by the board. No stipulation disposing of
1267 a complaint shall be effective or binding in any respect until approved by the board in a signed
1268 final order.

1269 **3.40 Conduct of hearing.**

1270 (1) RECORD. An electronic or stenographic recording shall be made of all hearings in
1271 which the testimony of a witness is offered as evidence.

1272 (2) EVIDENCE. The respondent shall have the right to appear in person or by counsel, and
1273 both parties have the right to call, examine, and cross-examine witnesses and to introduce
1274 evidence into the record.

1275 (3) A hearing, or any portion of a hearing, may be held by telephone or video-conference if the
1276 administrative law judge determines that this method is justified for the convenience of any party or
1277 witness, and that no party is unfairly prejudiced by this method. The party calling a witness to testify by
1278 telephone or video-conference shall notify the administrative law judge before the hearing to allow for
1279 making the necessary arrangements and is responsible for providing the witness with a complete set of
1280 numbered copies of all exhibits.

1281 (3) BRIEFS. The administrative law judge may require or permit the filing of briefs.

1282 (4) MOTIONS. All motions, except those made at hearing, shall be in writing, filed by the
1283 date set by the administrative law judge, and a copy served upon the opposing party. If no date
1284 is set by the administrative law judge all motions shall be filed 10 business days before hearing.

1285 (5) SUMMARY JUDGMENT. The parties may use the summary judgment procedure
1286 provided in s. 802.08, Stats.

1287 (6) ADJOURNMENTS. The administrative law judge may, for good cause, grant
1288 continuances, adjournments and extensions of time.

1289 (7) SUBPOENAS.

1290 (a) Subpoenas for the attendance of any witness at a hearing in the proceeding may be
1291 issued in accordance with s. 885.01, Stats. Service shall be made in the manner provided in
1292 s. 805.07 (5), Stats. A subpoena may command the person to whom it is directed to produce the
1293 books, papers, documents, or tangible things designated therein.

1294 (b) An administrative law judge may issue protective orders according to the provisions
1295 of s. 805.07, Stats.

1296 **3.42 Witness fees and costs.** Witnesses subpoenaed at the request of the disciplinary
1297 counsel shall be entitled to compensation from the state for attendance and travel as provided
1298 in ch. 885, Stats.

1299 **3.44 Record of proceedings, transcripts.**

1300 **(1) RECORD OF ORAL PROCEEDINGS.** Oral proceedings in a disciplinary proceeding shall
1301 be electronically recorded unless the administrative law judge determines that a stenographic
1302 record is required.

1303 **(2) ELECTRONIC RECORDING; COPIES.** If an oral proceeding in a contested case is
1304 electronically recorded, a copy of the recording shall be furnished at cost to any party who
1305 requests a copy.

1306 **(3) STENOGRAPHIC RECORDING; COPIES.** (a) If a stenographic recording is made, the
1307 reporting service who records the proceeding may charge a fee for an original transcription and
1308 for copies. Fees are identified in the state operational purchasing bulletin for reporting services
1309 and fees allowed to be charged.

1310 Note: Purchasing bulletins may be obtained through the State Bureau of Procurement, PO
1311 Box 7867, Madison WI 53707-7867, call (800) 482-7813 or email doawispro@wisconsin.gov.

1312 (b) A person who is without means and who requires a transcript for appeal or other
1313 reasonable purposes shall be furnished with a transcript without charge upon the filing of a
1314 petition of indigency signed under oath.

1315 **3.46 Proposed decision.** The administrative law judge shall prepare a proposed decision
1316 for consideration by the board. The proposed decision shall include proposed findings of fact,
1317 conclusions of law, and a final order, with a signed opinion explaining the proposed decision.

1318 **3.48 Assessment of costs.**

1319 (1) The proposed decision shall include a recommendation whether all or part of the
1320 costs of the proceeding shall be assessed against the respondent.

1321 (2) If a respondent objects to the recommendation that costs be assessed, objections to
1322 the assessment of costs shall be filed at the same time as other objections to the proposed
1323 decision.

1324 (3) When costs are imposed, the administrative law judge shall file a supporting
1325 affidavit with the proposed decision, listing costs incurred to be paid by the respondent. Within
1326 20 days, the disciplinary counsel shall file a supporting affidavit showing costs incurred. The
1327 respondent shall file any objection to the affidavits within 15 days after service of the
1328 disciplinary counsel’s affidavit.

1329 **3.50 Service of proposed decision.** The administrative law judge shall deliver the
1330 proposed decision, with a copy of the record including the electronic recording of the
1331 proceedings, to the board. The administrative law judge shall serve the proposed decision on the
1332 parties, in the manner agreed to by the parties. Each proposed decision shall contain a notice
1333 providing each party, adversely affected by the proposed decision, with an opportunity to file
1334 objections and written argument with the board. A party adversely affected by a proposed
1335 decision shall have 20 days from the date of service of the proposed decision to file objections
1336 and argument.

1337 Note: Objections may be electronically filed at datcpveb@wisconsin.gov or mailed to the
1338 Wisconsin Veterinary Examining Board, PO Box 8911, Madison, WI 53708-8911.

1339 **3.52 Final decision and order.** After the time expires for filing all objections to the
1340 proposed decision and order, including assessment of costs, the board shall meet to make a final
1341 decision and order in a disciplinary proceeding. The final decision and order shall include a
1342 determination whether all or part of the costs of the proceeding shall be assessed against the
1343 respondent. If the final decision varies from the administrative law judge’s proposed decision,
1344 the final decision shall explain the reasons for all variations.

1345 **Subchapter IV – Summary Suspensions and Limitations**

1346 **3.54 Scope.** This subchapter governs procedures in all summary suspension or limitation
1347 proceedings against credential holders before the board.

1348 **3.56 Petition for summary suspension or limitation.**

1349 (1) The disciplinary counsel shall petition the board for a summary suspension or
1350 limitation. The petition shall state the name and credential status of the respondent, and an
1351 assertion of the facts establishing that the respondent has engaged in or is likely to engage in
1352 conduct such that the public health, safety or welfare imperatively requires summary suspension
1353 or limitation of the respondent's credential.

1354 (2) The petitioner shall sign the petition upon oath and make the petition upon
1355 information and belief or by affidavit of another person with knowledge of the necessary facts to
1356 sustain the petition.

1357 **3.58 Notice of petition to respondent.** Prior to presenting the petition, the petitioner
1358 shall give notice to the respondent and respondent's authorized representative of the time and
1359 place when the petition will be presented to the board. Notice may be given by mailing a copy of

1360 the petition and notice to the last-known address of the respondent as indicated in the records of
1361 the board, pursuant to s. 227.44 (1), Stats. Notice by mail is complete upon mailing. Notice may
1362 also be given by electronic transmission if agreed to by the respondent or authorized
1363 representative.

1364 **3.60 Issuance of summary suspension or limitation order.**

1365 (1) If the board finds that notice has been given under s. VE 3.58 and finds probable
1366 cause to believe that the respondent has engaged in or is likely to engage in conduct such that the
1367 public health, safety or welfare imperatively requires emergency suspension or limitation of the
1368 respondent's credential, the board may issue an order for summary suspension or limitation. The
1369 order may be issued at any time prior to or subsequent to the commencement of a disciplinary
1370 proceeding under s. VE 3.26.

1371 (2) The petitioner may establish probable cause under sub. (1) by affidavit or other
1372 evidence.

1373 (3) The summary suspension or limitation order shall be effective upon service, under s.
1374 VE 3.62, or upon actual notice of the summary suspension or limitation order to the respondent
1375 or respondent's attorney, whichever is sooner. The order shall continue through the effective date
1376 of the final decision and order made in the disciplinary proceeding against the respondent, unless
1377 the credential is restored or the limitation is lifted under s. VE 3.64 or the disciplinary proceeding
1378 is otherwise terminated.

1379 **3.62 Contents of summary suspension or limitation order.** The summary suspension
1380 or limitation order shall include all of the following:

1381 (1) The manner in which the respondent or the respondent's attorney was notified of the
1382 petition for summary suspension or limitation.

1383 (2) The identification of all witnesses providing evidence at the time the petition for
1384 summary suspension or limitation was presented and identification of the evidence used as a
1385 basis for the decision to issue the summary suspension or limitation order.

1386 (3) A finding that the public health, safety or welfare imperatively requires emergency
1387 suspension or limitation of the respondent's credential.

1388 (4) A statement that the suspension or limitation order is in effect and continues until the
1389 effective date of a final order and decision in the disciplinary proceeding against the respondent,
1390 unless otherwise ordered by the board.

1391 (5) A statement of the respondent's right to request a hearing at any time to show cause
1392 why the summary suspension or limitation order should not be continued, with the board's office
1393 mailing address or email address where a request for hearing may be filed.

1394 (6) A statement that the hearing to show cause shall be scheduled for hearing on a date
1395 within 20 days of receipt by the board of respondent's request for hearing, unless a later time is
1396 requested by or agreed to by the respondent.

1397 **3.64 Service of summary suspension or limitation order.** An order of summary
1398 suspension or limitation shall be served upon the respondent by mail or by email if agreed to by
1399 respondent or respondent's attorney.

1400 **3.66 Hearing to show cause.**

1401 (1) A hearing to show cause shall be scheduled for a date no later than 20 days after the
1402 filing of the request for hearing with the board, unless a later time is requested by or agreed to by
1403 the respondent.

1404 (2) Unless the parties otherwise agree, no discovery is permitted, except for the taking
1405 and preservation of evidence as provided in ch. 804, Stats., with respect to witnesses described in

1406 s. 227.45 (7) (a) to (d), Stats. A respondent may inspect records under s. 19.35, Stats., the public
1407 records law.

1408 (3) At the hearing to show cause, the disciplinary counsel may call, examine and cross-
1409 examine witnesses, or present other evidence in order sustain its burden to show, by a
1410 preponderance of the evidence, why the summary suspension or limitation order should be
1411 continued. The respondent may testify, call, examine and cross-examine witnesses, and offer
1412 other evidence to rebut disciplinary counsel's showing.

1413 (4) Immediately upon conclusion of the hearing to show cause the board shall make
1414 findings and an order on the record. If it is determined that the summary suspension or limitation
1415 order should not be continued, the suspended credential shall be immediately restored, and any
1416 limitation shall be lifted.

1417 **3.68 Delegation.**

1418 (1) The board may delegate authority to preside over and rule in a hearing to show cause
1419 to an administrative law judge employed by the division.

1420 (2) A delegation of authority under sub. (1) may be continuing.

1421 **3.70 Commencement of disciplinary proceeding.**

1422 (1) A complaint, under s. VE 3.26, commencing a disciplinary proceeding against the
1423 respondent shall be issued no later than 20 days following the issuance of the summary
1424 suspension or limitation order or the suspension or limitation shall lapse at the end of the tenth
1425 subsequent day, meaning the thirtieth day following the issuance of the summary suspension or
1426 limitation order. The formal disciplinary proceeding shall be determined promptly.

1427 (2) If at any time the disciplinary proceeding is not advancing with reasonable
1428 promptness, the respondent may make a motion to the administrative law judge for an order
1429 granting relief.

1430 (3) If it is found that the disciplinary proceeding is not advancing with reasonable
1431 promptness, and the delay is not as a result of the conduct of respondent or respondent's counsel,
1432 a remedy, as would be just, shall be granted including:

1433 (a) An order immediately terminating the summary suspension or limitation.

1434 (b) An order compelling that the disciplinary proceeding be held and determined by a
1435 specific date.

1436 **Subchapter V – Administrative Injunctions**

1437 **3.72 Scope; kinds of proceedings.** This subchapter governs procedures for public
1438 hearings before the department to determine whether a person has engaged in a practice or used a
1439 title without a credential required under ch. 89, Stats., and whether to issue a special order for an
1440 administrative injunction.

1441 **3.74 Pleadings to be captioned.** All pleadings, notices, orders, and other papers filed in
1442 an administrative injunction proceeding shall be captioned: "BEFORE THE DEPARTMENT OF
1443 AGRICULTURE, TRADE AND CONSUMER PROTECTION" and shall be entitled: "IN THE
1444 MATTER OF A PETITION FOR A SPECIAL ORDER TO ENJOIN _____,
1445 RESPONDENT."

1446 **3.76 Petition for administrative injunction.** Department counsel, on behalf of the
1447 division, may petition for a special order from the department to issue an administrative
1448 injunction, which shall allege that a person has engaged in a practice or used a title without a

1449 credential required under ch. 89, Stats. A petition may be made on information and belief and
1450 shall contain:

1451 (1) The name and address of the respondent and the name and address of the department
1452 attorney who is prosecuting the petition.

1453 (2) A short statement in plain language of the basis for the belief that the respondent has
1454 engaged in a practice or used a title without a credential required under ch. 89, Stats., and
1455 specifying the statute or rule alleged to have been violated.

1456 (3) A request in essentially the following form: "Wherefore, the petitioner requests that a
1457 public hearing be held and that the department issue a special order enjoining the person from the
1458 continuation of the practice or use of the title."

1459 (4) The signature of the petitioner.

1460 **3.78 Service and filing of petition.**

1461 (1) The petition and other papers required to be served on a respondent may be served by
1462 mailing a copy of the paper to the respondent at the last known address of the respondent, by any
1463 procedure described in s. 801.14 (2), Stats., or by electronic transmission if agreed to by the
1464 respondent or respondent's attorney. Service by mail is complete upon mailing.

1465 (2) Any paper required to be filed with the department may be mailed to the department
1466 secretary's office and, if an administrative law judge has been designated to preside in the
1467 matter, to the administrative law judge and shall be deemed filed on the date of the postmark.
1468 Materials submitted by personal service or by inter-departmental mail shall be considered filed
1469 on the date they are received at the department secretary's office or by the administrative law
1470 judge. Papers required to be filed may instead be filed and served by facsimile transmission or by

1471 electronic mail. For materials transmitted by facsimile, the date received shall determine the date
1472 of filing. For materials transmitted by electronic mail, the filing date shall be the date that the
1473 electronic mail was sent.

1474 **3.80 Answer.**

1475 (1) An answer to a petition shall state in short and plain terms the defenses to each cause
1476 asserted and shall admit or deny the allegations upon which the complainant relies. If the
1477 respondent is without knowledge or information sufficient to form a belief as to the truth of the
1478 allegation, the respondent shall so state and this has the effect of a denial. Denials shall fairly
1479 meet the substance of the allegations denied. The respondent shall make denials as specific
1480 denials of designated allegations or paragraphs but if the respondent intends in good faith to deny
1481 only a part or a qualification of an allegation, the respondent shall specify so much of it as true
1482 and material and shall deny only the remainder.

1483 (2) The respondent shall set forth affirmatively in the answer any matter constituting an
1484 affirmative defense.

1485 (3) Allegations in a petition are admitted when not denied in the answer.

1486 (4) An answer to a petition shall be filed within 20 days from the date of service of the
1487 petition.

1488 **3.82 Administrative law judge.**

1489 (1) DESIGNATION. The department may request DHA assign an administrative law judge
1490 to preside over any administrative injunction proceeding.

1491 (2) AUTHORITY AND DUTIES. An administrative law judge may, on behalf of the
1492 department, do all of the following:

- 1493 (a) Gain permission from parties for service of all documents to be via electronic
1494 transmission, or other means if necessary.
- 1495 (b) Require parties to clarify positions or issues.
- 1496 (c) Hold prehearing conferences and issue memoranda for the record, summarizing all
1497 actions taken and agreements reached.
- 1498 (d) Make procedural rulings and issue scheduling orders, including for motions, date,
1499 time and location of hearing, discovery, identification of witnesses and evidence for hearing,
1500 stipulations by the parties for hearing and other matters aiding in the orderly disposition of
1501 the proceedings.
- 1502 (e) Hold motion hearings.
- 1503 (f) Adjourn or postpone proceedings.
- 1504 (g) Grant continuances or extensions of time.
- 1505 (h) Issue subpoenas to compel the witness attendance and document production.
- 1506 (i) Regulate discovery proceedings, and issue orders to compel or limit discovery.
- 1507 (j) Select the location of the hearing.
- 1508 (k) Preside over hearings and regulate the course of hearings.
- 1509 (L) Administer oaths and affirmations.
- 1510 (m) Make evidentiary rulings and receive relevant evidence.
- 1511 (n) Impose sanctions on disobedient parties.
- 1512 (o) Require or permit the parties to file written briefs and arguments.
- 1513 (p) Supervise the required creation of a stenographic or electronic record of the portion of
1514 the proceedings conducted under the auspices of the administrative law judge.

1515 (q) If required, order and supervise the preparation of a written transcript of proceedings
1516 conducted before the administrative law judge.

1517 (r) Issue proposed decisions.

1518 (s) Issue final decisions and orders, if requested by the department.

1519 (3) LIMITS ON AUTHORITY.. The administrative law judge may not exercise any authority
1520 which is reserved to the department, except as delegated in writing under (1) (s).

1521 (4) IMPARTIALITY.

1522 (a) An administrative law judge shall withdraw from a contested case if the
1523 administrative law judge determines that there is a conflict of interest or other circumstance
1524 which prevents the administrative law judge from acting impartially, or which creates an undue
1525 appearance of bias.

1526 (b) If an administrative law judge receives an ex parte communication which violates s.
1527 227.50 (1), Stats., the administrative law judge shall deal with the ex parte communication as
1528 provided in s. 227.50 (2), Stats. (3)

1529 **3.84 Settlements.** At any point in a proceeding, the parties may agree to settle the case.
1530 Parties wishing to settle a case shall file both a written stipulation, signed by the respondent and
1531 any representative, and the division representative and department counsel, setting forth the
1532 agreed terms of settlement, and a proposed final order disposing of the case, for approval by the
1533 department. No stipulation disposing of a petition filed under this subchapter shall be effective or
1534 binding in any respect until the final order is approved and signed by the department.

1535 **3.86 Conduct of public hearing.**

1536 (1) RECORD. A stenographic, electronic or other record shall be made of all hearings in
1537 which the testimony of witnesses is offered as evidence.

1538 (2) EVIDENCE. The respondent shall have the right to appear in person or by counsel, and
1539 both parties have the right to call, examine, and cross-examine witnesses and to introduce
1540 evidence into the record.

1541 (3) BRIEFS. The administrative law judge may require or permit the filing of briefs.

1542 (4) MOTIONS. All motions, except those made at hearing, shall be in writing, filed by the
1543 date set by the administrative law judge, with a copy served upon the opposing party.

1544 (5) SUMMARY JUDGMENT. The parties may use the summary judgment procedure
1545 provided in s. 802.08, Stats.

1546 (6) ADJOURNMENTS. The administrative law judge may, for good cause, grant
1547 continuances, adjournments and extensions of time.

1548 (7) SUBPOENAS.

1549 (a) Subpoenas for the attendance of any witness at a hearing in the proceeding may be
1550 issued in accordance with s. 885.01, Stats. Service shall be made in the manner provided in
1551 s. 805.07 (5), Stats. A subpoena may command the person to whom it is directed to produce the
1552 books, papers, documents, or tangible things designated therein.

1553 (b) An administrative law judge may issue protective orders according to the provision
1554 the provisions of s. 805.07, Stats.

1555 **3.88 Witness fees and costs.** Witnesses subpoenaed at the request of the department shall
1556 be entitled to compensation from the state for attendance and travel as provided in ch. 885, Stats.

1557 **3.90 Record of proceedings, transcripts.**

1558 (1) RECORD OF ORAL PROCEEDINGS. Oral proceedings in an administrative injunction
1559 case shall be electronically recorded unless the administrative law judge determines that a
1560 stenographic record is necessary.

1561 **(2) ELECTRONIC RECORDING; COPIES.** If an oral proceeding in an administrative
1562 injunction case is electronically recorded, a copy of the recording shall be furnished at cost to
1563 any party who requests a copy.

1564 **(3) STENOGRAPHIC RECORDING; COPIES.** (a) If a stenographic recording is made, the
1565 reporting service who recorded the proceeding may charge a fee for an original transcription and
1566 for copies. Fees are identified in the state operational purchasing bulletin for reporting services
1567 and fees allowed to be charged.

1568 (b) A person who is without means and who requires a transcript for appeal or other
1569 reasonable purposes shall be furnished with a transcript without charge upon the filing of a
1570 petition of indigency signed under oath.

1571 **3.92 Decision.** The administrative law judge shall prepare a proposed decision for
1572 consideration by the department or a final decision, if designated as final decision maker. The
1573 decision, whether proposed or final, shall include findings of fact, conclusions of law, and an
1574 order, with a signed opinion explaining the decision.

1575 **3.94 Service of decision.** The administrative law judge shall deliver the proposed or final
1576 decision, with a copy of the record including the electronic recording of the proceedings, to the
1577 department. The proposed or final decision shall be served by the administrative law judge on the
1578 parties with a notice providing each party adversely affected by the proposed decision with an
1579 opportunity to file objections and written argument with respect to the objections to the
1580 department or to the administrator of DHA, depending on who is the final decision maker. A
1581 party adversely affected by a decision shall have 20 days from the date of service of the proposed
1582 decision to file objections and argument.

1583 **3.96 Final decision and order.** After the time expires for filing all objections to the
1584 proposed decision and order, the department or the administrator of DHA shall make a final
1585 decision and order in the administrative injunction proceeding. If the final decision varies from
1586 the administrative law judge’s decision, the final decision shall explain the reasons for all
1587 variations.

1588 SECTION 4. Chs. VE 4 to 10 are repealed.

1589 SECTION 5. VE 11.04 (1) (a) is amended to read:

1590 **VE 11.04 (1) (a)** Contracting with assessment, testing, treatment, rehabilitation,
1591 monitoring, or support service providers, in accordance with the requirements in ss. ~~VE 11.12~~
1592 4.12 and ~~11.14~~ 4.14. The program shall inform all service providers, and update changes in this
1593 information as soon as possible, of the employees in the program designated to receive required
1594 information from the service provider.

1595 SECTION 6. VE 11.04 (1) (i) is amended to read:

1596 **VE 11.04 (1) (i)** Reporting all require information in the disciplinary program, so the
1597 board may carry out its disciplinary authority under s. ~~VE 7.07~~ 1.60 and VE 2.28.

1598 SECTION 7. VE 11.10 (1) (d) is amended to read:

1599 **VE 11.10 (1) (d)** An agreement to submit to random monitored alcohol, drug, or other
1600 chemical screens at the credential holder’s expense, by a service provider for alcohol, drug, or
1601 other chemical testing approved by the program under s. ~~VE 11.14~~ 4.14, if deemed necessary by
1602 the program.

1603 SECTION 8. VE 11.10 (1) (g) 2. and 3. are amended to read:

1604 **VE 11.10 (1) (g) 2.** If the credential holder violates the terms of the disciplinary program
1605 under s. ~~VE 11.08 (1)~~ 4.08 (1).

1606 3. If the credential holder is dismissed from the disciplinary program, pursuant to s. VE
1607 ~~11.08 (2)~~ 4.08 (2).
1608 SECTION 9. Ch. VE 11 is renumbered Ch. VE 4.
1609 EFFECTIVE DATE. This rule is effective on the first day of the month commencing after the date
1610 of publication, as provided under Wis. Stat. § 227.22 (2) (intro.).

(END OF RULE TEXT)

Dated this _____ day of _____, 2021.

WISCONSIN VETERINARY EXAMINING BOARD

By _____
Hunter Lang, DVM
Chair
Veterinary Examining Board

ADMINISTRATIVE RULES CHECKLIST FOR GOVERNOR'S OFFICE

1. **Department of Agriculture, Trade and Consumer Protection – 115**
2. **CR 21-062 – VE 1-11, relating to veterinarians and veterinary technicians**
3. **Date Submitted to Governor's Office – January 27, 2022**
4. **Plain Language Summary**
 - a. Problem: The current rules are unnecessarily confusing in structure and language, which creates confusion for credential holders and members of the public. The Veterinary Examining Board also received requests from the public asking for clarification in rule regarding veterinary telemedicine.
 - b. Solution: The proposed rule makes structural changes and minor language changes to make the rule easier to access and understand quickly. The proposed rule also allows for more use of telemedicine than the existing rule. The proposed rule expands the delegation of medical services to allow a veterinarian to delegate specific items to a certified veterinary technician if the veterinarian is available to communicate via telehealth technologies. The proposed rule also clarifies that telemedicine can be used without the establishment of a veterinary-client-patient relationship in certain instances, including emergency care, general advice, and consulting.
5. **Stakeholder Outreach**
 - a. Telehealth Advisory Committee
 - b. Licensed veterinarians and certified veterinary technicians
6. **Origin of Rule Change (highlight)**
 - a. New Statute
 - b. Regular Code Update
 - c. Complaint on Current Rule
 - d. Other: _____
7. **Is it attached to an emergency rule? (highlight)**
 - a. Yes: (Insert Number) – (Insert Title)
 - b. No
8. **Is there a deadline?**
 - a. Yes: February 21, 2022
 - b. No
9. **What happens if the deadline is not met?**
 - a. If the deadline is not met, the Department would not be able to refer the rule to the Legislature before the end of the legislative session. This would add a delay to the projected effective date of the rule.

**Summary of Public Comments
Statement of Scope SS 064-20
Chapters VE 1-11
Permanent Rule Regarding Licensing, Practice Scope, and Standards of Practice for Veterinarians and
Veterinary Technicians**

**Statement of Scope Preliminary Public Hearing
Teleconference, 2:00 pm, August 19, 2020**

| Name/Organization | Position | Summary of Comments |
|---|-----------------|---|
| Chris Stokes, Sanimax | For Information | - Asked whether the administration of drugs includes euthanasia drugs. |
| John Holevoet, Dairy Business Association | Support | - Excited about the prospect of this rule being undertaken and appreciate the department's work on this matter. - Sees this as an opportunity for telehealth. - Optimistic that the end result will be a rule that provides more flexibility for farmers and veterinarians. |

**Statement of Scope Preliminary Public Comment Period
Written Comments Received through August 26, 2020**

| Name/Organization | Position | Summary of Comments |
|--|-----------------|---|
| Jordan Lamb on behalf of the Wisconsin Veterinary Medical Association (WVMA) | Support | - Supports the scope to revise and reorganize VE 1-11. - Supports that the scope has been revised to clearly allow the VEB to: (1) develop an administrative rule to address the use of telehealth technologies in the practice of veterinary medicine in Wisconsin and (2) allow the development of an administrative code amendment to address the circumstances under which a veterinarian may dispense a drug for a patient of another veterinarian. |

**Economic Impact Analysis Public Comment Period
14 Days, Written Comments Received through June 21, 2021**

| Name/Organization | Position | Summary of Comments |
|--------------------------|-----------------|---|
| Teri Kleist, CVT | | - Noted confusing language regarding veterinary nurse and veterinary technology and suggested to either say veterinary nursing as equivalent to veterinary technology or veterinary nurse is equivalent to a veterinary technician. - Expressed that against the term veterinary nurse as there are still many objections from the national nursing organization regarding that term, and "nurse" does not adequately encompass the vast skills and knowledge base the veterinary technicians have compared to human medical nurses. |

Preliminary Rule Draft Public Hearing

In-Person in Madison and Remotely via Zoom and/or Telephone, 11:00 am, September 9, 2021

| Name/Organization | Position | Summary of Comments |
|--------------------------------------|--------------------|---|
| Michelle Kussow, Sexing Technologies | Oppose Omission of | - Expressed support of veterinary telehealth and incorporating new technology into existing rules |

| | | |
|--|---------------------------|--|
| | ART in Delegation Changes | <ul style="list-style-type: none"> - Expressed opposition to the rule not including assisted reproductive technologies (ART) (Performing amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock) in the services allowed to be delegated to a CVT when the veterinarian is available via telehealth within 5 minutes - Expressed that CVTs safely and effectively perform ART under the direct supervision of a veterinarian hundreds of times each week at Sexing Technology facilities - Expressed that the omission of ART will prevent Sexing Technologies from incorporating technology into future operations, have a financial effect on farms, and cause delays to procedures due to the lack of large animal veterinarians - Expressed that human medicine has broadly applied telehealth to existing procedures by modifying the definition of direct supervision generally and not based on individual services |
|--|---------------------------|--|

Preliminary Rule Draft Public Hearing

In-Person in Madison and Remotely via Zoom and/or Telephone, 4:30 pm, September 15, 2021

| Name/Organization | Position | Summary of Comments |
|---|--|--|
| Greg Schueller, DVM, Sunshine Genetics | Support – Including Not Further Expanding Delegation Changes | <ul style="list-style-type: none"> - Expressed support of the proposed changes - Expressed that the telehealth changes are good and expressed opposition to moving them beyond what is proposed - Expressed that in speaking with the VEB several years ago about some of the procedures to be delegated to CVTs, Dr. Johnson said that it could be a slippery slope - Expressed that further changes would be a part of that slippery slope for the profession |
| Susan Krebsbach, DVM, Creature Counseling | Oppose VCPR Definition | <ul style="list-style-type: none"> - Expressed opposition to VCPR not being able to be initially established by telehealth technologies - Expressed that telehealth technologies has been used for creating a human physician patient relationship for years, and expressed that does not understand why the level of care is higher - Asked what happens in cases where you can't do a physical exam because of the aggression displayed by the patient and if a VCPR would not exist then - Expressed disappointed that not taken a more progressive view to reach out and help more animals by taking advantage of what telehealth technologies offer |

Preliminary Rule Draft

Written Comments Received through September 29, 2021

| Name/Organization | Position | Summary of Comments |
|---|-------------------------------------|--|
| Shawn Hook, DVM, Arbor Ridge Pet Clinic | Support – Including VCPR Definition | <ul style="list-style-type: none"> - Expressed support of the requirement that a VCPR be established via in-person exam or timely visit to the premises, and that a VCPR may not be established via telehealth technologies |

| | | |
|--|--|---|
| | and Omission of ART in Delegation Changes | <ul style="list-style-type: none"> - Expressed support of the rule proposal to not include item h (Performing amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock) in the services allowed to be delegated to a CVT without a veterinarian present on the premises with the ability to communicate with the veterinarian via telehealth |
| Robert Shampo, DVM, Cudahy Veterinary Clinic | | <ul style="list-style-type: none"> - Expressed that there should be a time limit placed on DVM-CVT communication, but that five minutes is too limiting - Expressed that cats also have a risk of rabies - Expressed that it is restrictive to require the DVM to be physically present for a CVT to give a rabies vaccine - Expressed that a veterinary assistant should be able to provide the rabies vaccine if the veterinarian is present - Expressed that there has been discussion of waiving CE requirements for human medical professionals, and there has not been those discussions for DMVs and CVTs |
| Ledy VanKavage, Best Friends Animal Society | Oppose VCPR Definition | <ul style="list-style-type: none"> - Expressed that the definition of VCPR is restrictive and burdensome - Expressed that there is a national shortage of veterinarians, and that 15.8% of counties in the US do not have a veterinary practice - Expressed opposition to the VCPR definition in the proposed rule (option 1) and expressed support of options 2 and 3 as well as Michigan and Washington policies |
| Karla Ortman | Oppose VCPR Definition | <ul style="list-style-type: none"> - Expressed that access to veterinary care in northern Wisconsin is challenging and expressed that referral after hours is to a 24-hour clinic over an hour away - Expressed that being able to establish a VCPR via virtual tool would allow more pets to receive care at critical times |
| Karen Rabideaux, Eau Claire County Humane Association | Oppose VCPR Definition | <ul style="list-style-type: none"> - Expressed that the definition of VCPR is restrictive - Expressed that veterinarians should have flexibility to use their professional judgement to determine if telemedicine is appropriate |
| Michelle Kussow and Gregg BeVier, DVM, Sexing Technologies | Oppose Omission of ART in CVT Delegation Changes | <ul style="list-style-type: none"> - Expressed support of veterinary telehealth and incorporating new technology into existing rules - Expressed opposition to the rule not including assisted reproductive technologies (ART) (Performing amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock) in the services allowed to be delegated to a CVT when the veterinarian is available via telehealth within 5 minutes - Expressed that CVTs safely and effectively perform ART under the direct supervision of a veterinarian hundreds of times each week at Sexing Technology facilities - Expressed that the omission of ART will prevent Sexing Technologies from incorporating technology into future operations, have a financial effect on farms, and cause delays to procedures due to the lack of large animal veterinarians |

| | | |
|--|---|--|
| | | <ul style="list-style-type: none"> - Expressed that human medicine has broadly applied telehealth to existing procedures by modifying the definition of direct supervision generally and not based on individual services |
| Alexis Toca | Oppose VCPR Definition | <ul style="list-style-type: none"> - Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters - Expressed support of Michigan and Washington policies |
| Linda Buckman | Oppose VCPR Definition | <ul style="list-style-type: none"> - Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters - Expressed support of Michigan and Washington policies |
| Maureen Kauffmann, Aladdin Dreams LLC | Oppose VCPR Definition | <ul style="list-style-type: none"> - Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters |
| Magdalen Stepek, AAHC | Oppose VCPR Definition | <ul style="list-style-type: none"> - Expressed that the VCRP definition is restrictive, related to revenue through on-site visits, and not in the best interest of patients |
| Charlotte Burns, OD | | <ul style="list-style-type: none"> - Expressed that veterinarians are more concerned with their pockets than helping both rescued animals and others who are poorly served |
| Marca Kassera | Oppose VCPR Definition | <ul style="list-style-type: none"> - Expressed that telecommunicating might make veterinary services more affordable - Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters - Expressed support of Michigan and Washington policies |
| Michelle Talhami | Oppose VCPR Definition | <ul style="list-style-type: none"> - Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters - Expressed support of Michigan and Washington policies |
| Marti Kingwill | Oppose VCPR Definition | <ul style="list-style-type: none"> - Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters - Expressed support of Michigan and Washington policies |
| Cheri Siewert | Oppose VCPR Definition | <ul style="list-style-type: none"> - Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters - Expressed support of Michigan and Washington policies |
| Greg Schueller, DVM, Sunshine Genetics | Support – Including VCPR Definition and Omission of ART in Delegation Changes | <ul style="list-style-type: none"> - Expressed support of proposed changes relating to telehealth and dispensing of prescriptions - Expressed support that the initial VCPR cannot be established via telehealth and expressed that in-person contact is critical for the long-term care of the patient - Expressed support of limited telehealth procedures to be delegated to a CVT as proposed - Expressed that assisted reproductive (ART) procedures should not be delegated to a CVT at all, that performing them with telehealth would be a step in the wrong direction for the industry, that ART procedures are very tactile in nature, that it is not uncommon to find reproductive abnormalities and pathology that require diagnosis by palpation, and that palpation is critical for the procedures - Expressed support of a veterinarian being able to fill a prescription for another veterinarian under the criteria in the proposed rule |

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| <p>Melissa A. Haag, DVM, Lodi Veterinary Care</p> | <p>Support – Including VCPR Definition and Omission of ART in Delegation Changes</p> | <ul style="list-style-type: none"> - Expressed support of proposed changes relating to the use of telehealth in the dispensing of prescriptions by veterinarians - Expressed support that the initial VCPR cannot be established via telehealth, and expressed that while telehealth is an excellent tool for managing very specific cases it does not provide enough background for a broad picture view of a farm in its entirety - Expressed support of limiting the procedures that a veterinarian may delegate to a CVT to the proposed list and requiring that the veterinarian be available via telehealth technology within 5 minutes or be present on the premises - Expressed support of the proposed rule as relates to assisted reproductive (ART) procedures, that ART procedures pose a significant risk for complications that cannot be managed in a timely fashion unless the veterinarian is present on the premises, that ART requires specific tactile manipulations that cannot be visualized in their entirety from the exterior of the animal, that severe complications can have life-threatening and permanent consequences to a previously healthy animal, that the veterinarian needs to be present on the premises to mitigate the risk of permanent damage, and that the required level of care cannot be accomplished via telehealth - Expressed support of language regarding dispensing of prescriptions, and that this is needed in situations where an animal owner is out of town with their animal |
| <p>Angelique Reynoso, American Society for the Prevention of Cruelty to Animals</p> | <p>Oppose VCPR Definition</p> | <ul style="list-style-type: none"> - Expressed opposition to the VCPR definition that the initial VCPR cannot be established via telehealth - Expressed that the AAVSB practice act model language supports allowing a veterinarian to establish a VCPR through telemedicine, and that human doctors can establish new doctor-patient relationships over telemedicine even for infants and nonverbal children - Expressed that it is unclear how preventing a virtual VCPR for new patients provides a public benefit, and that the education and licensing requirements that veterinarians undertake prepare them to utilize professional judgement in determining whether telemedicine is appropriate in the care of a particular animal or condition - Expressed that dogs and cats needlessly suffer, experience premature death, or are relinquished to animal shelters due to gaps in veterinary access, that one in four pet owners face obstacles in accessing veterinary care, that cost is an overwhelming barrier to veterinary access, that there are veterinary deserts with few or no veterinary services, and that telemedicine is a critical tool for the veterinary community to bridge gaps in care - Expressed that while physical veterinary medical examinations are sometimes critical, responsible use of telemedicine can bring essential care to more animals, and that expanding access to veterinary telemedicine would elevate pet wellness across the geographic and economic spectrum |

| | | |
|---|--|---|
| <p>Jordan K. Lamb, Wisconsin Veterinary Medical Association</p> | <p>Support – Including VCPR Definition and Omission of ART in Delegation Changes</p> | <ul style="list-style-type: none"> - Expressed support for entire rule revision - Expressed support of innovation in the practice of veterinary medicine and that the proper use of telehealth technologies could improve veterinary access in both rural and urban areas - Expressed support of the establishment of initial VCPR with an in-person exam or premises visit - Expressed support of VCPR within scope of statutory definition, that the statutory definition of VCPR under Wis. Stat. s. 89.02 (8) requires that the veterinarian has recently examined the patient or has made medically appropriate and timely visits to the premises on which the patient is kept, that the VEB is granted authority to promulgate rules within the limits established by the statutory authority granted to it by the legislature, that the VEB may not change that change the VCPR definition but may allow the use of telehealth technologies within the scope of the statutory definition - Expressed support of VCPR definition for animal health reasons, that there is a critical difference between providing care to animals and humans because animal patients cannot directly communicate their pain or their symptoms to a veterinarian using language, that a physical exam or visit to the premises provides a more complete understanding of the animal, its medical history, the environment, and the client in order to provide the highest standard of care, and that it is critical to the safe and effective provision of veterinary medicine using telehealth technologies - Expressed that the VCPR language is consistent with federal law, that the FDA does not allow a VCPR to be established through electronic means and does allow it to be maintained through electronic means, and that Wisconsin veterinarians are required under federal law to follow federal VCPR requirements in each applicable circumstance - Expressed support of the limitation of delegation of veterinary services to CVTs using telehealth technologies, that the procedures identified in the draft can be safely supervised by a veterinarian using telehealth, but would oppose expansion of the proposed list - Expressed concern about if assisted reproductive technology procedures were delegated using telehealth technologies, that restriction is most protective of animal health, that diagnosis requires the support of manual palpation, that the risk of complications for these procedures is significant, and that the convenience of using telehealth does not outweigh the risk to the animal - Expressed that there may be business or financial reasons that could make the delegation of these procedures using telehealth appealing to practitioners, clients or businesses but that this argument is inappropriate in this context, that the role of the VEB is to define the safe provision of veterinary care for animals and to protect animal health and not to make the practice of veterinary medicine fast for economical, and cited North Carolina State Board of Dental |
|---|--|---|

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|--|--|---|
| | | <p>Examiners, Petitioner v. Federal Trade Commission, 574 U.S. 494 (2015)</p> <ul style="list-style-type: none"> - Expressed that the practice of veterinary medicine should be as broad and expansive as is allowed under Wisconsin law and as is protective of animal health, and that the proposed rule meets both of those criteria - Expressed support of provision regarding veterinarians filling prescriptions for other veterinarians |
| <p>Ashley S. Morgan, DVM, CAE, American Veterinary Medical Association</p> | <p>Support – Including VCPR Definition and Omission of ART in Delegation Changes</p> | <ul style="list-style-type: none"> - Expressed support of proposal regarding telehealth technologies - Expressed support of requiring a VCPR to be initially established by either an in-person physical examination or timely and medically appropriate visits to the premises on which the patient is kept, that the language is consistent with the federally defined VCPR, and that the federally defined VCPR is required for any Extralabel Drug Use or when authorizing a Veterinary Feed Directive, and that the proposal is consistent with both AVMA and FDA policies - Expressed support of language regarding services delegated to CVTs - Expressed that an in-person visit by the veterinarian serves to protect patients and clients by assuring that animals have been appropriately evaluated, that eliminating the requirement for an in-person evaluation can present substantial risks including suboptimal diagnosis and treatment, misinterpretation of animals’ clinical signs by owners/caretakers, overprescribing, animal disease risks associated with transport of livestock for which an in-person evaluation was not conducted prior to issuing a Certificate of Veterinary Inspection, public health risks associated with delayed or missed diagnosis of zoonotic disease, and claims of malpractice - Expressed commitment to ensuring access to the convenience and benefits afforded by tools of telehealth, while recognizing that the medical care delivered to patients must continue to be of high quality, and that technological tools used to support electronic veterinary visits are still in their early stages of development and as of yet do not provide the same amount of information as an in-person encounter - Expressed commitment to improving access to veterinary care, that addressing care disparities is not as straightforward as allowing the VCPR to be established electronically, and that barriers to receipt of veterinary care include socioeconomic, geographic, knowledge and demographic/culture based - Expressed that through research the lack of physical proximity and the requirement for an in-person visit do not appear to be the primary barriers to accessing veterinary care, that instead a primary barrier is the lack of recognition of the value of regular veterinary care, and that 35% of pet owners indicated they did not visit the veterinarian because their pet wasn’t sick or injured (ie, they did not recognize the value of preventative care), 23% said that cost was a barrier, and less than 1% indicated there was not a veterinarian in the area who they could physically visit |

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| | | <ul style="list-style-type: none"> - Expressed that telemedicine itself is not free of access barriers, that right now only 10% of veterinary clients are using it (8% via telephone only), that surveys on the human health side revealed technological barriers (lack of access to technology, insufficiency of broadband internet, digital literacy) - Expressed that telemedicine is not a clear solution to the problem of cost, that results are mixed as to whether telehealth reduces downstream utilization of health care, that study on the human side resulted no reduction in overall spending for patients - Expressed support of a variety of applications of telehealth, made resources available, and emphasized the value of telehealth in continuity of care and client compliance with recommendations - Provided AVMA informational materials regarding the VCPR and Veterinary Telehealth, including federal requirements for the VCPR |
| <p>Megan Nicholson, Humane Society of the United States and Humane Society Veterinary Medical Association</p> | <p>Oppose VCPR Definition</p> | <ul style="list-style-type: none"> - Expressed opposition to VCPR definition - Expressed that the VCPR definition is likely to create additional barriers for pet owners, particularly in underserved and rural communities, recommends that expressly authorize veterinarians to use telemedicine more broadly and expand the definition of sufficient knowledge to include examinations performed with the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically, and that a broader definition of sufficient knowledge, such as recommended by AAVSB, to allow the establishment of the VCPR through telemedicine services would be more inclusive of traditionally underserved communities and reduce barriers to care - Expressed that telemedicine can provide quality, and potentially lifesaving care, and also improve efficiency and more flexible scheduling options, expressed that telemedicine can provide benefits to pet owners especially those without access to transportation or who are unable to easily leave their homes with their companion animals, and that it was implemented without incident in the largest province in Canada - Expressed that veterinarians have undergone rigorous education and training and should trust their judgement in the practice of veterinary medicine, that in March 2020 the VEB issued a statement reiterating that “there is no statutory or administrative rule that sets a time frame on the frequency of physical exams, or visits to the premises, to maintain a valid VCPR” and further emphasized the importance of using sound judgement based on experience and expertise as to whether a physical examination is necessary based on the medical concern - Expressed that telemedicine can provide critical access to care for in many situations - Expressed support of allowing veterinarians to use their professional judgement to determine whether a patient can be diagnosed and/or treated through telemedicine and recommended requiring |

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| | | <p>safeguards in the criteria for establishing a VCPR through electronic means including:</p> <ol style="list-style-type: none"> 1. Require the veterinarian to establish a relationship with the client/patient via real-time video (visual) exchange 2. Require the veterinarian to give clients the option to alternatively have an in-person visit 3. Require the veterinarian to obtain written consent from clients to use telemedicine 4. Require the clinic to be available for in-person follow up if needed 5. Establish controls/restrictions on writing prescriptions for controlled substances 6. Maintain or establish physical examination / in-person veterinary visitation requirements for commercial enterprises, including any entity defined as a “commercial establishment” under Wisconsin Code s. 173.41 <ul style="list-style-type: none"> - Expressed that not advocating for any mandate by the legislature or the Board to require veterinarians to offer telemedicine services - Expressed that tens of millions of pets are living in poverty nationwide with approximately 77% having never seen a veterinarian, that the average cost of a preventative veterinary care visit is estimated at approximately \$250 and emergency visits often running upwards of \$500, and that by expanding telemedicine more families will have access to important veterinary services - Expressed support of amending the rule to permit VCPRs to be established and maintained electronically, to extend the validity of a VCPR beyond the standard twelve-month limit, and to expand the parameters of what veterinarians are permitted to do after a VCPR has been established |
| Mike Larson, Larson Acres | Support – Including VCPR Definition and Omission of ART in Delegation Changes | <ul style="list-style-type: none"> - Expressed support for proposed changes relating to telehealth - Expressed support that an initial VCPR cannot be established via telehealth and that delegation via telehealth should be limited - Expressed support that specific assisted reproductive (ART) procedures may not be delegated unless the veterinarian is physically present on the premises, that if something were to go wrong during the procedure there is a value in having a veterinarian there to care for the animal, that relaxing these rules could hurt the perception of the Wisconsin dairy industry by giving the impression that our quality isn’t up to standards, that while delegating ART procedures could save some money up front, the long-term implications outweigh any potential short-term gain, and that we need to continue to set the bar high when it comes to caring for animals and educating the public |
| Aaron Proski, DVM, Sunshine Genetics | Support – Including VCPR Definition and Omission of | <ul style="list-style-type: none"> - Expressed support of proposed changes relating to telehealth and dispensing of prescriptions - Expressed support that the initial VCPR cannot be established via telehealth and expressed that in-person contact is critical for the long-term care of the patient |

| | | |
|---|---|--|
| | ART in Delegation Changes | <ul style="list-style-type: none"> - Expressed support of limited telehealth procedures to be delegated to a CVT as proposed - Expressed that assisted reproductive (ART) procedures should not be delegated to a CVT at all, that performing them with telehealth would be a step in the wrong direction for the industry, that ART procedures are very tactile in nature, that it is not uncommon to find reproductive abnormalities and pathology that require diagnosis by palpation, and that palpation is critical for the procedures - Expressed support of a veterinarian being able to fill a prescription for another veterinarian under the criteria in the proposed rule |
| John Prosocki, DVM, Wittenberg Embryo Transfer | Support – Including VCPR Definition and Omission of ART in Delegation Changes | <ul style="list-style-type: none"> - Expressed support of proposed changes relating to telehealth and dispensing of prescriptions - Expressed support that the initial VCPR cannot be established via telehealth and expressed that in-person contact is critical for the long-term care of the patient - Expressed support of limited telehealth procedures to be delegated to a CVT as proposed - Expressed that assisted reproductive (ART) procedures should not be delegated to a CVT at all, that performing them with telehealth would be a step in the wrong direction for the industry, that ART procedures are very tactile in nature, that it is not uncommon to find reproductive abnormalities and pathology that require diagnosis by palpation, and that palpation is critical for the procedures - Expressed support of a veterinarian being able to fill a prescription for another veterinarian under the criteria in the proposed rule |
| Linda Prosocki, DVM, Wittenberg Veterinary Clinic and Metro Animal Hospital | Support – Including VCPR Definition – But Oppose Delegation Without Vet on Premises | <ul style="list-style-type: none"> - Expressed support of proposed changes relating to telehealth and dispensing of prescriptions - Expressed support that the initial VCPR cannot be established via telehealth, that veterinarians need to assess their patients in-person with a physical exam to have a full knowledge of that pet’s health, that the animal cannot communicate their condition orally, that at times the owner can misinterpret an animal’s condition, and that an initial examination is critical for the long-term care of the patient - Expressed that procedures that can be delegated to a CVT are a valuable benefit to patients and veterinarians, but a veterinarian must be on premises during these procedures, and that being available within 5 minutes when the aorta has been lacerated during a cystocentesis is not acceptable - Expressed support of a veterinarian being able to fill a prescription for another veterinarian under the criteria in the proposed rule |

From: [Shawn Hook DVM](#)
To: [Fisher, Angela H - DATCP](#)
Subject: Re: VE 1-11 Hearing Draft
Date: Monday, August 2, 2021 3:41:12 PM

Hello Angela,
Not sure if my feedback was asked for but I will give it for what it is worth. Thank you for the email and your time.
My opinion on matters for
C. Establishing Veterinarian-Client-Patient Relationship (VCPR) - I would be in favor of option #1
I. Delegated Medical Services – CVTs - I would be opposed to h
Take care.
Sincerely,
Shawn Hook DVM

Arbor Ridge Pet Clinic

[2935 South Fish Hatchery Road Suite #16](#)

[Fitchburg, WI, 53711](#)

608-274-3880

fax 608-274-3883

www.arborridgepetclinic.com

On Monday, August 2, 2021, 02:49:05 PM CDT, Fisher, Angela H - DATCP
<angela.fisher1@wisconsin.gov> wrote:

Veterinary Examining Board members, Telehealth Advisory Committee members, and related industry contacts are blind copied

Hello,

Please see the links below for the VE 1-11 hearing draft and hearing notice. You are each welcome to submit comments as members of the public, either during the public hearings or through the written comment period. Written comments will be accepted through September 29th and can be submitted to Angela.Fisher1@wisconsin.gov.

Hearing Notice: <https://datcp.wi.gov/Documents2/VEPublicHearingNotice.pdf>

Hearing Draft: <https://datcp.wi.gov/Documents2/VERuleHearingDraft.pdf>

Please let me know if you have any questions. Thank you,

Angela Fisher

Program and Policy Analyst, Division of Animal Health

Wisconsin Department of Agriculture, Trade and Consumer Protection

Phone: (608) 224-4890

angela.fisher1@wisconsin.gov

Please complete this [brief survey](#) to help us improve our customer service. Thank you for your feedback!

From: [Puppy Doc](#)
To: [Fisher, Angela H - DATCP](#)
Subject: PROPOSED ORDER OF THE STATE OF WISCONSIN VETERINARY EXAMINING BOARD ADOPTING RULES
Date: Tuesday, August 3, 2021 5:32:03 PM

Hi Angela,

I was just reading the proposed rule changes that were recently emailed. I do have a couple comments to share.

1. There are a couple areas where telemedicine is discussed regarding contact between the DVM and CVT. While I agree there should be a time limit placed in terms of having contact/communication, I fear that 5 minutes is just too limiting. There are far too many life circumstances where the DVM may not be able to respond to a phone call in such a short amount of time. None of the allowable procedures performed by a CVT are that life threatening or urgent.
2. I find it fascinating that we require dogs to be vaccinated for rabies but not cats. Cats are far more likely to be free-ranging and exposed. While an argument can be made that a cat is less likely to survive a rabid exposure, the risk is still there. Additionally, at least in the clinical setting, we are far more likely to be bitten by a cat than a dog.
3. Regarding rabies vaccine - while I can understand the desire to maintain the integrity of the rabies vaccine protocol/administration, I find it completely foolish, restrictive and unfounded to require the DVM to be physically present for a CVT to give a rabies vaccine. We trust them enough to require appropriate training and certification but they aren't to be trusted to give a simple injection just because it happens to be the rabies vaccine? I also feel a veterinary assistant should be able to provide this critical immunization as well. On that level, I can understand the requirement for a DVM to be present but a CVT should have the trust to appropriately vaccinate even if the DVM is not physically present. Additionally, with the nation-wide shortage of practicing DVMs and the ever increasing demand for appointments, allowing assistants to provide such a simple service could be a large benefit to the vaccine status of the pet population. Just my 2 cents worth...

On an unrelated topic... Over the past year plus, there has been much publication/discussion of waiving CE requirements, examination and loosening of licensing requirements for the human medical professionals. I've not seen anything for DVMs and CVTs. With the lack of conferences and such to obtain the needed CE, it's been a bit more difficult to find desirable CE opportunities.

Thanks for "listening" to me.

Robert (Bob) Shampo, DVM
Cudahy Veterinary Clinic
Cudahy WI, 53110

From: [DATCP Admin Rules](#)
To: [Fisher, Angela H - DATCP](#)
Subject: RE: Public comment on CR 21-062
Date: Tuesday, August 17, 2021 3:25:37 PM

Hi Angela,

This comment on VE 1-11 came into our Admin Rules e-mail box.

Julie

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>
Sent: Tuesday, August 17, 2021 3:22 PM
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>
Cc: ledyv@bestfriends.org
Subject: Public comment on CR 21-062

Name: Ledy VanKavage
Address: 51 Odom, Collinsville IL 62234
Email: ledyv@bestfriends.org

Organization: Best Friends Animal Society

Comments: On behalf of our thousands of Best Friends supporters and shelter network partners in Wisconsin we would like to comment on the extremely restrictive and burdensome definition of a veterinary-patient-client-relationship that is being proposed. This antiquated definition prohibits a vcpr from being established by telehealth in any circumstance. Best Friends believes this burdensome regulation will add to the bureaucracy thus detrimentally impact pet owning consumers, foster care providers, and Wisconsin animal shelters. It will cost pet owning consumers money and time.

For physicians, the practice of telemedicine/telehealth is permitted in all 50 states and in the pandemic was used extremely effectively. There is a national shortage of veterinarians, with some rural counties not even having one practicing veterinarian. Many consumers cannot take off work to take their animal to the veterinarian for a minor condition.

Research conducted by Best Friends Animal Society found that 15.8% of counties in the United States, home to 1.5 million households, do not have any veterinarian practice in their community. Many low income individuals and minorities live in these communities. Many low income people lack transportation that would allow them to take their pet to a veterinarian. These "vet deserts" lead owners delaying or forgoing necessary care for their pets. Indeed, that is why the federal government is providing billions of dollars to expand the reach of broadband to rural communities and tribal lands.

The current proposal is much more restrictive than proposal #2 or #3 that the board considered and summarily rejected. Their vote for definition #1 will exacerbate barriers that will prevent many animals from receiving timely and cost effective care. We urge you to adopt the Michigan regulations regarding the vcpr and trust a licensed veterinarian's professional judgement, or to adopt Washington's policies, or to even go with option #2 and option #3 that were presented to the board.

OPTIONS 2 and OPTIONS 3

- Option 2: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client prior to treating a patient. A VCPR may be established by utilizing telehealth technologies to examine the patient as medically appropriate to the circumstance.

- Option 3: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client prior to treating a patient. To establish a VCPR the veterinarian must meet the

requirements of Wis. Stat. s. 89.02 (8). A licensed veterinarian may satisfy the exam requirement under Wis. Stat. s. 89.02

(8) (b) for the establishment of the VCPR via telehealth technologies through the use of instrumentation and diagnostic equipment where images and medical records are able to be transmitted electronically or a physical in person exam.

Washington's policy statement allows veterinarians to practice telemedicine without first establishing an in-person VCPR if, in the professional judgement of the practitioner, establishing a VCPR remotely is appropriate.

Michigan has reasonable requirements.

Michigan recently promulgated a new rule related to the practice of veterinary medicine using telehealth technologies, which became effective April 15, 2021. The Michigan rules now require:

- Disclosure of the identity and contact information of the veterinarian providing telehealth services. Licensing information shall be provided upon request.
- Ensure that the technology method and equipment used to provide telehealth services complies with all current privacy-protection laws.
- Employ sound professional judgement to determine whether using telehealth is an appropriate method for delivering medical advice or treatment to the animal patient.
- Have sufficient knowledge of the animal patient to render telehealth services demonstrating by satisfying one of the following:
 - o Have recently examined the animal patient in-person or have obtained current knowledge of the animal patient through the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically.
 - o Have conducted medically appropriate and timely visits to the premises where the group of animal patients is kept.
- Act within the scope of practice.
- Exercise the same standard of care applicable to traditional, in-person veterinary care service.
- Be readily available

Given the veterinarian shortage, and the financial crisis brought on by the pandemic, we need to help veterinarians practice more efficiently and reduce the burden on veterinarians AND consumers.

The real fiscal impact of this proposal and the access to veterinary care throughout Wisconsin needs to be considered, which this analysis fails to adequately consider.

Thank you for your consideration.

Sincerely,

Ledy VanKavage, Sr. Legislative Attorney

From: [DATCP Admin Rules](#)
To: [Fisher, Angela H - DATCP](#)
Subject: FW: Public comment on CR 21-062
Date: Wednesday, August 18, 2021 10:59:38 AM

Another comment for you.

Julie

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>
Sent: Wednesday, August 18, 2021 10:27 AM
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>
Cc: karlawithako@gmail.com
Subject: Public comment on CR 21-062

Name: Karla Ortman
Address: 5218 River Rd, Rhinelander Wi 54501
Email: karlawithako@gmail.com

Organization:

Comments: I live in northern Wisconsin where access to veterinary care is challenging. Existing veterinary clinics in area towns are extremely busy and most have eliminated after hours emergency service. Referral after hours is to a 24 hour clinic more than a one hour drive away for people in my region. Many pet owners do not have an established relationship with a vet and this should not be judged!! People still love their pets and deserve to have the ability to get care for their pet when needed. Being able to establish a patient client relationship via a virtual tool would allow more pets to receive the care they need at critical times. Please modify the rules to further decrease unnecessary suffering. Thank you.

From: [DATCP Admin Rules](#)
To: [Fisher, Angela H - DATCP](#)
Subject: FW: Public comment on CR 21-062
Date: Tuesday, September 7, 2021 6:53:01 AM

Hi Angela,

Just passing this on to you.

Julie

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>
Sent: Friday, September 3, 2021 3:15 PM
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>
Cc: karen@eccha.org
Subject: Public comment on CR 21-062

Name: Karen Rabideaux
Address: 1424 Piedmont Road, Eau Claire WI 54703
Email: karen@eccha.org

Organization: Eau Claire County Humane Association

Comments: The proposed definition of veterinarian-client-patient-relationship (VCPR) is rather restrictive considering our state will most likely be facing Covid-19 related restrictions this fall/winter. Allowing veterinarians the flexibility to use their professional judgment in determining if telemedicine is appropriate, and if so, whether to establish an in-person VCPR first could mean saving a pet's life especially in more rural areas. These are professionals that are licensed and regulated by the state and they are already granted the leeway to act in accordance with their training and best practices. Allowing the flexibility to choose the most appropriate delivery model for services to the community should be permitted and municipalities should work with their elected officials to advocate for necessary changes to the laws and regulations when these services are hindered or prohibited. Considering the challenges we will be facing over the next few years, each veterinary practice should have the option to utilize telemedicine as they see fit without an established VCPR in order to help pets in need.

If telemedicine is already permissible in your state, municipalities should implement these services into

From: michelle_capgroupwi.com
To: [Fisher, Angela H - DATCP](#)
Cc: [Gregg Bevier](#)
Subject: RE: testimony on CR 21-062
Date: Thursday, September 9, 2021 2:04:03 PM
Attachments: [Testimony VEB telehealth final.pdf](#)

**CAUTION: This email originated from outside the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Hi Angela,

My apologies, there was an error in the previous testimony I had sent. Please use this version for the public record.
Thank you!

Michelle

From: michelle_capgroupwi.com
Sent: Thursday, September 9, 2021 11:24 AM
To: Angela.Fisher1@wisconsin.gov
Subject: testimony on CR 21-062

Hi Angela,

Thanks for the opportunity to testify this morning.
Attached are the comments prepared by Dr. BeVier.

Thank you!

Michelle



Michelle Kussow
The Capitol Group
10 W. Mifflin Street, Suite 205
Madison, WI 53703
Direct: 608.210.3304

Cell: 608.225.7477



Testimony CR 21-062
Gregg BeVier DVM, MBA, Chief Operating Officer
September 9, 2021

My name is Dr. Gregg BeVier, I am providing comments on CR- 21-062 on behalf of Sexing Technologies, which provides livestock reproduction and other services for cattle, horses, deer and swine. We are considered a worldwide leader in sexed semen and embryo production and currently have 251 employees in Wisconsin in 6 locations around the state. I serve as the COO for Sexing Technologies, but I am also a veterinarian and hold a license in four states.

Sexing Technologies supports veterinary telehealth and commends the Wisconsin Veterinary Examining Board for incorporating this new technology into the existing rules. As you are aware, the AVMA has recently included telehealth in the Model Veterinary Practice Act. However, we are opposed to the proposed rule because as written, it fences out our company, farms and many other agricultural businesses that could also benefit from using telehealth technologies.

The proposed rule, in part, allows a veterinarian to use telehealth technologies when delegating procedures to a certified veterinary technician (CVT) when the veterinarian is available to communicate via telehealth within five minutes. Under the current administrative code, there are eight services that could be performed by CVTs under the direct supervision of a veterinarian. The proposed rule allows for telehealth for all of these services with the exception of administering anesthesia, dental prophylaxis and performing assisted reproductive techniques (amniocentesis, embryo collection and transfer, follicular aspiration and transvaginal oocyte collection and recovery on livestock).

Of specific interest to Sexing Technologies are the assisted reproductive techniques used frequently in agricultural genetics and in our breeding programs. The VEB recently made changes to Chapter VE-7 to allow veterinarians to delegate agricultural reproductive services to CVTs. The decision has allowed CVTs to safely and effectively perform these techniques under the direct supervision of a veterinarian, which they do hundreds of times each week at our facilities. The proposed rule, and not allowing telehealth for specific services, undermines the premise of telehealth and the ability of

CVT's, but also demonstrates a lack of knowledge and understanding of the modern livestock breeding industry.

This omission will have a significant effect on Sexing Technologies by preventing us from incorporating technology into our future operations in the State of Wisconsin. It will also have a financial effect on Wisconsin farms. Many farms use assisted reproductive techniques to genetically improve their livestock. The rule, as proposed, would require that both a veterinarian and a CVT are present at a farm or business during these procedures. Not only is this not necessary, but it costs a significant amount of money and also delays many procedures due to the lack of large animal veterinarians.

We would like to encourage the VEB to think forward and apply telehealth technologies globally to better veterinary medicine. On the health side, Wisconsin and other states have broadly applied telehealth to existing health procedures by modifying the definition of direct supervision generally to providing services "using real-time, interactive audio-video technology" and not based on individual services.

To conclude, we are asking the VEB to revise the proposed rule and broadly apply telehealth technologies for all services allowed with direct supervision. We hope the VEB can view telehealth as we do, as a way to provide veterinarians with more tools to improve the overall care of our animals.

From: [DATCP Admin Rules](#)
To: [Fisher, Angela H - DATCP](#)
Subject: FW: Public comment on CR 21-062
Date: Monday, September 13, 2021 2:22:45 PM

Here is another comment on CR 21-062 from our Admin Rules e-mail.

Julie

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>
Sent: Monday, September 13, 2021 2:14 PM
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>
Cc: akb12311@gmail.com
Subject: Public comment on CR 21-062

Name: Alexis Toca
Address: W4367 North Lake Shore Dr, Williams Bay WI 53191
Email: akb12311@gmail.com

Organization:

Comments: Please reconsider the proposed definition of a veterinary-client-patient-relationship. The currently restrictive language will negatively impact pet owners, foster care providers, and Wisconsin animal shelters. Both Michigan and Washington state have more reasonable policies that could be implemented instead. Thank you.

From: [DATCP Admin Rules](#)
To: [Fisher, Angela H - DATCP](#)
Subject: FW: Public comment on CR 21-062
Date: Monday, September 13, 2021 3:18:35 PM

Another comment came in today on CR 21-062.

Julie

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>
Sent: Monday, September 13, 2021 3:17 PM
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>
Cc: lindalou@wi.rr.com
Subject: Public comment on CR 21-062

Name: Linda Buckman
Address: 2056 S 30th St, Milwaukee WI 53215
Email: lindalou@wi.rr.com

Organization:

Comments: Please reconsider the proposed definition of a veterinary-client-patient-relationship. The currently restrictive language will negatively impact pet owners, foster care providers, and Wisconsin animal shelters. Both Michigan and Washington state have more reasonable policies that could be implemented instead. Thank you.

From: [DATCP Admin Rules](#)
To: [Fisher, Angela H - DATCP](#)
Subject: FW: Public comment on CR 21-062
Date: Tuesday, September 14, 2021 6:59:46 AM

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>
Sent: Monday, September 13, 2021 7:15 PM
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>
Cc: aladdindreams@aol.com
Subject: Public comment on CR 21-062

Name: Maureen Kauffmann
Address: 37424 128TH ST, TWIN LAKES WI 53181-9246
Email: aladdindreams@aol.com

Organization: Aladdin Dreams, LLC

Comments: Please reconsider the proposed definition of a veterinary-client-patient relationship. The current language is restrictive and will negatively impact pet owners, pet foster care providers, and animal shelters in Wisconsin. Please insure that animals in Wisconsin always have access to the best care possible, whether in-person or via virtual means.

From: [DATCP Admin Rules](#)
To: [Fisher, Angela H - DATCP](#)
Subject: FW: Public comment on CR 21-062
Date: Tuesday, September 14, 2021 6:59:51 AM

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>
Sent: Monday, September 13, 2021 5:01 PM
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>
Cc: magdalen.stepek@aurora.org
Subject: Public comment on CR 21-062

Name: Magdalen Stepek
Address: 15680 Brentwood Drive, Brookfield WI 53005
Email: magdalen.stepek@aurora.org

Organization: AAHC

Comments: I think that restricting and limiting ability to establish patient provider relationship between a veterinarian and an animal is not only prohibitive but it implies that the industry is highly controlled by the private sector in order to increase revenue through on-site visit. With access being limited I think it's a great idea to relax the restrictions and allow for veterinarians to establish care with their patients through video visits. Not doing so it's selfish and not in the best of interest of the patients.

From: [DATCP Admin Rules](#)
To: [Fisher, Angela H - DATCP](#)
Subject: FW: Public comment on CR 21-062
Date: Tuesday, September 14, 2021 6:59:58 AM

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>
Sent: Monday, September 13, 2021 4:35 PM
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>
Cc: charlotte.burns@att.net
Subject: Public comment on CR 21-062

Name: Charlotte Burns
Address: 5920 Encore Drive , Dallas TX 75240
Email: charlotte.burns@att.net

Organization: Charlotte Burns, O.D.

Comments: Hello,

I have been doing dog and cat rescue for many years. I am sad to see that the veterinarians are more concerned with their pockets than helping both rescued animals and others who are poorly served in the state of Wisconsin.

From: [DATCP Admin Rules](#)
To: [Fisher, Angela H - DATCP](#)
Subject: FW: Public comment on CR 21-062
Date: Wednesday, September 15, 2021 6:53:31 AM

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>
Sent: Tuesday, September 14, 2021 4:14 PM
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>
Cc: bigmarker@yahoo.com
Subject: Public comment on CR 21-062

Name: Marca Kassera
Address: N5892 County Road J, Ellsworth WI 54011
Email: bigmarker@yahoo.com

Organization:

Comments: Dear Veterinary Examining Board:

Please reconsider the proposed definition of a veterinary-client-patient-relationship. In so doing, telecommunicating through the Internet could be an option for pet owners, and it might make veterinary services more affordable. The currently restrictive language will negatively impact pet owners, foster care providers, and Wisconsin animal shelters. Both Michigan and Washington have more reasonable policies that could be implemented instead. Please help out pet owners and their pets!! Thank you.

From: [DATCP Admin Rules](#)
To: [Fisher, Angela H - DATCP](#)
Subject: FW: Public comment on CR 21-062
Date: Wednesday, September 15, 2021 6:53:39 AM

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>
Sent: Tuesday, September 14, 2021 3:31 PM
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>
Cc: talhamim888@gmail.com
Subject: Public comment on CR 21-062

Name: Michelle Talhami
Address: 4476 N. Woodburn Street, Shorewood WI 53211
Email: talhamim888@gmail.com

Organization:

Comments: Please reconsider the proposed definition of a veterinary-client-patient-relationship. The currently restrictive language will negatively impact pet owners, foster care providers, and Wisconsin animal shelters. Both Michigan and Washington state have more reasonable policies that could be implemented instead. Thank you.

From: [DATCP Admin Rules](#)
To: [Fisher, Angela H - DATCP](#)
Subject: FW: Public comment on CR 21-062
Date: Monday, September 20, 2021 6:57:58 AM

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>
Sent: Sunday, September 19, 2021 11:43 PM
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>
Cc: marti@babypassiondoula.com
Subject: Public comment on CR 21-062

Name: Marti Kingwill
Address: 10704 Lakeshore Drive, Pleasant Prairie WI 53158
Email: marti@babypassiondoula.com

Organization:

Comments: Please reconsider the proposed definition of a veterinary-client-patient-relationship. The currently restrictive language will negatively impact pet owners, foster care providers, and Wisconsin animal shelters. Both Michigan and Washington state have more reasonable policies that could be implemented instead. Thank you.

From: [DATCP Admin Rules](#)
To: [Fisher, Angela H - DATCP](#)
Subject: FW: Public comment on CR 21-062
Date: Monday, September 20, 2021 1:00:37 PM

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>
Sent: Monday, September 20, 2021 12:57 PM
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>
Cc: cheri.siewert@gmail.com
Subject: Public comment on CR 21-062

Name: Cheri Siewert
Address: 1119 S 16th Ave, Wausau WI 54401-5708
Email: cheri.siewert@gmail.com

Organization:

Comments: Please reconsider the proposed definition of a veterinary-client-patient-relationship. The currently restrictive language will negatively impact pet owners, foster care providers, and Wisconsin animal shelters. Both Michigan and Washington state have more reasonable policies that could be implemented instead. Thank you.

September 18, 2021

VIA email to Angela.Fisher1@wisconsin.gov

Division of Animal Health

Department of Agriculture, Trade and Consumer Protection (DATCP)

P.O. Box 8911, Madison, WI 53708-8911

RE: Comments on CR 21-062, *relating to* veterinarians and veterinary technicians

Dear Ms. Fisher:

My name is Greg Schueller and I am from Fort Atkinson, Wisconsin. I am a veterinarian. I am writing to you to express my support for the Veterinary Examining Board's (VEB's) proposed changes to VE 1-11 relating to the use of telehealth in the practice of veterinary medicine and the dispensing of prescriptions by veterinarians.

I am an owner and president of Sunshine Genetics Inc in Whitewater, WI. We have a clientele from WI as well as outside of the state and conduct international export work on animals that are under our care.

I am in support that an initial VCPR cannot be established via telehealth. Veterinarians are able to assess their patients through not only visual exams, but also palpations. The in person contact and connection that is established at the time of an examination is critical for the long-term care of the patient as well as the relationship between the client and veterinarian.

I do support limited telehealth procedures to be able to be delegated to a CVT as proposed in the telehealth draft legislation. With limitations on the availability of veterinarians, especially in rural parts of our state, our profession is best served by delegating these technical procedures to technicians that are trained and licensed to perform them.

I personally perform ART procedures of ovum pick up (OPU) and in vivo embryo recovery (flushing) on farm as well as at our facility in Whitewater, WI. I feel very strongly that we should not have allowed these procedures to be delegated to a CVT at all, but since this has already been passed, there is apparently no going back. However, allowing these procedures to be performed by telehealth is an additional giant step in the wrong direction for our industry. Of particular concern is that ART procedures are very tactile in nature. Yes, there is an ultrasound image that is visual, but that is only part of the equation. It is not uncommon to find reproductive abnormalities and pathology that require a diagnosis by palpation. Cattle are large animals and the pathology that is common is large in size as well. The ultrasound machine can image small detail, but it is impossible to diagnose ovarian adhesions, ovarian or uterine abscess or lymphosarcoma without palpation to name just a few. One cannot palpate via telehealth and palpation is critical for our procedures.

I do support a veterinarian being able to fill a prescription for another veterinarian under the criteria listed.

Thank you for considering this request.

Greg Schueller DVM
President Sunshine Genetics Inc
American Embro Transfer Association BOD
W7782 US Hwy 12
Whitewater, WI 53190
(262)473-8905 office
(920)650-5005 cell



Lodi Veterinary Care™
CLINIC · MOBILE · EMERGENCY

September 28, 2021

Dear Ms. Fischer:

My name is Dr. Melissa Haag and I am from Dane, Wisconsin. I am writing to you to express my support for the Veterinary Examining Board's (VEB's) proposed changes to VE 1-11 relating to the use of telehealth in the practice of veterinary medicine and the dispensing of prescriptions by veterinarians.

I am a livestock veterinarian working for Lodi Veterinary Care in Lodi, Wisconsin. Our practice is a mixed animal practice that is divided into three divisions: Livestock, Equine, and Companion Animal. Our main clinic location is in Lodi and we have two satellite locations in DeForest and Portage, Wisconsin. Our veterinary team includes 27 doctors as well as a support staff payroll that includes over 120 veterinary team members. Within the livestock division, I primarily work with cattle, pigs, sheep, goats, llamas, and alpacas and their owners. Our clients have farm sizes that range from a few animals to dairy farms milking over 5,000 cows. Our clients are progressive and continually seek the very best care that veterinary medicine has to offer. We provide on-farm services as well as seeing patients on an in-hospital basis. Our relationships with our clients require constant and consistent action between the animals on farm and our veterinary team. As technology grows and continues to improve the fluidity with which we can accomplish veterinary care, I believe that telehealth is vital to improving remote access and the continuity of patient care. For example, many of our animals are raised in group housing settings. During the course of a disease outbreak, many animals may be affected, and the individual animal response to treatment may change. After an initial on-farm examination, a treatment protocol is outlined. As the animals progress through the disease process, new or emerging symptoms may progress or resolve. Telehealth allows me to stay in constant contact with my producers as we evaluate patient changes. The coverage radius that livestock veterinarians must travel to access patients is ever-increasing as farms continue to condense. Pictures, videos, and real-time video interaction allow me to evaluate individual animal response to treatment and we can re-evaluate treatment plans quickly while the farmer waits for me to be able to physically re-visit the farm.

I support that the initial VCPR cannot be established by telehealth. Every farm experiences different challenges based on their management systems and environment. This information is vital to providing the very best in patient care. While telehealth is an excellent tool for managing very specific cases, it does not provide enough background for a broad picture view of a farm in its entirety. For this reason, I believe a veterinarian needs to establish the initial VCPR by physically being present on the premise.



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I support the rule that limits the procedures that a veterinarian may delegate to a CVT to a specific list and requires that the veterinarian be available via telehealth technology within 5 minutes or be present on the premises. This restriction is important because there is a manpower need for CVTs to be able to initiate specific services. This increases efficiency and allows for a greater number of patients to receive care. However, we must remain cognizant that at all times, we are protective of animal health and we do not sacrifice optimum patient care in the name of efficiency. Boundaries and respective guidelines will help to keep these practices within a safe margin.

I support that restricted delegation be maintained as it specifically relates to assisted reproductive procedures. These procedures may not be delegated unless the veterinarian is physically present on the premises. I support this provision and I support current law. These ART procedures pose a significant risk for complications that cannot be managed in a timely fashion unless the veterinarian is present on the premises. ART procedures involve the use of large gauge needles puncturing specific structures located within an animal. The veterinarian or CVT performing these ultrasound guided procedures require advanced training in order to safely execute these ART procedures. This is because the practice of ART requires specific tactile manipulations that cannot be visualized in their entirety from the exterior of the animal. I have seen and treated animals that have been negatively affected by complications directly relating to ART manipulations including but not limited to: hemorrhage, permanently damaged reproductive tracts, and permanent damage to the rectal area of an animal leading to scarring, fecal incontinence, and nerve damage. These are severe complications that can have life-threatening and permanent consequences to a previously healthy animal. During the ART procedure, should a CVT encounter an unexpected complication, a veterinarian needs to be present to perform a rectal and internal exam on the animal to help mitigate the risk of permanent damage. This required level of care cannot be accomplished via a telehealth consult from a computer screen.

I support the dispensing of prescriptions. I support allowing a veterinarian to dispense (fill) a prescription for any person as long as that person requests filling of that prescription, either by bringing the prescription directly to the dispensing veterinarian or by agreeing that their prescribing veterinarian may transmit the prescription to the dispensing veterinarian. This is needed to assist in situations where an animal owner is out of town with their animal, away from their veterinarian, but they request that a local veterinarian fill their animal's prescription for them.

Thank you for considering this request.

Melissa A. Haag, DVM
drhaag@lodivet.com
608-212-4431



Government
Relations

September 29, 2021

Angela Fisher, Program and Policy Analyst
Wisconsin Veterinary Examining Board
Division of Animal Health, Department of Agriculture, Trade and Consumer Protection
P.O. Box 8911
Madison, WI 53708-8911
<sent via email: Angela.Fisher1@Wisconsin.gov>

RE: Proposed Telehealth Regulations CR 21-062 Unnecessarily Restrict Access to Veterinary Telemedicine

Dear Ms. Fisher:

I'm writing on behalf of the American Society for the Prevention of Cruelty to Animals (ASPCA), North America's most longstanding animal welfare organization, and our Wisconsin supporters. We appreciate the opportunity to provide comments to the Wisconsin Veterinary Examining Board (Board) regarding the proposed regulation addressing veterinary telehealth. ASPCA urges the Board to reconsider the proposed telehealth changes in CR 21-062, specifically provisions that will prevent veterinarians from initiating a relationship with clients to offer services to new patients over telemedicine. In an era when the benefits to public health of telemedicine technology are widely recognized, ASPCA supports policy to broaden rather than constrict professional and consumer access to vital, medically appropriate veterinary telemedicine services.ⁱ

Current Wisconsin state statute defines "Veterinarian-client-patient relationship" to mean "The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the patient's need for medical treatment, and the client has agreed to accept those medical judgments and to follow the related instructions of the veterinarian" and "The veterinarian has sufficient knowledge of the patient to initiate a general or preliminary diagnosis of the medical condition of the patient because the veterinarian has recently examined the patient or has made medically appropriate and timely visits to the premises on which the patient is kept" [Wis. Stat. §89.02 (8) (a) – (b)]. Modern telemedicine technology in a connected world offers veterinarians the ability to examine an animal in a home environment for many medically appropriate, common situations, such as triage, quality of life assessment/palliative/hospice care, management and monitoring of chronic conditions, behavioral consultations, nutritional consultations, initial assessment of certain gastrointestinal and skin conditions, parasites like fleas, ticks, or ear mites, and more.ⁱⁱ The current American Association of Veterinary State Boards (AAVSB) practice act model language supports allowing a licensed veterinarian to establish a VCPR through telemedicine,ⁱⁱⁱ and human doctors throughout the country can establish new doctor-patient relationships over telemedicine, even for infants and nonverbal children.^{iv} However, CR 21-062 would foreclose this option for Wisconsin licensed veterinarians by requiring an in-person examination to establish a legal veterinarian-client-patient relationship (VCPR) and by prohibiting veterinarians from establishing a relationship using telemedicine-- even for routine conditions like fleas and ticks.

The Wisconsin Board's Telehealth Advisory Committee, notably comprised only of veterinary professionals with no consumer representation, raised some of these salient issues in their discussions.^v During the COVID-19 pandemic, governments relaxed longstanding state and federal rules restricting telemedicine, and to our knowledge no U.S. or Canadian jurisdiction reports problems with harm to pets from telemedicine. As such, it remains unclear how preventing a virtual VCPR for new patients provides a public benefit that outweighs the benefits for licensed, practicing veterinarians who wish to offer these services to new patients and for consumers eager to obtain greater access to veterinary telemedicine. For these reasons, relevant legal challenges should give pause to reconsider restricting

telemedicine in this manner.^{vi} The rigorous education and Board-sanctioned licensing requirements that Wisconsin veterinarians undertake to become licensed in the state prepare them to utilize professional judgement in determining whether the use of telemedicine is appropriate in the care of a particular animal or a particular condition.

The ASPCA believes that pets and people belong together; that financial circumstances alone are not a reliable indication of the capacity to love and care for a companion animal; and that strong bonds between people and pets make for stronger communities. Unfortunately, every year thousands of dogs and cats needlessly suffer, experience premature death, or are relinquished to animal shelters due to gaps in veterinary access. The Access to Veterinary Care Coalition (AVCC),^{vii} formed in 2016 and committed to better understanding and addressing barriers to veterinary care, conducted a national study that found one in four pet owners face obstacles in accessing veterinary care, with the “overwhelming barrier for all groups of pet owners” being “financial for all types of care (80.0% for preventative care, 73.8% for sick care, and 55.7% for emergency care).”^{viii} A 2011 study published in the *Journal of the American Veterinary Medical Association* found that cost of care was cited frequently as an obstacle to veterinary care.^{ix} While finances are a primary obstacle for all pet owners seeking veterinary care, many people live in underserved urban or rural, remote areas or “veterinary deserts” with few or no veterinary services. Especially when combined, these factors can force families to make difficult decisions to forgo basic preventative care, as well as the urgent medical needs of their pets.^x Poverty, medical emergencies, lack of mobility, and geographic isolation can force even the most devoted pet owner to make dire choices. Access to telemedicine can help address these challenges and others, such as preventing unnecessary time off work for pet owners and ameliorating difficulties bringing pets to the clinic for seniors, disabled individuals, and those without transportation.^{xi} The ASPCA believes that telemedicine is a critical tool for the veterinary community to bridge these gaps in care.

As we are coming out of this time of national crisis where social distancing has been required to protect public health, personal protective equipment has been scarce, and animals have continued to be in need, ASPCA supports the reduction of unnecessary legal barriers to veterinary telemedicine, something that has already been embraced in human medicine and corresponding public policy increasingly over the past three decades.^{xii} While physical veterinary medical examinations are of course sometimes critical, responsible use of telemedicine can bring essential care to more animals. Because expanding access to veterinary telemedicine holds great promise for elevating pet wellness across the geographic and economic spectrum, the state should not adopt a regulation to restrict veterinarians from utilizing telemedicine to serve new patients and clients. Thank you for affording us the opportunity to comment on the pending regulation addressing veterinary telemedicine in Wisconsin.

Sincerely,



Senior Manager, State Legislation
Government Relations
American Society for the Prevention of Cruelty to Animals (ASPCA)

ⁱ “ASPCA Statement of Support for Veterinary Telemedicine During the COVID-19 Pandemic.” 8 April 2020.

<https://www.aspcapro.org/resource/aspcas-statement-support-veterinary-telemedicine-during-covid-19-pandemic>

ⁱⁱ See, for example: Veterinary Virtual Care Association. “Best Practices: Evaluation and Treatment of Patients.” June 2020. Accessed online September 10, 2021 at https://vvca.org/wp-content/uploads/2020/08/BP-Evaluation-and-Treatment_min.pdf

ⁱⁱⁱ American Association of State Veterinary Boards. “AAVSB Recommended Guidelines for the Appropriate Use of Telehealth Technologies in the Practice of Veterinary Medicine.” https://vvca.org/wp-content/uploads/2020/08/Guidelines-for-TelehealthAAVSB2020_4_10_min.pdf

^{iv} AMA's 2018 "50-state survey: Establishment of a patient-physician relationship via telemedicine," finds that "all states allow a physician to establish a relationship with a new patient over telemedicine." See <https://www.ama-assn.org/system/files/2018-10/ama-chart-telemedicine-patient-physician-relationship.pdf>. See also Curfman MD, MBA, FAAP, et al. "Telehealth: Improving Access to and Quality of Pediatric Health Care." *Pediatrics* Vol. 148. No 3 September 2021. American Academy of Pediatrics. <https://pediatrics.aappublications.org/content/pediatrics/early/2021/08/27/peds.2021-053129.full.pdf>

^v <https://datcp.wi.gov/Documents2/20210304TelehealthMinutes.pdf>

^{vi} See: *North Carolina State Board of Dental Examiners, Petitioner v. Federal Trade Commission*, 135 S. Ct. 1101, Feb. 25, 2015. *Teladoc, Inc. v. Texas Medical Board*, No. 1:15-CV-00343.

Hines v. Alldredge, 783 F.3d 197 (5th Cir. 2015)

Hines v. Quillivan, 982 F.3d 266 (5th Cir. 2020)

San Francisco Society for the Prevention of Cruelty to Animals; et al. v. Jessica Sieferman, 2:21-cv-00786-TLN-KJN (E.D. Cal. filed May 3, 2021).

^{vii} See <https://pphe.utk.edu/access-to-veterinary-care-coalition-avcc/>

^{viii} Access to Veterinary Care Coalition. "Access to Veterinary Care: Barriers, Current Practices, and Public Policy." December 17, 2018. <https://pphe.utk.edu/wp-content/uploads/2020/09/avcc-report.pdf>

^{ix} Volk, JO et al, "Executive summary of the Bayer veterinary case usage study." May 15 2011. Vol. 238, No. 10, p. 1275-1282.

^x Id.

^{xi} Some of these findings have been consistent with research related to human medicine. See COVID-19 Healthcare Coalition Telehealth Impact Study Work Group. "COVID-19 telehealth impact study." Available at <https://c19hcc.org/telehealth>

^{xii} Nesbitt, Thomas S., M.D., M.P.H. "The Role of Telehealth in an Evolving Health Care Environment: Workshop Summary." 2012 Nov 20. <https://www.ncbi.nlm.nih.gov/books/NBK207141/>.

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American Medical Association. "Telehealth: Ensuring access to quality care during and after the COVID-19 pandemic."

<https://www.ama-assn.org/system/files/2020-12/issue-brief-state-telehealth-policies.pdf>

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September 29, 2021

VIA EMAIL ONLY TO Angela.Fisher1@wisconsin.gov

Ms. Angela Fisher
Division of Animal Health
Department of Agriculture, Trade and Consumer Protection
P.O. Box 8911
Madison, WI 53708-8911

RE: Support for Proposed Repeal and Recreation of Wis. Admin. Code s. VE 1-11, Relating to Veterinarians and Veterinary Technicians – CR 21-062

Dear Ms. Fisher,

I write on behalf of the Wisconsin Veterinary Medical Association (WVMA) to express our **support** for the proposed repeal and recreation of Wis. Admin. Code s. VE 1-11 in CR 21-062. We support the entire rule revision but provide additional specific comments on several critical provisions below.

WVMA Supports Innovation in the Practice of Veterinary Medicine. The WVMA believes that the practice of veterinary medicine must evolve and adapt as innovative technologies emerge. We believe that the use of telehealth technologies within proper parameters can support innovation and advancements in animal health. Our members learned that increasing ways to serve patients was critical during the pandemic. We believe that proper use of telehealth technologies could improve veterinary healthcare access in both rural and urban areas in Wisconsin.

WVMA Supports the Establishment of Initial VCPR with In-Person Exam or Premises Visit. The statutory definition of “veterinarian-client-patient relationship” (VCPR) provides the basis for the provision of veterinary medical services. In Wisconsin, VCPR is defined under statute, Wis. Stat. s. 89.02(8), as the following:

“(8) “Veterinarian-client-patient relationship” means a relationship between a veterinarian, a client and the patient in which all of the following apply:

(a) The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the patient's need for medical treatment, and the client has agreed to accept those medical judgments and to follow the related instructions of the veterinarian.

(b) The veterinarian has sufficient knowledge of the patient to initiate a general or preliminary diagnosis of the medical condition of the patient *because the veterinarian has recently examined the patient or has made medically appropriate and timely visits to the premises on which the patient is kept.*

(c) The veterinarian is readily available for follow-up treatment of the patient if the patient has an adverse reaction to veterinary treatment.” (*Emphasis added.*)

The Wisconsin Veterinary Examining Board (VEB) is granted the authority to promulgate administrative rules within the limits established by the statutory authority granted to it by the legislature. The VEB is authorized to promulgate rules that allow the provision of veterinary medicine using telemedicine technologies, but the authority to promulgate those rules is limited by statutory parameters. In other words, the legislature has prescribed a definition of VCPR. The VEB may not change that definition but may allow the use of telehealth technologies *within* the scope of the definition that is provided in the statute.

In addition, we also support the establishment of the initial VCPR as proposed in the draft rule for animal health reasons. We understand that some want to draw equal parallels between human medicine that is provided using telehealth technologies and veterinary medicine provided using telehealth technologies. However, there is a critical difference between providing care to animals and providing care to humans: animal patients cannot directly communicate their pain or their symptoms to a veterinarian using language.

Veterinary professionals rely on physical exams and reports from animal owners in order to diagnosis and treat animal patients. A physical exam or visit to the premises provides the veterinarian with a more complete understanding of the animal, its medical history, its environment, and the client in order to provide the highest standard of care. As such, we believe that an initial physical exam of an animal or timely visit to the premises (*i.e.*, farm) is critical to the safe and effective provision of veterinary medicine using telehealth technologies.

Finally, the VCPR language used by the VEB in the proposed rule is also consistent with federal law. The Federal Food, Drug and Cosmetic Act requires that veterinarians practice within the federally defined VCPR for any Extra Label Drug Use or when authorizing a Veterinary Feed Directive. *See* 21 USC § 360b(a)(4)(A) and 21 USC § 360b(a)(5) and 21 CFR § 558.6(b)(1)(iii). The FDA does not allow a VCPR to be *established* through electronic means. The FDA does allow a VCPR to be *maintained* through electronic means. Wisconsin veterinarians are required under federal law to follow the federal VCPR requirements in each applicable circumstance.

Accordingly, we strongly support the provision in proposed VE 1.50(2), which provides, “In order to practice veterinary telemedicine in Wisconsin, a veterinarian must be licensed in Wisconsin and have an established VCPR with the client. A VCPR must be established via an in-person physical exam, or timely medically appropriate visits to the premises on which the patient is kept. The VCPR may not be established by telehealth technologies.”

WVMA Supports the Limitation on Delegation of Veterinary Services to Certified Veterinary Technicians Using Telehealth Technologies. The proposed rule provides specific authorization for certain veterinary services that may be delegated by a licensed veterinarian to a certified veterinary technician using telehealth technologies. *See* proposed VE 1.44(5). Similarly, the proposed rule prohibits the use of telehealth technologies as a way to delegate specific

veterinary medical services. *See* proposed 1.44(6). The WVMA supports both of these proposed provisions.

We believe that the procedures identified by the VEB as permissible to be delegated using telehealth technologies can be safely supervised by a veterinarian using telehealth. However, the WVMA would oppose any expansion of this list.

Of particular concern would be the ability to delegate assisted reproductive technology procedures using telehealth technologies. Under current law a veterinarian may delegate amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock to a certified veterinary technician *only if* the veterinarian is personally present on the premises where these services are provided. *See* Wis. Admin. Code § VE 1.44(6). We support current law and the proposed restriction on the use of telehealth for these and the other restricted veterinary procedures because we believe that restriction is most protective of animal health. While these procedures can be ultrasound-guided, there is limited scope to be able to visualize what is happening on the inside of the animal. Diagnosis requires the support of manual palpation and “feel.” As such, the only reliable supervision of these procedures is with a veterinarian present to verify the diagnosis. The risk of complications from these procedures is significant. Therefore, we do not believe that the convenience of using telehealth outweighs that risk to the animal.

We understand that there may be business or financial reasons that could make the delegation of these procedures using telehealth appealing to practitioners, clients or businesses. But this argument is inappropriate in this context. The role of the VEB is to define the safe provision of veterinary care in Wisconsin for animals and to protect animal health, not to make the practice of veterinary medicine fast, easy or economical. *See North Carolina State Board of Dental Examiners, Petitioner v. Federal Trade Commission*, 574 U.S. 494 (2015).

We further understand that some may believe the use of telehealth technologies in veterinary medicine should be as broad and expansive as possible. We agree. The use of telehealth in the practice of veterinary medicine should be as broad and as expansive as is allowed under Wisconsin law and as is protective of animal health. We believe that the proposed rule meets both of those criteria as drafted.

WVMA Supports Provision Allowing Veterinarians Filling Prescriptions for Other Veterinarians. The draft rule clarifies that a veterinarian may legally fill and dispense prescriptions for other veterinarians as long as certain requirements are met. A veterinarian may, under this rule, dispense (fill) a prescription for any person as long as that person requests filling of that prescription, either by bringing the prescription directly to the dispensing veterinarian or by agreeing that their prescribing veterinarian may transmit the prescription to the dispensing veterinarian. *See* Proposed VE 1.58(12) and Wis. Stat. s. 89.068(1). In addition, the prescription itself must include all the information required by statute. The WVMA supports this clarification.



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Thank you for allowing us to provide comments on this important rule revision. If you have any questions regarding these comments, please contact me directly at (608) 252-9358 or jkl@dewittllp.com.

Sincerely,

Jordan Lamb
Legislative Counsel, WVMA

cc. Jo-ell Carson, Executive Director, WVMA (*via email only*)
WVMA Board of Directors (*via email only*)



September 28, 2021

Angela Fisher, Program and Policy Analyst
Division of Animal Health
Department of Agriculture, Trade and Consumer Protection
P.O. Box 8911
Madison, WI 53708-8911
Via Angela.Fisher1@wisconsin.gov

Re: Support for Proposed Repeal and Recreation of Wis. Admin. Code s. VE 1-11, Relating to Veterinarians and Veterinary Technicians

Dear Ms. Fisher:

On behalf of our nation's veterinarians, who are dedicated to promoting and protecting animal health and welfare and public health, we're joining the Wisconsin Veterinary Medical Association in support of the proposed revisions to rules regarding use of telehealth technologies.

The AVMA believes having a veterinarian-client-patient relationship (VCPR) in place is critical whenever practicing veterinary medicine, irrespective of whether the veterinarian is practicing in person or remotely via tools of telehealth, including telemedicine. We support language in proposed VE 1.50 that requires a VCPR to be initially established by either an in-person physical examination or timely and medically appropriate visits to the premises on which the patient(s) is(are) kept. This language is also consistent with the federally defined VCPR. The Federal Food, Drug and Cosmetic Act requires that veterinarians conduct their practice within the federally defined VCPR for any Extralabel Drug Use (ELDU), or when authorizing a Veterinary Feed Directive (VFD, 21 USC § 360b(a)(4)(A) and 21 USC § 360b(a)(5), [requiring a federal VCPR for ELDU]; 21 CFR §558.6(b)(1)(ii), [requiring a federal VCPR as minimum for VFD authorization]). *See attachment below.*

With respect to veterinary telemedicine, the AVMA believes telemedicine encounters should only be conducted within an existing VCPR, and that establishing that VCPR should require an in-person examination of individual patients, or regular premise visits for groups of animals, with the exception of advice given in an emergency until the patient can be seen by a veterinarian. Language stating that a VCPR may not be established by telehealth technologies in proposed VE 1.50 is consistent with both AVMA and FDA policies.

Regarding proposed VE 1.44 (5), we support the language clearly describing which medical services may be delegated to certified veterinary technicians and under what conditions this may be done.

An in-person visit by the veterinarian serves to protect patients and clients by assuring that animals have been appropriately evaluated (e.g., physical examination/timely and medically appropriate visit, results of any necessary diagnostic tests) and that a treatment plan has been formulated that reflects the results of the information gained during that evaluation. Eliminating the requirement for an in-person evaluation can present substantial risks for patients, clients, and practices. These include insufficient information leading to suboptimal diagnosis and treatment, misinterpretation of animals' clinical signs

by owners/caretakers, overprescribing, animal disease risks associated with transport of livestock for which an in-person evaluation was not conducted prior to issuing a Certificate of Veterinary Inspection (CVI), public health risks associated with delayed or missed diagnosis of zoonotic disease, and claims of malpractice.

The AVMA is committed to ensuring access to the convenience and benefits afforded by tools of telehealth, while recognizing that the medical care we deliver to our patients must continue to be of high quality. The technological tools used to support electronic veterinary visits and to assess patients remotely are still in their early stages of development and, as yet, do not provide the same amount and/or quality of information available to the veterinarian who has direct familiarity with their patients and those patients' owners by virtue of an in-person encounter. In response to those who suggest that requiring an in-person VCPR stifles innovation, a consistent lesson from research on innovation is that the most useful, practical, and impactful products are produced when innovation is focused on meeting a required outcome; in this case, tools and approaches that result in the same or better quality of information obtained during an in-person veterinary evaluation. Better understanding and respect for the type, quality, and value of information obtained via an in-person veterinary visit will support innovation and the delivery of high quality and useful tools that support not only the conduct of telehealth, but the good patient outcomes resulting from their application.

AVMA is likewise committed to improving access to veterinary care. Some have suggested that allowing the VCPR to be established electronically is a simple and immediate solution to this challenge. Unfortunately, addressing care disparities isn't that straightforward. Barriers to receipt of veterinary care include those that are socioeconomic, geographic, knowledge and demographic/culture based. They are not mutually exclusive, and all contribute to the complexity of getting veterinary care to the animals that need it.

We've learned, through research¹ conducted by the AVMA's Economics Division, that lack of physical proximity to a veterinarian and the requirement for an in-person visit do *not* appear to be the primary barriers to accessing veterinary care. Instead, a primary barrier is lack of recognition of the *value* of regular veterinary care. For example, thirty-five percent of pet owners indicated they did not visit the veterinarian because their pet wasn't sick or injured (i.e., they do not recognize the value of preventive care) and 23% said that cost was a barrier. Less than 1% of respondents indicated there was not a veterinarian in the area who they could physically visit.

Telemedicine, itself, is not free of access barriers, although it appears needing an in-person visit to establish the medical relationship so that telemedicine can then be used to maintain it is not the primary one. Right now, only about 13% of human patients appear to be using telemedicine to access health care² and less than 10% of veterinary clients are using it (8% via telephone only). While data are lacking on the veterinary side, questions posed to more than 1500 providers of human health care revealed technological barriers (e.g., lack of access to technology, insufficiency of broadband internet, digital literacy) and a preference for in-person visits as the reasons most of their patients were not accessing care through telemedicine.³ Licensing and requirements around establishing a physician-patient relationship were not identified as key barriers by either physicians or patients. Use of telemedicine for both human and veterinary patients reflects a population that is mostly female, white, living in an urban or suburban area, and financially well positioned.^{3,4,5,6}

Use of telemedicine is also not a clear solution to the problem of cost. While telemedicine visits *may* individually be less expensive than in-person visits (how veterinarians charge for these visits is quite

variable), results are mixed as to whether telehealth reduces downstream utilization of health care (i.e., use of telemedicine commonly results in additional visits, referrals, and procedures). Once again, data are currently lacking on the veterinary side, but one of the few available studies on the human side found that telemedicine resulted in no reduction in overall spending for patients.⁷

As a strong supporter of a variety of applications of telehealth, including but not limited to telemedicine, the AVMA has made resources available to veterinarians to support those opportunities (avma.org/Telehealth) and has emphasized the value of telehealth in supporting continuity of care and client compliance with recommendations. We have developed and provided definitions around telehealth's components to support clarity in conversation and regulation; actively encouraged its use in helping to triage patients; urged its integration into case management, including opportunities for improved patient monitoring and client education; and provided extensive resources to support its thoughtful adoption. Among the resources available at www.avma.org/Telehealth are the comprehensive *AVMA Guidelines for the Use of Telehealth in Veterinary Practice* and the *AAHA/AVMA Telehealth Guidelines for Small-Animal Practice*. While supporting the use of telemedicine we also have been careful to ensure that veterinarians understand their professional obligations to their patients and clients, as well as their legal obligations under state and federal law.

Thank you for your consideration. We look forward to continuing to work together to promote animal health, animal welfare, and public health in Wisconsin.

About the AVMA

The AVMA is the nation's leading representative of the veterinary profession, speaking for more than 98,000 member veterinarians across the United States who care passionately about protecting animal health, animal welfare and human health. Informed by its members' unique scientific training and knowledge, the AVMA advocates for policies that advance the practice of veterinary medicine and support the crucial work of veterinarians nationwide.

Sincerely,



Janet D. Donlin, DVM, CAE
Executive Vice President and CEO

¹ 2017-2018 AVMA pet ownership and demographics sourcebook. Available at <https://ebusiness.avma.org/ProductCatalog/product.aspx?ID=1529>. Accessed September 26, 2021.

² Trilliant Health. Report: 2021 trends shaping the post-pandemic health economy. Available at <https://pages.trillianthealth.com/2021-trends-shaping-the-post-pandemic-health-economy>. Accessed September 26, 2021.

³ COVID-19 Healthcare Coalition Telehealth Impact Study Work Group. COVID-19 telehealth impact study. Available at <https://c19hcc.org/telehealth/>. Accessed September 26, 2021.

⁴ Eberly LA, Kallan MJ, Julien HM, et al. Patient characteristics associated with telemedicine access for primary and specialty ambulatory care during the COVID-19 pandemic. *JAMA Network Open* 2020;3(12):e2031640.

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- ⁵ Roca RY, McCarthy RJ. Impact of telemedicine on the traditional veterinarian-client-patient relationship. *Topics in Comp Ani Med* 2019;37, 100359. Available at <https://www.sciencedirect.com/science/article/abs/pii/S1938973619300960?via%3Dihub>. Accessed September 26, 2021/
- ⁶ Patel SY, Mehrotra A, Huskamp HA, et al. Variation in telemedicine use and outpatient care during the COVID-19 pandemic in the United States. *Health Affairs* 2021;40(2):349.
- ⁷ Ashwood JS, Mehrotra A, Cowling D, et al. Direct-to-consumer telehealth may increase access to care but does not decrease spending. *Health Affairs (Project Hope)* 2017;36:485.

Veterinarian-Client-Patient Relationship and Veterinary Telemedicine

KEY POINTS

- An in-person examination or timely visits to the premise where the animal or animals are kept are critical to ensuring a veterinarian has sufficient knowledge to initiate a general or preliminary diagnosis.
- Without the initial in-person exam, there is an increased likelihood for misdiagnosis and ineffective treatment, including incorrect prescribing of medications.

Cornerstone of care: What is a VCPR?

The [Veterinarian-Client-Patient Relationship](#) (VCPR) is fundamental to veterinary practice. A VCPR exists when a veterinarian knows the patient and client sufficiently well to be able to diagnose and treat the animal's medical condition(s). It involves agreement between the veterinarian and the client that the veterinarian will provide the patient with medical care; making medical judgments; advising the client about the benefits and risks of different treatment options; overseeing treatment, compliance, and outcome; keeping a written record of the care provided; and helping the client know how to get emergency care if the need should arise.

Why is the VCPR so important?

- 1) It's mandated by law in the vast majority of states. For a veterinarian to diagnose and treat an animal, or prescribe or dispense medications, a VCPR must be in effect that meets requirements under the state's Veterinary Practice Act.
- 2) A federal VCPR, which requires an in-person physical examination and cannot be established through telemedicine, must be in place to:
 - Use any FDA-approved human drugs;

- Use FDA-approved animal drugs in any manner that differs from their approved labeling;
 - Use compounded drugs;
 - Authorize a Veterinary Feed Directive (VFD); and
 - Use certain USDA-approved biologics. FDA requires an in-person examination for these common activities because this degree of oversight is critical to ensure that medications, including antimicrobials, are used judiciously and to protect the quality and safety of the nation's food supply.
- 3) It's key to the ethical practice of veterinary medicine. The AVMA's [Principles of Veterinary Medical Ethics](#) requires a VCPR be established in-person for a veterinarian to treat an animal, including prescribing medication. A veterinarian must be familiar with the animal, its medical history, and the client to provide the best possible care.

Poorly established VCPR increases likelihood of mistakes

It is very challenging to diagnose and treat without a physical exam and diagnostic testing. For instance, dermatologic conditions such as bacterial infections, fungal infections (including ringworm, which is contagious to humans), scabies (also contagious to humans), and allergic conditions can all look extremely similar on a photograph.

Behavioral issues are also difficult to treat solely via telemedicine. The first sign that an animal is experiencing a physical medical issue may be a change in behavior. Possible causes include neurologic/brain conditions, exposure to toxins, circulatory issues, endocrine diseases, and—very commonly—pain. If a physical cause

exists and is not identified and treated, the behavioral issue is unlikely to be resolved and the animal suffers due to the unresolved physical issue(s). Identification of the physical issue(s) requires a physical examination, as well as appropriate diagnostics.

Misdiagnosing diseases leads to inappropriate and delayed treatment, animal suffering, and client dissatisfaction. Additionally, achieving clear communication can be more challenging during telemedicine encounters than during an in-person visit. The result is not only poor patient outcomes, but also increased liability for veterinarians. Insufficient information leading to less than optimal recommendations, lack of clear communication, and a loss of trust underlie many, if not most, malpractice claims.

Telehealth is a tool in the toolbox

While veterinary telemedicine holds great promise for improving continuity of care and strengthening the relationship between veterinarians and their clients, the evaluation of telemedicine as a tool and its use in veterinary medicine is in its early stages. There currently is substantive variability in technological access, capability, and support—particularly in many of the underserved areas we are attempting to reach—and almost no research has been conducted in veterinary medicine on comparative health outcomes.

Veterinary telemedicine appears to be most effective and safest—for patients, clients, and veterinarians/veterinary practices—when used to maintain a VCPR that has already been established via an in-person consultation.

Access to care issues

Access to veterinary care is impacted by socioeconomic, geographic, knowledge, and demographic/culture barriers. Access to care issues can be adequately and appropriately addressed through emergency provisions in

veterinary practice acts/regulations/board policy, through appropriate supervision of veterinary paraprofessionals, and by placing thoughtful parameters around the use of specialist consultants. It is not necessary to allow the establishment of an electronic VCPR.

Human healthcare is not an appropriate model

It is inappropriate to apply definitions of telehealth and telehealth frameworks designed for human medical care to veterinary care. Veterinarians treat a multitude of species, including food animals, with an even greater number of diseases and conditions. Failure to identify, properly diagnose, and contain a high-consequence disease (e.g., African swine fever, foot-and-mouth disease) can lead to significant adverse economic and (in the case of zoonotic disease) public health impacts.

Where does the AVMA stand?

We believe that establishing a VCPR should require an in-person examination of individual patients, or regular premise visits for groups of animals, with the exception of advice given in an emergency until the patient can be seen by a veterinarian.

We believe that having a VCPR in place is a critical aspect of practicing veterinary medicine and that veterinary telemedicine encounters should only be conducted within an existing VCPR.

We strongly support the use of telehealth, including telemedicine within an established VCPR. We also agree that certain aspects of telehealth, such as general, non-patient specific advice; educational information; and triage, may be delivered without an already established VCPR.

Federal requirements for the veterinarian-client-patient relationship

THE BASICS

The federal government regulates veterinary medicine and animal drugs very differently than it does human health care and drugs intended for human use. This is, in part, because veterinarians are key to maintaining a healthy, safe, and wholesome food supply and because they also play an important role in overseeing the judicious use of antimicrobials in animals. One important difference between human and veterinary medicine is that the U.S. Food and Drug Administration (FDA) has authority under the federal Food, Drug and Cosmetic Act (FDCA) over the **use** of animal drugs and human drugs by veterinarians, and the authority to define how a veterinarian-client-patient relationship (VCPR) is established for certain uses of animal and human drugs.¹ For these uses, FDA has authority to require the keeping of veterinary medical records and to access them at any reasonable time to verify and copy them.² Use of animal and human drugs by veterinarians that violates the federal VCPR parameters set forth in the FDCA and its implementing regulations results in the drug being statutorily deemed unsafe for the use and, if in animal feed, the feed is statutorily deemed adulterated.³

The USDA, which regulates veterinary biological products, also has promulgated rules defining a VCPR using the same language as the FDA.⁴

APPLICATION OF THE FEDERAL VCPR

The federal VCPR applies to any use of an FDA-approved human drug in animals, including over-the-counter (OTC) human drugs.⁵ It applies to any use of an FDA-approved animal drug in any manner that differs from its approved labeling (Extra Label Drug Use⁶), such as a different frequency of administration, different dose, different medical indication for its use, different route of administration, or use in a different species.⁷ It also applies to the use of compounded drugs by veterinarians⁸ and a veterinarian's authorization of a veterinary feed directive (VFD).⁹ All of these are very common occurrences in the day-to-day practice of veterinary medicine.

Establishing the federal VCPR requires a physical examination of the animal or timely and medically appropriate visits to the premises where animals are kept. The FDA does **not** allow the VCPR to be **established** through electronic means.¹⁰ FDA does allow the VCPR to be **maintained** electronically through telemedicine.¹¹ Veterinarians must comply with the federal VCPR in each of the circumstances in which it applies, irrespective of whether state law defines it differently.

The federal VCPR also applies in two important, but more limited, circumstances under USDA authorities. Veterinarians who manufacture biological products for use in their patients must do so within the context of the federal VCPR.¹² Veterinarians also must have established a federal VCPR when using prescription platform product biologics, which are a new category of biotechnology vaccines.¹³

Continued on next page

CONFLICTING STATE AND FEDERAL VCPR DEFINITIONS AND TELEMEDICINE

- Conflicting state and federal VCPR definitions (e.g., states allowing the VCPR to be established electronically) would cause significant confusion. The FDA and USDA have used the same regulatory definition to avoid such confusion.
- Veterinarians must comply with the federal VCPR requirements where they apply, regardless whether state laws are more lax. Activities where the federal VCPR applies are extremely common in day-to-day veterinary practice.
- State law and regulations relating to the establishment of a VCPR that conflict with federal law would also cause telemedicine encounters to be frustrating for many veterinary clients. A veterinarian who has not already established a VCPR that complies with federal requirements (i.e., by conducting an in-person examination/visit) could not even recommend the use of an FDA-approved human OTC product for an animal without violating federal law.
- There are many valuable uses of telemedicine within the parameters of a federal VCPR.

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1. 21 USC 360b; 21 CFR Part 530
 2. 21 CFR 530.5
 3. 21 USC 360b(a)(1), (2), (4) & (5); 21 USC 342(a)
 4. 9 CFR 107.1(a)(1)
 5. 21 USC 360b(a)(5); 21 CFR 530.2; 21 CFR 530.3(a)
 6. <https://www.fda.gov/animal-veterinary/resources-you/ins-and-outs-extra-label-drug-use-animals-resource-veterinarians>
 7. 21 USC 360b(a)(4); 21 CFR 530.2; 21 CFR 530.3(a)
 8. <https://www.fda.gov/animal-veterinary/resources-you/ins-and-outs-extra-label-drug-use-animals-resource-veterinarians#compounding>; FDA Draft Guidance for Industry #256
 9. 21 CFR 558.6(b)
 10. FDA letter to the American Veterinary Medical Association, April 6, 2017 – “Therefore, for the purposes of the federal definition, a VCPR cannot be established solely through telemedicine (e.g., photos, videos, or other electronic means that do not involve examination of the animal(s) or timely visits to the premises).”; During the pandemic FDA announced they will **temporarily** suspend enforcement of the federal VCPR physical exam and premises visit requirements. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/cvm-gfi-269-enforcement-policy-regarding-federal-vcpr-requirements-facilitate-veterinary>. In this announcement FDA reiterated that under normal circumstances - “Given that the Federal VCPR definition requires animal examination and/or medically appropriate and timely visits to the premises where the animal(s) are kept, the Federal VCPR definition cannot be met solely through telemedicine.”
 11. *Id.* “The regulations do not specifically address the use of telemedicine to maintain an established VCPR. However, based upon the language of the VCPR definition provided above, nothing would prohibit the use of telemedicine (e.g., use of photos, videos, or other electronic means that may be considered virtual) to allow the veterinarian to keep informed and able to make medical judgments regarding the health of the animal(s) and the need for medical treatment between periodic examinations of the animal(s) and/or timely visits to the premises where the animal(s) are being kept.”
 12. 9 CFR 107.1(a)
 13. USDA Veterinary Services Memorandum 800.214



**THE HUMANE SOCIETY
OF THE UNITED STATES**



**HUMANE SOCIETY
VETERINARY MEDICAL ASSOCIATION**

September 29, 2021

Dr. Hunter Lang and Members of the Wisconsin Veterinary Examining Board
Wisconsin Department of Agriculture, Trade and Consumer Protection
Veterinary Examining Board
P.O. Box 8911
Madison, WI 53708-8911

RE: Joint HSUS/HSVMA comments on proposed changes to amend Wisconsin Administrative Code Chapters VE 1-11

Dear Dr. Lang and Members of the Veterinary Examining Board:

On behalf of our Wisconsin supporters, the Humane Society of the United States (HSUS) and the Humane Society Veterinary Medical Association (HSVMA) write to express our opposition to the proposed rulemaking related to veterinarian-client-patient relationships (“VCPRs”). HSUS and HSVMA work tirelessly to protect companion animals, and their guardians, from laws and practices that impede equitable access to animal health care services and resources. We collectively represent tens of thousands of supporters in Wisconsin, and we work closely with the veterinary community to promote sound and effective animal welfare legislation and policy.

As written, the proposed change that seeks to amend the criteria by which a VCPR may be established to specifically exclude telehealth technologies is likely to create additional barriers for Wisconsin pet owners—particularly those in underserved and rural communities—to accessing animal health care resources which, in turn, will exacerbate the inability of some owners to access veterinary care. Instead of tightening restrictions in this way, we recommend the Board expressly authorize licensed Wisconsin veterinarians to use telemedicine more broadly and expand the definition of sufficient knowledge to include examinations performed with the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; or through medically appropriate and timely visits to the premises at which the animal or group of animals are kept.¹ A broader definition of sufficient knowledge, such as that recommended by the American Association of Veterinary State Boards (AAVSB), allowing veterinary practices to establish or maintain a VCPR through telemedicine services would be more inclusive of communities that have traditionally been underserved and would further reduce barriers to veterinary care.

Veterinarians who offer telemedicine can not only provide quality, and potentially lifesaving care, but can also improve efficiency within their practices and offer more flexible scheduling options to clients. Veterinary telemedicine can provide numerous benefits to pet owners—especially those without access

¹ “American Association of State Veterinary Board’s Recommended Guidelines for the Appropriate Use of Telehealth Technologies in Veterinary Medical Practice,” American Association of State Veterinary Board, (2018), <https://www.aavsb.org/Download?url=s/zvw7kz187dic8zu/Guidelines%20for%20Telehealth.pdf>.

to transportation or who are unable to easily leave their homes with their companion animals. It is an effective method for providing animal wellness services equitably and it has been implemented without incident in the largest province in Canada, home to 15 million people. To ensure success, the Ontario Veterinary Medical Association regularly administers surveys in the field and since Ontario legalized the creation of a VCPR via telemedicine in 2018, the College of Veterinarians, Ontario has received no complaints regarding a veterinarian using telemedicine.²

Veterinarians have undergone rigorous education and training, and we should trust their judgement in their practice of veterinary medicine. While we acknowledge that a legitimate need exists for routine veterinary consultation and treatment of non-emergent issues for pets, allowing virtual care means that more pet owners, no matter their circumstances, will be able to access vital services and help assure the health and wellbeing of their companion animals. In March 2020, at the start of the pandemic, the Wisconsin Veterinary Examining Board (VEB) issued a statement reiterating that “there is no statutory or administrative rule that sets a time frame on frequency of physical exams, or visits to the premises, to maintain a valid VCPR” and further emphasized the importance of using sound judgement based on experience and expertise as to whether a physical examination is necessary based on the medical concern. There may be times in the future where it’s critical that veterinarians be able to establish a VCPR by telehealth technologies. The VEB’s March 25th VCPR guidance reminds us that we live in unpredictable times and that it is important to remain adaptable and not codify rules that may hamper the ability of veterinarians to use their professional judgement in exigent circumstances.

Examples of situations in which telemedicine can provide critical access to care include for animals who become stressed and/or fractious during transport and examination, managing chronic conditions such as diabetes, weight loss and rehabilitation programs, post-operative surgery rechecks, and when pet caregivers have limited mobility or other transportation challenges. Telemedicine is also well-suited when offering nutritional counseling, behavior consultation and for the supervision of in-home hospice care. Additionally, telemedicine may be used for quickly triaging emergency vs. non-emergency cases, promptly addressing “quick questions” from clients, discussing the appropriateness of prescription refills, and troubleshooting low-risk conditions such as external parasites and minor wounds.

Given these many benefits, we support allowing veterinarians to use their professional judgement to determine whether a patient can be diagnosed and/or treated through telemedicine. However, we also recommend requiring safeguards in the criteria for establishing a VCPR through electronic means, including:

1. Require the veterinarian to establish a relationship with the client/patient via real-time video (visual) exchange.
2. Require the veterinarian to give clients the option to alternatively have an in-person visit.
3. Require the veterinarian to obtain written consent from clients to use telemedicine.
4. Require the clinic to be available for in-person follow up if needed.
5. Establish controls/restrictions on writing prescriptions for controlled substances.

² Cushing, Mark, “The Ontario Experience: Current State of Telemedicine in Ontario,” *Mark Five*, November 18, 2020, <https://vvca.org/the-ontario-experience-current-state-of-telemedicine-in-ontario/>.

6. Maintain or establish physical examination / in-person veterinary visitation requirements for commercial enterprises, including any entity defined as a “commercial establishment” under Wisconsin Code § 173.41.

These provisions will help ensure that all parties are protected, and that their best interests are considered. Most importantly, it will be left to the veterinarians’ discretion as to whether or not they choose to use telemedicine as a tool to reach more people and pets. **We are not advocating for any mandate by the legislature or the Board to require veterinarians to offer telemedicine services.**

Pet companionship should not be reserved solely for those above a certain income threshold. Pets offer joy and comfort to their caregivers, and it has been well-documented that companion animals also provide numerous physical and mental health benefits.³ However, without adequate access to veterinary services and pet resources, both families and pets suffer, and in many instances, this results in relinquishment which negatively affects all parties involved.

As it stands, tens of millions of pets are living in poverty nationwide with approximately 77% having never seen a veterinarian.⁴ New data estimates that as a result of the COVID-19 pandemic, another 4.2 million pets in the U.S. are likely to enter poverty this winter bringing the total to more than 24.4 million companion animals—a 21% increase in the number of animals living in poverty compared to pre-COVID estimations.⁵ At least 10% of Wisconsinites, over 590,000 people, live below the poverty line with thousands more hovering just above it and still face severe financial challenges. With the average cost of a preventative veterinary care visit estimated at approximately \$250 and emergency visits often running upwards of \$500,⁶ it is unsurprising that families struggling financially often have difficulty accessing pet medical services, especially if their pet becomes unexpectedly sick or injured. By expanding telemedicine, more families will have access to important veterinary services, particularly families living in communities where there are no neighborhood veterinary hospitals, or those that face other challenges in accessing services.

We thank the committee for your attention to this important issue and urge the committee to consider amending the rules to permit VCPRs to be established and maintained electronically, to extend the validity of a VCPR beyond the standard twelve-month limit, and to expand the parameters of what veterinarians are permitted to do after a VCPR has been established. There are a variety of reasons as to why telemedicine could provide critical care to people and their pets, and the outcomes have proven to be lifesaving without causing undue harm to animal patients. These changes will bring greater access to care to Wisconsin pet owners and allow veterinarians to better serve their communities. For these reasons, we respectfully submit these comments.

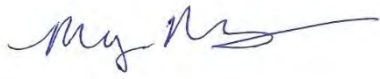
³ “The Power of Pets: Health Benefits of Human-Animal Interactions,” NIH News in Health, February 2018, <https://newsinhealth.nih.gov/2018/02/power-pets>.

⁴ “Pets by the numbers,” Humane Society of the United States, accessed December 15, 2020, <https://www.humanesociety.org/resources/pets-numbers>.

⁵ “ASPCA Estimates Number of Pets Living in Poverty with Their Owners Could Exceed 24.4 Million Due to COVID-19 Crisis,” ASPCA press release, published August 18, 2020, <https://www.asPCA.org/about-us/press-releases/aspca-estimates-number-pets-living-poverty-their-owners-could-exceed-244#:~:text=NEW%20YORK%20%E2%80%93%20The%20ASPCA%C2%AE,of%20the%20COVID%2D19%20crisis>.

⁶ “The True Cost of Getting a Dog,” Rover, last accessed December 15, 2020, <https://www.rover.com/blog/true-cost-of-getting-a-dog/>.

Sincerely,

A handwritten signature in blue ink, appearing to read "Megan Nicholson".

Megan Nicholson
Wisconsin State Director
Humane Society of the United States

A handwritten signature in blue ink, appearing to read "Susan B. Krebsbach, DVM".

Susan B. Krebsbach, DVM
Wisconsin State Representative, Humane Society Veterinary Medical Association and
Member, WVEB Telehealth Advisory Committee



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September 23, 2021

VIA email to Angela.Fisher1@wisconsin.gov Division of Animal Health Department of Agriculture, Trade and Consumer Protection (DATCP) P.O. Box 8911, Madison, WI 53708-8911
RE: Comments on CR 21-062, relating to veterinarians and veterinary technicians

Dear Ms. Fisher:

My name is Mike Larson. I am a dairy farmer and owner of Larson Acres, Inc., from Evansville, Wisconsin. I am writing to you to express my support for the Veterinary Examining Board's (VEB's) proposed changes to VE 1-11 relating to the use of telehealth in the practice of veterinary medicine. For more than 100 years, and spanning five generations, Larson Acres has been committed to producing high-quality milk and providing leadership and advocacy in the areas of animal welfare, environmental sustainability, and community relations. Proper on-farm care for our animals is the first step to achieving those goals.

I support that an initial VCPR cannot be established via telehealth and that delegation via telehealth should be limited. More specifically, I support current law which states that specific assisted reproductive procedures may not be delegated unless the veterinarian is physically present on the premises. If something were to go wrong during one of these procedures, there is value in having a highly skilled and educated veterinarian there to care for the animal.

Additionally, relaxing these rules could hurt the perception of the Wisconsin dairy industry by giving the impression that our quality isn't up to standards. While delegating ART procedures could save some money up front, the long-term implications outweigh any potential short-term gain. We need to continue to set the bar high when it comes to caring for our animals and educating the public.

Thank you for considering this request.

Mike Larson

September 29, 2021

VIA email to Angela.Fisher1@wisconsin.gov

Division of Animal Health

Department of Agriculture, Trade and Consumer Protection (DATCP)

P.O. Box 8911, Madison, WI 53708-8911

RE: Comments on CR 21-062, *relating to veterinarians and veterinary technicians*

Dear Ms. Fisher:

My name is Aaron Prosocki and I am from Mukwonago, Wisconsin. I am a veterinarian that primarily practices advanced reproductive technologies (ART) and medicine. I am writing to you to express my support for the Veterinary Examining Board's (VEB's) proposed changes to VE 1-11 relating to the use of telehealth in the practice of veterinary medicine and the dispensing of prescriptions by veterinarians.

Myself and a fellow Veterinarian are co-owners of Sunshine Genetics Inc in Whitewater, WI. Our business is well-known around the world for providing a multitude of services; including the exporting of embryos both domestically and internationally, in-vivo embryo collections and freezing, ovum pick-up, and the transferring of embryos. We have a clientele primarily from Wisconsin, a few from neighboring states as well as abroad (mostly in Europe) who rely on us for our professional care of their animals and the ART procedures we perform on them.

I am in support that an initial VCPR cannot be established via telehealth. Veterinarians are able to assess their patients through not only visual exams, but also palpations. The in-person contact and connection that is established at the time of an examination is critical for the long-term care of the patient as well as the relationship between the client and Veterinarian.

I do support limited telehealth procedures to be able to be delegated to a CVT as proposed in the telehealth draft legislation. With limitations on the availability of veterinarians, especially in rural parts of our state, our

profession is best served by delegating these technical procedures to technicians that are trained and licensed to perform them.

I feel very strongly that we should not have allowed these procedures to be delegated to a CVT at all, but since this has already been passed, we must focus on preserving the role of a Veterinarian throughout this process due to the importance for the overall health of our animal patients. Allowing these procedures to be performed by telehealth is simply another giant step in the wrong direction for our industry and the profession. Of particular concern is that ART procedures are very tactile in nature. Yes, there is an ultrasound image that is visual, but that is only part of the equation. It is not uncommon to find reproductive abnormalities and pathology that require a diagnosis by palpation. Diagnosis of anatomic pathologies - ovarian adhesions, ovarian or uterine abscess or lymphosarcoma - via telehealth is simply unable to be accomplished without the professional experience of palpation from a trained Veterinarian and the subsequent medical plan to resolve/treat such pathologies.

I do support a veterinarian being able to fill a prescription for another veterinarian under the criteria listed.

Thank you for considering this request.

Aaron Prosocki DVM
Co-owner, Sunshine Genetics Inc
W7782 US Hwy 12
Whitewater, WI 53190
(262)473-8905 office
(715)571-5148 cell

From: jlprososki@gmail.com
To: [Fisher, Angela H - DATCP](#)
Subject: CR 21-062
Date: Wednesday, September 29, 2021 8:56:55 PM

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September 29, 2021

VIA email to Angela.Fisher1@wisconsin.gov

Division of Animal Health

Department of Agriculture, Trade and Consumer Protection (DATCP) P.O. Box 8911, Madison, WI 53708-8911

RE: Comments on CR 21-062, relating to veterinarians and veterinary technicians

Dear Ms. Fisher:

My name is John Prososki and I am from Wausau, Wisconsin. I am a Veterinarian that has practiced Veterinary medicine in Wisconsin since 1986. I am writing to you to express my support for the Veterinary Examining Board's (VEB's) proposed changes to VE 1-11 relating to the use of telehealth in the practice of veterinary medicine and the dispensing of prescriptions by veterinarians.

I am the owner of Wittenberg Embryo Transfer in Wausau, Wisconsin. Since the early 2000's, my business has focused solely on the practice of advance reproductive technologies (ART) in the state of Wisconsin, serving a multitude of clients ranging from small registered family farms to large commercial dairies to bull studs/AI companies.

I am in support that an initial VCPR cannot be established via telehealth. Veterinarians are able to assess their patients through not only visual exams, but also palpations. The in-person contact and connection that is established at the time of an examination is critical for the long-term care of the patient as well as the relationship between the client and Veterinarian.

I do support limited telehealth procedures to be able to be delegated to a CVT as proposed in the telehealth draft legislation. With limitations on the availability of veterinarians, especially in rural parts of our state, our profession is best served by delegating these technical procedures to technicians that are trained and licensed to perform them.

I personally perform the ART procedure of in vivo embryo recovery (flushing) as well as transferring of embryos on farm. I feel very strongly that it was a mistake to have allowed these procedures to be delegated to a CVT at all. However, allowing these procedures to be performed by telehealth is an additional major step in the wrong direction for the Veterinary profession/industry. Of particular concern is that ART procedures are very tactile in nature. An ultrasound image is only a small component of the equation and often times is merely a narrow picture of a multi-factorial procedure involving not only the analysis of what is seen, but the palpation of all the unseen structures surrounding said image. It is not uncommon to find reproductive abnormalities and pathology that require a diagnosis by palpation. Cattle are large animals and the pathology that is common is large in size as well. The ultrasound machine can image small detail, but it is impossible to diagnose ovarian adhesions, ovarian or uterine abscess or lymphosarcoma without palpation to name just a few. One cannot palpate via telehealth and palpation is critical for our procedures.

I do support a veterinarian being able to fill a prescription for another veterinarian under the criteria listed.

Thank you for considering this request.

Dr. John Prososki

Wittenberg Embryo Transfer

715-574-4374

jlprososki@gmail.com

From: drlinda87@gmail.com
To: [Fisher, Angela H - DATCP](#)
Subject: Comments on CR 21-062
Date: Wednesday, September 29, 2021 9:41:17 PM

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September 29, 2021

VIA email to Angela.Fisher1@wisconsin.gov

Division of Animal Health

Department of Agriculture, Trade and Consumer Protection (DATCP) P.O. Box 8911, Madison, WI 53708-8911

RE: Comments on CR 21-062, relating to veterinarians and veterinary technicians

Dear Ms. Fisher:

My name is Dr Linda Prosocki and I am from Wausau, Wisconsin. I have been practicing veterinary medicine in Wisconsin since 1987. I am writing to you to express my support for the Veterinary Examining Board's (VEB's) proposed changes to VE 1-11 relating to the use of telehealth in the practice of veterinary medicine and the dispensing of prescriptions by veterinarians.

I am the owner of Wittenberg Veterinary Clinic, Companion Animal in Wittenberg and the Metro Animal Hospital in Weston.

I am in support that an initial VCPR cannot be established via telehealth. Veterinarians need to assess their patients in person with a physical exam to have a full knowledge base of that pet's health. The animal cannot communicate their condition orally. At times the owner can misinterpret an animal's condition. The connection between the animal, the care-taker and the veterinarian that is established at the time of an initial examination is critical for the long-term care of the patient as well as the relationship between the care-taker and veterinarian.

I believe that procedures that can be delegated to a CVT are a valuable benefit to patients and to veterinarians, however I also believe that a veterinarian must be on premises during these procedures. Being available by phone within 5 minutes when the aorta has been lacerated during a cystocentesis is not acceptable.

I do support a veterinarian being able to fill a prescription for another veterinarian under the criteria listed.

Thank you for your consideration.

Dr. Linda Prosocki
Wittenberg Veterinary Clinic, CA
Metro Animal Hospital
drlinda87@gmail.com



Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Anne Sappenfield
Legislative Council Director

Margit Kelley
Clearinghouse Assistant Director

CLEARINGHOUSE RULE 21-062

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Council Staff and the Legislative Reference Bureau, dated November 2020.]

2. Form, Style and Placement in Administrative Code

a. In consolidating the current provisions into chs. VE 1 to 3 as proposed, the rule should be revised to repeal and recreate chs. VE 1 to 3 and then repeal chs. VE 4 to 10, rather than repealing chs. VE 1 to 10 and then creating chs. VE 1 to 3. However, the board could alternatively review and consider the approach that is used in structuring the proposed rule. In particular, renumbering or reusing designations to eliminate a gap in numbering is generally unnecessary and can lead to confusion. Accordingly, the board could consider repealing chs. VE 1 to 10 and creating new chs. VE 12 to 14 or some other later sequence of numbers. (Compare, for example, the Department of Justice’s administrative rules, which are numbered as [chs. Jus 9 to 12 and 16 to 19.](#))

b. The proposed tables of contents for each of the four new chapters should be removed. The Legislative Reference Bureau will generate the tables of contents when the chapters are published. [s. 1.04 (1), Manual.] Note, also, that in SECTION 2 of the proposed rule, in the table of contents for ch. VE 1 on page 16, line 40, “VE 1.54” is listed as “VE 1.53” and does not match the numbering in the body of ch. VE 1 on page 48, line 744.

c. In SECTION 2 of the proposed rule, in s. VE 1.01 on page 17, line 45, and in SECTION 3 of the proposed rule, in s. VE 2.01 on page 53, line 852, the citations “89.03 (1), 89.03 (2),” should be revised to “89.03 (1) and (2),”.

d. The board should review provisions of the proposed rule containing definitions, as follows:

- (1) Generally, the board should consider whether every definition is necessary. For instance, a definition of “veterinary consulting permit” appears in s. VE 1.02 (33) on page 22, line 158. This term is used only in s. VE 1.36 beginning on page 35, line 465. Section VE 1.36 contains all of the information found in the definition, but with additional detail and clarity.
- (2) Generally, the board should review for consistency the use of cross-references to statutory definitions. For example, the term “patient” in s. VE 1.02 (21) on page

20, line 111, is not defined by cross-reference to the identical definition in s. 89.02 (4s), Stats., but the term “veterinary prescription drug” in s. VE 1.02 (34) on page 22, line 162, is defined by cross-reference to the identical definition in s. 89.02 (11), Stats.

- (3) The definitions in SECTIONS 2 and 3 of the proposed rule should specify to which chapter or chapters the respective definitions apply. Compare the treatment in SECTION 4 of the proposed rule in s. VE 3.02 (intro.) on page 66, line 1163. [s. 1.07 (2) (b) 1., Manual.]
- (4) In s. VE 1.02 (1) on page 17, line 50, and in s. VE 2.02 (1) on page 53, line 857, “Department of Education” should not be capitalized because it is part of the name of a federal agency. [s. 1.06 (2), Manual.]
- (5) In s. VE 1.02 (5) on page 17, line 58, and in s. VE 2.02 (3) on page 53, line 861, capitalize “veterinary medical association” because it is part of a proper name. [s. 1.06 (2), Manual.]
- (6) In s. VE 1.02 (8) on page 18, line 64:
 - (a) The board should consider changing “includes” to “means” in sub. (8) (intro.). A definition is generally drafted using the term “means”. [s. 1.07 (3) (a), Manual.]
 - (b) The use of the Latin “i.e.”, in sub. (8) (c) should be avoided. [s. 1.08 (1) (L), Manual.]
- (7) In s. VE 1.02 (12) on page 18, line 82, and in s. VE 1.02 (13) on page 19, line 92, each definition should be modified to clarify whether the defined term means “any of the following” or “all of the following”.
- (8) In s. VE 1.02 (12) on page 18, lines 82, the definition of “deception” includes “claiming” to have done something, and using a different treatment “than stated”. Will it be understood by the regulated community to whom the claim was made, and to whom the treatment was stated? For example, if it means the claim made, or the treatment stated, to the client, the definition could be modified to make that clear.
- (9) In s. VE 1.02 (18) on page 19, line 103, the term “informed consent” is defined. In the definition, the client or the client’s authorized representative is given certain information, but only the client consents to the treatment. Should the definition on line 105 say that the client’s authorized representative also may consent to the treatment?
- (10) In s. VE 1.02 (18) on page 19, line 104, the phrase “client or representative,” should be changed to “client or the client’s authorized representative,” for consistency.
- (11) In s. VE 1.02 (19) on page 19, line 108, the citations “89.06 (1), 89.06 (2m) (a), or 89.072” should be written as “89.06 (1) or (2m) (a) or 89.072”.

- (12) In s. VE 1.02 (20) on page 20, line 110, each word in “north American veterinary licensing examination” should be capitalized if it is a proper name. [s. 1.06 (2), Manual.]
- (13) In s. VE 1.02 (27) on page 21, line 141, the board should review how the definition of “telehealth” works within the body of the rule. The definition limits “telehealth” to only the technology tools by which health services are delivered. The body of the rule, however, does not appear to use the word “telehealth” by itself. Instead, it uses both “telehealth technologies” and “telehealth records”. See page 41, line 596, and page 42, lines 672, 676, 679, and 680. With regard to “telehealth technologies”, the word “technologies” appears to be redundant, given the definition of “telehealth”. With regard to “telehealth records”, it is not clear how technology tools can constitute records.
- (14) In s. VE 1.02 (29) on page 21, line 147, the acronym “CPR” should be written out in full. The acronym “CPR” is not defined in the proposed rule and is only used in this one instance. [s. 1.08 (2), Manual.]
- (15) In s. VE 2.02 beginning on page 53, line 855, when defining a term that is also defined in s. VE 1.02, the rule sometimes cross-references the earlier definition and sometimes repeats the earlier definition verbatim. Compare, for example, the method of defining “gross negligence” in s. VE 2.02 (9) on page 54, line 875, versus the method of defining “patient” in s. VE 2.02 (1) on page 54, line 876. The board should consider adopting a uniform approach to cross-referencing definitions. If the board chooses to cross-reference consistently, a few definitions in SECTION 4 of the proposed rule, in s. VE 3.02 beginning on page 56, line 1163, also could be changed.
 - e. In SECTION 2 of the proposed rule, in s. VE 1.02 (2) on page 17, line 51, in SECTION 3 of the proposed rule, in s. VE 2.02 (2) on page 53, line 858, and in SECTION 4 of the proposed rule, in s. VE 3.08 (intro.) on page 69, line 1222, avoid using the phrases “including but not limited to” or “include, but are not limited to”. They each have the same meaning as “including” or “include”. [s. 1.07 (3) (b) 2., Manual.]
 - f. In SECTION 2 of the proposed rule, in s. VE 1.02 (9) and (10) on page 18, lines 73 and 76, and in s. VE 1.14 (7) (b) on page 42, line 619, the phrase “animal patient” probably should be changed to “patient” to avoid confusion. “Patient” is a defined term; “animal patient” is not.
 - g. In SECTION 2 of the proposed rule, in s. VE 1.30 (6) on page 31, line 373, the word “certificate” probably should be changed to “license”. Chapter VE 1 relates to the **license** for a veterinarian; not the **certificate** for a veterinary technician.
 - h. In SECTION 2 of the proposed rule, in s. VE 1.36 (3) on page 36, line 470, change the cross-reference from “s. VE 1.36” to “this section”.
 - i. In SECTION 2 of the proposed rule, in s. VE 1.38 (2) on page 38, line 513, make the following changes:
 - (1) In sub. (2) (intro.), change “for the following reasons:” to “for any of the following reasons:”.
 - (2) In sub. (2) (a), change “; or” to a period.

j. In SECTION 2 of the proposed rule, in s. VE 1.40 (3) on page 39, line 539, make the following changes:

- (1) In sub. (3) (intro.), change “for the following reasons:” to “for any of the following reasons:”.
- (2) In sub. (3) (a), change “; or” to a period.

k. In SECTION 2 of the proposed rule, s. VE 1.46 (2) on page 43, line 646, and s. VE 1.50 (3) on page 45, line 673, each refer to “relief veterinarians”. Should that term be defined?

l. In SECTION 2 of the proposed rule, s. VE 1.58 (13) on page 49, line 781, refers to “companion animals”. Should that term be defined?

m. In SECTION 3 of the proposed rule, in s. VE 2.10 (1) and (2) on pages 56 and 57, lines 940 and 942, the references to “license” and “licensure” probably should be changed to “certificate” and “certification”, respectively. Chapter VE 2 relates to the **certificate** for a veterinary technician; not the **license** for a veterinarian.

n. In SECTION 3 of the proposed rule, in s. VE 2.14 (1) on page 58, line 965, par. (a) contains only one subdivision. The paragraph should be revised so that it either contains no subdivisions or more than one subdivision. When any unit is divided into smaller subunits, at least two subunits must be created. [s. 1.10 (1) (a), Manual.]

o. In SECTION 4 of the proposed rule, in s. VE 3.08 (3) on page 69, line 1228, make the following changes:

- (1) In sub. (3) (intro.), change “is either:” to “is any of the following:”.
- (2) In sub. (3) (a), change “;” to a period.
- (3) In sub. (3) (b), change “; or” to a period.

p. In SECTION 4 of the proposed rule, in s. VE 3.36 beginning on page 74, line 1337:

- (1) Two subsections share the designation number (2). See page 74, line 1340, and page 75, line 1367.
- (2) Each subsection title should be in small capital letters. [s. 1.10 (2) (b) 3., Manual.] See page 75, lines 1367 and 1369.

q. In SECTION 4 of the proposed rule, in s. VE 3.82 beginning on page 85, line 1595:

- (1) Two subsections share the designation number (2). See page 86, line 1598, and page 87, line 1626.
- (2) Each subsection title should be in small capital letters. [s. 1.10 (2) (b) 3., Manual.] See page 87, lines 1626 and 1628.

r. In SECTION 5 of the proposed rule, on page 90, line 1694, ch. VE 11 is renumbered to ch. VE 4. The board should consider removing SECTION 5 of the proposed rule, as renumbering to replace a repealed provision can lead to confusion, as noted below in a comment relating to cross-references, and is unnecessary. It is generally best to avoid renumbering a unit to eliminate a gap in numbering or to otherwise reuse a previously existing number that is eliminated by repeal. [s. 1.10 (3) (a), Manual.]

s. In the board's analysis for the proposed rule, consider providing information on how a reader could find the hearing dates from which the deadline to submit comments is determined.

4. Adequacy of References to Related Statutes, Rules and Forms

a. In the board's analysis for the proposed rule, in the recitation of related statutes, should ss. 89.02 (6) and (8) (c), 89.05 (1), 89.068 (1) (c), 89.07 (1), 89.075, and 95.21 (2) (a), Stats., be listed? Each of those provisions appears in various places in the proposed rule.

b. In SECTION 2 of the proposed rule, s. VE 1.16 (2) on page 26, line 257, contains a cross-reference to "sub (4)". However, s. VE 1.16 does not have a sub. (4). If this is meant to refer to the fourth subsection of another section, that should be identified. Also, a period should be inserted after "sub".

c. In SECTION 2 of the proposed rule, s. VE 1.18 (1) on page 26, line 266, the cross-reference to "examinations required under s. VE 1.14 (1)" should be modified. Section VE 1.14 (1) does not address examinations.

d. In SECTION 2 of the proposed rule, s. VE 1.18 (3) on page 27, line 270, states that an applicant must have satisfied the "qualifications for licensure, in s. VE 1.14 (1)". The board should review whether this cross-reference is accurate. Although s. VE 1.14 as a whole contains qualifications for licensure, sub. (1) requires only the submission of an application form. Should the cross-reference in s. VE 1.18 (3) be changed to "s. VE 1.14"?

e. In SECTION 2 of the proposed rule, s. VE 1.18 (4) on page 27, line 272, contains a cross-reference to "subsections (2) – (4)". If this is meant to refer to subsections of s. VE 1.18, it should not include sub. (4). If this is meant to refer to subsections of another section, that should be specified. Also, the cross-reference should be styled as "subs. (2) to (4)". [s. 1.08 (1) (h), Manual.]

f. In SECTION 2 of the proposed rule, s. VE 1.18 (5) on page 27, line 278, contains a cross-reference to "subsections (2) – (4)". The board should review whether the cross-reference to sub. (4) should be removed. Subsection (4) contains requirements for an applicant who is a graduate of certain schools. Subsection (5), on the other hand, contains requirements for an applicant who is **not** a graduate of those schools. This suggests that the requirements of sub. (4) should not be incorporated into sub. (5). In any event, the cross-reference should be styled as either "subs. (2) to (4)" or "subs. (2) and (3)".

g. In SECTION 2 of the proposed rule, s. VE 1.22 on page 29, line 313, establishes the fees for a person applying for a reciprocal credential under s. 89.073, Stats. (regarding service members, former service members, and spouses). However, in other locations, the proposed rule should be revised to account for this alternative method of credentialing. For example, provisions establishing a fee for an application, such as s. VE 1.16 (3) on page 26, line 263, should be qualified with a statement such as "except as provided in s. VE 1.22". Also, provisions establishing requirements for licensure that differ from the reciprocal credentialing statute should include a similar qualifier like "except for an applicant applying for a reciprocal credential under s. 89.073, Stats.". The board should review whether similar changes should be made to SECTION 3 of the proposed rule regarding certificates for veterinary technicians.

h. In SECTION 2 of the proposed rule, s. VE 1.24 (2) (c) on page 29, line 328, contains a cross-reference to s. VE 1.18. Should the cross-reference instead be to s. VE 1.20?

i. In SECTION 2 of the proposed rule, in s. VE 1.28 on page 30, line 339, sub. (2) contains a cross-reference to “the examination specified under s. VE 1.12 (2)”. This cross-reference appears to be erroneous because there is no examination specified in s. VE 1.12 (2).

j. In SECTION 4 of the proposed rule, s. VE 3.16 (1) on page 70, line 1258, refers to a “notice of appeal rights under s. VE 3.16”. This appears to be an erroneous cross-reference, both because it is within s. VE 3.16 itself, and because there is nothing about appeal rights in that section.

k. The board should correct cross-references within ch. VE 11 that will be broken by the renumbering of the other chapters, and, if renumbering of ch. VE 11 to VE 4 is maintained, by the renumbering of that chapter. [ss. 1.10 (3) (e) and 1.15 (1) (e), Manual.] See, for example, the cross-references in s. VE 11.04 (1) (a) and (i) of the current administrative code.

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. In the board’s analysis for the proposed rule, in the fourth bullet from the top of page 3, the word “allows” appears to be a typographical error and should be deleted. A corresponding change should be made in the regulatory flexibility analysis and the fiscal estimate.

b. In SECTION 2 of the proposed rule in s. VE 1.02 (30) on page 21, line 151, and in s. VE 1.34 on page 34, line 435, there may be a conflict regarding one of the qualifications for obtaining a “temporary veterinary permit”. The definition of that term in s. VE 1.02 (30) mentions only the NAVLE. The authority to grant the permit in s. VE 1.34, however, mentions both the NAVLE and the examination on state laws and rules related to the practice of veterinary medicine. If an applicant must also take the examination on state laws and rules related to the practice of veterinary medicine, or be scheduled to take it, the definition in s. VE 1.02 (3) should be modified accordingly.

c. In SECTION 2 of the proposed rule, the board should review subchs. II and III of ch. VE 1 regarding which examination is required to obtain a veterinary license. For example, under s. VE 1.04 (2) on page 22, line 169, the board accepts either the “national board examination and the clinical competency test” or the examination known as “NAVLE”, depending on when the application for licensure is submitted. However, under s. VE 1.14 (2) on page 25, line 234, an applicant for a veterinary license must successfully complete an “examination on state laws and rules related to the practice of veterinary medicine”. Is that examination different from the examinations listed in s. VE 1.04 (2)?

d. In SECTION 2 of the proposed rule, the board should review s. VE 1.10 on page 24, line 201. This provision establishes the procedure to raise a claim of examination error, but it is not clear whether it applies only to a claim of examination error for veterinary licensure, or also to a claim of examination error for veterinary technician certification. Under s. VE 1.10 (1) (b), a claim of examination error must identify the “type of license” for which the applicant applied. This suggests that the claim procedure in s. VE 1.10 may not be used with regard to an examination for veterinary technician certification. If that is the intent, s. VE 1.10 (1) (intro.) could be clarified by changing “An applicant wishing to claim examination error” to something like “An applicant for veterinary licensure wishing to claim examination error”. If that is not the intent, s. VE 1.10 (1) (b) could be modified by changing “type of license” to “type of license or certificate”.

e. In SECTION 2 of the proposed rule, s. VE 1.18 (1) on page 26, line 266, the meaning of the phrase “has not previously failed, and then not subsequently passed” is not clear. Is there a difference between “failing” and “not passing” an examination?

f. In SECTION 2 of the proposed rule, the board should consider revising s. VE 1.20 (intro.) on page 28, line 293. It currently reads “The board shall review the application and determine eligibility for licensure if any of the following apply:”. First, this directive to review applications is duplicative of s. VE 1.24 (1) on page 29, line 318, which reads in part: “The board shall review its records to determine eligibility of the applicant for licensure”. Second, the focus of s. VE 1.20 seems to be on reasons why an application might be rejected. Would it be clearer if s. VE 1.20 (intro.) read something like the following: “The board may determine that an applicant is **not** eligible for licensure if any of the following apply:”?

g. In SECTION 2 of the proposed rule, in s. VE 1.26 (2) on page 29, line 331, and in SECTION 3 of the proposed rule, in s. VE 2.10 (2) on page 57, line 942, the board should clarify whether the \$10 fee is imposed for each state to which verification is requested; or, instead whether a single \$10 fee allows verification to be provided to multiple states. If the former, the board could change “other states” to “another state”.

h. In SECTION 2 of the proposed rule, in s. VE 1.28 on page 30, line 333, the board should review subs. (1) and (2), as follows:

- (1) These subsections require a licensee to pay “the renewal fee” when applying to renew an expired license. Presumably, “the renewal fee” is the \$160 renewal fee established under sub. (3). However, under sub. (4), that licensee would also have to pay a \$25 late fee to reinstate an expired license. The board should review whether the references to “the renewal fee” in subs. (1) and (2) should be modified to account for the existence of the late fee. A similar comment applies to SECTION 3 of the proposed rule, in s. VE 2.12 on page 57, line 944.
- (2) These subsections establish a continuing education requirement on a person applying to renew an expired license. It is not clear how this requirement will apply in practice. Does it require a person to first fulfill 30 hours of continuing education before obtaining a renewal? Or does it merely require the person to fulfill the normal 30 hours of continuing education after the person’s license has been renewed? A similar comment applies to SECTION 3 of the proposed rule, in s. VE 2.12 (1) on page 57, line 947.

i. In SECTION 2 of the proposed rule, in s. VE 1.30 (7) (intro.) on page 31, line 375, insert a period after “sub”.

j. In SECTION 2 of the proposed rule, in s. VE 1.36 (1) on page 35, line 465, change “provided the license” to “provided the licensee”.

k. In SECTION 2 of the proposed rule, in s. VE 1.46 (2) on page 43, line 646, change “Subs. (1)” to “Subsection (1)”.

l. In SECTION 2 of the proposed rule, in s. VE 1.48 (2) (a) on page 44, line 661, insert a period after “sub”.

m. In SECTION 2 of the proposed rule, the board should review whether s. VE 1.52 (1) on page 45, line 682, accurately addresses record retention requirements. It contains a requirement

for the records of a patient other than a food and fiber patient and other than an equine patient, but it appears to lack a requirement for the records of a food and fiber patient and an equine patient. Is that the intent? Similarly, it contains a requirement for the records of the client for a food and fiber patient and an equine patient, but it appears to lack a requirement for the records of the client for a patient other than a food and fiber patient and other than an equine patient. Is that the intent?

n. In SECTION 2 of the proposed rule, s. VE 1.58 (7) on page 49, line 762, describes unprofessional conduct for a veterinarian as including “having been subject to any other discipline or restriction”. The board may wish to review whether this prohibition is overly broad. Perhaps the word “related” should be inserted after the word “other” so that the discipline or restriction must be related to a veterinary license or accreditation?

o. In SECTION 2 of the proposed rule, in s. VE 1.58 (12) on page 49, line 779, insert a space between “89.068” and “(1)”.

p. In SECTION 3 of the proposed rule, in s. VE 2.04 (3) (intro.) on page 55, line 910, correct the typographical error “The board the board”.

q. In SECTION 3 of the proposed rule, s. VE 2.04 (3) (c) and (d) on page 55, line 918, and page 56, line 919, list prior or pending “discipline or litigation” as circumstances under which an applicant for a veterinary technician certificate may have conditions imposed on the certificate. The board may wish to review whether this is overly broad. Should the discipline or litigation be confined to discipline or litigation relating to practice as a veterinary technician?

r. In SECTION 3 of the proposed rule, in s. VE 2.14 (7) (intro.) on page 59, line 988, insert a period after “sub”.

s. In SECTION 4 of the proposed rule, in ch. VE 3 beginning on page 64, line 1105, the board should review the use of “credential” and “licensing” terminology throughout the chapter to be sure each provision applies to the class of individuals intended. Consider the following examples:

- (1) The chapter often refers to proceedings involving “a credential holder or unlicensed person”. These terms are not mutually exclusive. A person holding a veterinary technician certificate, for example, is both a “credential holder” and “unlicensed”.
- (2) Section VE 3.04 on page 69, line 1217, indicates that subch. II of ch. VE 3 governs proceedings against both a credential holder and an unlicensed entity. However, s. VE 3.20 on page 71, line 1270, contains administrative warning review procedures applicable only with regard to a credential holder. Should there also be administrative review procedures applicable to a person who does not hold a credential?
- (3) Section VE 3.24 on page 72, line 1291, indicates that subch. III of ch. VE 3 governs proceedings against credential holders. Under the definition of “credential holder”, this would include a person holding a license, certificate, or permit. However, s. VE 3.30 (1) on page 72, line 1301, requires that a complaint must include the name and address of the “licensee”. Should this provision also apply to a person holding a certificate or permit?

- (4) In s. VE 3.60 (1) on page 80, line 1475, should “respondent’s license” be changed to “respondent’s credential”? See ss. VE 3.56 (1) and VE 3.62 (3).
- t. In SECTION 4 of the proposed rule, in s. VE 3.40 (7) (b) on page 77, line 1407, correct the typographical error “The provision the provisions”.
- u. In SECTION 4 of the proposed rule, in s. VE 3.60 (2) on page 80, line 1481, remove the comma after “sub. (1)”.
- v. In SECTION 4 of the proposed rule, in s. VE 3.68 (2) on page 83, line 1530, change “subs.” to “sub.”.
- w. In SECTION 4 of the proposed rule, s. VE 3.70 (1) on page 83, line 1532, lacks clarity. It states that a certain complaint shall be issued “no later than 20 days following the issuance of the summary suspension or limitation order or the suspension or limitation shall lapse at the end of the tenth day”. From what event is the tenth day measured?
- x. In SECTION 4 of the proposed rule, in s. VE 3.72 on page 83, line 1545:
- (1) The board should review the grammar of this sentence. Should “and issue” be changed to “and whether to issue”?
 - (2) Add a period at the end of the sentence.

DAH Rules Estimated Timelines

Future dates are estimates for the purposes of work planning.
Last Updated: 1/3/22

| Key | |
|--------|---|
| White | Estimated date |
| Blue | Actual date |
| Yellow | Estimated date requires revision |
| Red | Projection exceeds deadline (scope expires) |

| Rule | Topic | Scope # | DATCP Docket # | Clearing-house # | Statement of Scope | | | | | | | | | | Hearing Draft | | | | | | | | | | Final Draft | | | | | | | | | | Deadline to Refer to Legis. (Scope Expires) | Rule Effective Date | |
|---------|-----------------|-----------|----------------|------------------|--------------------|-------------------|------------------------|---------------------------|----------------------------------|-----------------------|----------------------------|-----------------|-------------------|-----------------|----------------------|-------------------------------|--------------------|-------------------|-----------------|---------------------|---------------|--------------------|----------------------------|--------------------|-------------------|-----------------|---------------------|-------------------|--------------------------|-----------------|----------------|-------------------|----------------|-------------------|---|---------------------|-------------|
| | | | | | Initiate | | Governor | | Preliminary Hearing ¹ | | | | Board | | Info | | EIA ² | | Board | | Clearinghouse | | Hearing | | Board | | Governor | | Legislature ³ | | | | Adopt | | | | |
| | | | | | Begin Scope | Scope to Governor | Governor Approve Scope | Scope Publish in Register | Materials to OS | Board Approve Hearing | Notice Publish in Register | Hearing Date(s) | Record Open Until | Materials to OS | Board Approve Scope | Advisory Comm. Meet | Posted for Comment | Record Open Until | Materials to OS | Board Approve Draft | Refer to CH | Receive CH Comment | Notice Publish in Register | Hearing Date(s) | Record Open Until | Materials to OS | Board Approve Final | Final to Governor | Governor Approve Final | Refer to Legis. | Refer to Comm. | Comm. Review Ends | Refer to JCRAR | JCRAR Review Ends | | | Rule to LRB |
| VE 1-11 | Reorg v3 + Tele | SS 064-20 | 19-R-07 | CR 21-062 | 2/24/20 | 4/7/20 | 5/15/20 | 6/8/20 | 7/6/20 | 7/23/20; 7/29/20 | 8/10/20 | 8/19/20 | 8/26/20 | 9/3/20 | 9/24/20; 10/21/20 | 3/4/21; 3/25/21; 4/8/21 | 6/4/21 | 6/21/21 | 7/1/21 | 7/21/21; 7/22/21 | 7/29/21 | 8/30/21 | 8/9/21 | 9/9/21; 9/15/21 | 9/29/21 | 1/13/22 | 1/27/22 | 2/3/22 | 4/4/22 | 4/18/22 | 1/25/23 | 3/26/23 | 4/5/23 | 6/4/23 | 6/18/23 | 12/8/22 | 8/1/23 |

| Rule Process Step: | Step 1 | Step 2 | Step 3 | Step 4 | Step 5 | Step 6 | Step 7 | Step 8 | Step 9 | Step 10 | Step 11 | Step 12 | Step 13 | Step 14 | Step 15 | Step 16 | Step 17 | Step 18 | Step 19 | Step 20 | Step 21 | Step 22 | Step 23 | Step 24 | Step 25 | Step 26 | Step 27 | Step 28 | Step 29 | Step 30 | Step 31 | Expiration | Step 32 |
|---|---------------------------------|----------------------|----------------------|----------------------|---------------------------|-----------------------|---------------------------------------|---|---------------------|---------------------------|-----------------------|-----------------------------------|----------------------------|-----------------------|---------------------------|-----------------------|----------------------|-----------------------|------------------------|--|-----------------------|---------------------------|-----------------------|----------------------|-----------------------|-----------------------|---|---|-----------------------|---|-----------------------|------------------------|---|
| General Projection Assumptions: (specific projections may vary) | Begin process of drafting scope | 90 days after Step 1 | 60 days after Step 2 | 14 days after Step 3 | 14 days before Step 6 | 30 days after Step 4 | 10 days after Step 6 | 7 days after Step 7 | 7 days after Step 8 | 21 days before Step 11 | 30 days after Step 9 | 120 days after Step 11 | 90 days after Step 11 | 60 days after Step 13 | 14 days before Step 16 | 21 days after Step 14 | 7 days after Step 16 | 20 days after Step 17 | 10 days before Step 20 | 14 days after Step 18 | 14 days after Step 20 | 14 days before Step 23 | 90 days after Step 21 | 7 days after Step 23 | 60 days after Step 24 | 14 days after Step 25 | 10 days after Step 26 | 60 days after Step 27 | 10 days after Step 29 | 60 days after Step 30 | 14 days after Step 31 | 30 months after Step 4 | 1-2 months after Step 31 |
| Notes: | | | | | 7 days OS + 14 days Board | Or next Board meeting | Monday after DATCP submits to publish | At least 3 days after publish in register | | 7 days OS + 14 days Board | Or next Board meeting | Only some rule packages will have | Or later if advisory comm. | 14, 30, or 60 days | 7 days OS + 14 days Board | Or next Board meeting | | | | At least 10 days after publish in register | | 7 days OS + 14 days Board | Or next Board meeting | | | | Or next session if referred to Legis after March in even year | 30 days, can be extended to 60 days (+ more if hearing) | | 30 days, can be extended to 60 days (+ more if hearing) | | | 1st of month after 1 full month (+3mo small bus.) |

¹JCRAR may require a preliminary public hearing for the scope statement.

²JCRAR may require a separate, independent economic analysis any time between the EIA posting and the Governor's approval of the final draft.

³The standing committees and/or JCRAR may take actions, including requiring a meeting/hearing, making germane changes, recalling the rule, and introducing legislation.

**Veterinary Examining Board
Agenda Request Form**

| | |
|--|--|
| 1) Meeting Date | 1/19/22 |
| 2) Requestor Name | Angela Fisher |
| 3) Item Title for the Agenda | Legislative Update |
| 4) Should the Item be in Open or Closed Session? | Open |
| 5) Are there Attachments? (If yes, include file names) | “Legislative Update” “21-1044_1” “21-1044_1_Amendment” “21-1046_1” “21-1594_1” |
| 6) Is a Public Appearance Anticipated? | No |
| 7) Description of the Agenda Item | <p>This is informational. No Board action is required.</p> <p>Attached is a legislative update summary related to Wis. Stat. ch. 89, as well as the bills referenced in the summary.</p> |

DAH Relevant Statutes Current Status

2021-2022 Legislative Session

Last Updated: 1/3/22

| Agency | Ch. | Citation | Topic | Description | LRB # | Bill # | Recent Status Notes |
|--------|-----|------------------|------------------------|--|-------------------------|-------------------|---|
| VEB | 89 | 89.072 (3) | Reciprocal Credentials | Would add language regarding reciprocal credentials for persons licensed in other states and meeting certain requirements. | 21-1044/1 | SB-469 | SB amendment introduced 1/3/22. WVMA submitted letter to authors with concerns 11/4/21. SB introduced 8/5/21. |
| | 45 | 45.44 (3) (c) 3. | License Fee Waivers | Would add a license fee waiver for veterans' spouses. | 21-1046/1 | SB-310, AB-298 | AB referred to Committee on Rules 11/15/21. |
| | 440 | 440.01 (1) | Telehealth | Would establish definitions for telehealth in human medical practice. | 21-1594/1, 21-2791/1 | SB-309, AB-296 | Assembly referred to Committee on Rules 12/7/21. SB passed and messaged to Assembly 11/8/21. |



State of Wisconsin
2021 - 2022 LEGISLATURE

LRB-1044/1
KP:kjf

2021 BILL

1 **AN ACT** *to renumber* 440.09 (2); *to renumber and amend* 440.09 (2m), 440.09
2 (3) (a), 440.09 (3) (b), 440.09 (4) and 440.09 (5); *to amend* 101.022, 101.874 (2),
3 101.874 (3) (intro.) and 440.09 (title); and *to create* 89.072 (3), 101.874 (4),
4 440.09 (1) (title), 440.09 (1m), 440.09 (2e) (title) and 440.09 (3m) of the statutes;
5 **relating to:** reciprocal credentials and granting rule-making authority.

Analysis by the Legislative Reference Bureau

This bill establishes a process for credential holders from other states to obtain reciprocal credentials to practice their professions in Wisconsin. Under the bill, a person who applies to the Department of Safety and Professional Services, a credentialing board, or the Veterinary Examining Board, as appropriate, must be granted a reciprocal credential if the person holds a license, certification, registration, or permit granted by another state that qualifies the person to practice the profession authorized under the analogous credential granted by DSPS or the appropriate board. In order to receive the reciprocal credential, an applicant must reside in Wisconsin and satisfy certain other requirements, including that 1) the applicant has held a license, certification, registration, or permit analogous to the credential in another state for at least one year; 2) when the applicant was granted the license, certification, registration, or permit, minimum education and, if applicable, work experience and clinical supervision requirements applied; 3) the applicant has not had a license, certification, registration, or permit revoked; 4) the applicant does not have a complaint, allegation, or investigation pending before a

BILL

regulating entity in another state or country relating to unprofessional conduct; 5) the applicant passes a criminal background check that applies to applicants for the analogous credential; and 6) the applicant passes an examination on the laws governing practice of the profession in Wisconsin, if such an examination is required for the analogous credential.

The bill generally applies to credentials granted by the Veterinary Examining Board, DSPS, and credentialing boards in DSPS, but does not apply to credentials related to transportation network companies, private colleges, boxing and martial arts, body art and tanning facilities, private detectives, and security guards.

Additionally, a person who applies for a reciprocal credential under the bill during the first year after it takes effect is not required to pay any fee for the credential.

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 89.072 (3) of the statutes is created to read:

2 89.072 (3) (a) The examining board shall grant a license or certification under
3 s. 89.06 to a person who the examining board determines meets all of the following
4 requirements:

5 1. The person applies for a license or certification under this chapter on a form
6 prescribed by the examining board.

7 2. The person holds a license, certification, registration, or permit that was
8 granted by another state that qualifies the person to perform the acts authorized
9 under the license or certification granted by the examining board and all of the
10 following apply:

11 a. The person has held that license, certification, registration, or permit for at
12 least one year.

13 b. When the person was granted the license, certification, registration, or
14 permit, there were minimum education requirements in effect, and the other state

BILL

1 verifies that the person met those requirements in order to receive that license,
2 certification, registration, or permit.

3 3. The person establishes residence in this state.

4 4. The person previously passed all examinations required for the license,
5 certification, registration, or permit in the other state, if required by the other state.

6 5. The person has not had his or her license, certification, registration, or
7 permit revoked and has not voluntarily surrendered a license, certification,
8 registration, or permit in another state or country while under investigation for
9 unprofessional conduct.

10 6. The person has not had discipline imposed by a regulating entity in another
11 state or country, except that if a regulating entity in another state or country has
12 taken disciplinary action against the person, the examining board shall determine
13 if the cause for the action was corrected and the matter resolved, and if the matter
14 has been resolved, the examining board shall issue the license or certification if the
15 other requirements in this paragraph are satisfied.

16 7. The person does not have a complaint, allegation, or investigation pending
17 before a regulating entity in another state or country that relates to unprofessional
18 conduct. If the individual has any complaint, allegation, or investigation pending,
19 the examining board shall suspend the application process and may not issue or deny
20 a license or certification to the person until the complaint, allegation, or
21 investigation is resolved.

22 8. The person does not have an arrest record, as defined in s. 111.32 (1), or a
23 conviction record, as defined in s. 111.32 (3), that would disqualify the person from
24 being granted a license or certification under this chapter.

BILL**SECTION 1**

1 9. The person passes an examination on the laws and rules related to practicing
2 under a license or certification under this chapter.

3 10. The person pays the fee established under s. 89.063.

4 (b) The examining board shall promulgate rules to implement par. (a) but may
5 not require any requirements other than those specified in par. (a) to be satisfied in
6 order for a person to be granted a license or certification under par. (a).

7 **SECTION 2.** 101.022 of the statutes is amended to read:

8 **101.022 Certain laws applicable to occupational licenses.** Sections
9 440.03 (1), (3m), (4), (11m), and (13) (a), (am), and (b) 75., 440.05 (1) (a) and (2) (b),
10 440.075, 440.09 (2), 440.11, 440.12, 440.121, 440.13, 440.14, 440.15, 440.19, 440.20
11 (1), (3), (4) (a), and (5) (a), 440.205, 440.21, and 440.22, and the requirements imposed
12 on the department under those statutes, apply to occupational licenses, as defined
13 in s. 101.02 (1) (a) 2., in the same manner as those statutes apply to credentials, as
14 defined in s. 440.01 (2) (a).

15 **SECTION 3.** 101.874 (2) of the statutes is amended to read:

16 101.874 (2) The department may enter into a reciprocal agreement with
17 another state under which credentials issued to electricians, electrical apprentices,
18 electrical contractors, and electrical inspectors by either state are recognized as
19 comparable credentials by the other state. ~~Under~~ Except as provided under sub. (4),
20 under the agreement, the department may recognize credentials from the other state
21 only if the education, experience, and examination requirements in the other state
22 are at least equivalent to the education, experience, and examination requirements
23 for being issued credentials under this subchapter.

24 **SECTION 4.** 101.874 (3) (intro.) of the statutes is amended to read:

BILL

1 101.874 (3) (intro.) Upon entering into an agreement under this section, the
2 department may issue a credential under the agreement only if all of the following
3 apply:

4 **SECTION 5.** 101.874 (4) of the statutes is created to read:

5 101.874 (4) Notwithstanding any agreement the department enters into under
6 this section, the department shall grant a reciprocal credential under s. 440.09 (3m)
7 to an individual who meets the requirements under s. 440.09 (3m).

8 **SECTION 6.** 440.09 (title) of the statutes is amended to read:

9 **440.09** (title) **Reciprocal credentials for service members, former**
10 **service members, and their spouses.**

11 **SECTION 7.** 440.09 (1) (title) of the statutes is created to read:

12 440.09 (1) (title) DEFINITIONS.

13 **SECTION 8.** 440.09 (1m) of the statutes is created to read:

14 440.09 (1m) RECIPROCAL CREDENTIALS; GENERALLY. In addition to any provisions
15 allowing an individual to be granted a reciprocal credential, an individual may be
16 granted a reciprocal credential under sub. (2e) or (3m). Subject to sub. (2e) (c), an
17 individual who is granted a reciprocal credential under sub. (2e) or (3m) shall
18 otherwise be considered to hold the applicable credential under, and be subject to, the
19 applicable provisions governing that credential.

20 **SECTION 9.** 440.09 (2) of the statutes is renumbered 440.09 (2e) (a).

21 **SECTION 10.** 440.09 (2e) (title) of the statutes is created to read:

22 440.09 (2e) (title) RECIPROCAL CREDENTIALS FOR SERVICE MEMBERS, FORMER
23 SERVICE MEMBERS, AND THEIR SPOUSES.

24 **SECTION 11.** 440.09 (2m) of the statutes is renumbered 440.09 (2e) (b) and
25 amended to read:

BILL**SECTION 11**

1 440.09 (2e) (b) If an individual is unable to provide documentation under this
2 subsection that the individual is a service member, former service member, or the
3 spouse of a service member or former service member, the individual may submit an
4 affidavit to the department or credentialing board, as appropriate, stating that the
5 individual is a service member, former service member, or the spouse of a service
6 member or former service member.

7 **SECTION 12.** 440.09 (3) (a) of the statutes is renumbered 440.09 (2e) (c) 1. and
8 amended to read:

9 440.09 (2e) (c) 1. A reciprocal credential granted under this ~~section~~ subsection
10 expires on the applicable renewal date specified in s. 440.08 (2) (a), except that if the
11 first renewal date specified in s. 440.08 (2) (a) after the date on which the credential
12 is granted is within 180 days of the date on which the credential is granted, the
13 credential expires on the 2nd renewal date specified in s. 440.08 (2) (a) after the date
14 on which the credential is granted.

15 **SECTION 13.** 440.09 (3) (b) of the statutes is renumbered 440.09 (2e) (c) 2. and
16 amended to read:

17 440.09 (2e) (c) 2. The department or credentialing board, as appropriate, shall
18 grant a renewed reciprocal credential under this subsection to an applicant who pays
19 the renewal fee specified under s. 440.05 (2) and satisfies the requirements that
20 apply for renewing that credential.

21 **SECTION 14.** 440.09 (3m) of the statutes is created to read:

22 440.09 (3m) RECIPROCAL CREDENTIALS FOR OUT-OF-STATE CREDENTIAL HOLDERS.
23 (a) Except as provided in par. (b), the department and each credentialing board shall
24 grant a reciprocal credential to an individual who the department or credentialing
25 board determines meets all of the following requirements:

BILL

1 1. The individual applies for a reciprocal credential under this subsection on
2 a form prescribed by the department or credentialing board.

3 2. The individual holds a license, certification, registration, or permit that was
4 granted by another state that qualifies the individual to perform the acts authorized
5 under the appropriate credential granted by the department or credentialing board
6 and all of the following apply:

7 a. The individual has held that license, certification, registration, or permit for
8 at least one year.

9 b. When the individual was granted that license, certification, registration, or
10 permit, there were minimum education requirements and, if applicable, work
11 experience and clinical supervision requirements in effect, and the other state
12 verifies that the individual met those requirements in order to receive that license,
13 certification, registration, or permit.

14 3. The individual establishes residence in this state.

15 4. The individual previously passed all examinations required for the license,
16 certification, registration, or permit in the other state, if required by the other state.

17 5. The individual has not had a license, certification, registration, or permit
18 revoked and has not voluntarily surrendered a license, certification, registration, or
19 permit in another state or country while under investigation for unprofessional
20 conduct.

21 6. The individual has not had discipline imposed by a regulating entity in
22 another state or country, except that if a regulating entity in another state or country
23 has taken disciplinary action against the individual, the department or the
24 credentialing board shall determine if the cause for the action was corrected and the
25 matter resolved, and if the matter has been resolved, the department or the

BILL**SECTION 14**

1 credentialing board shall grant the reciprocal credential if the other requirements
2 in this paragraph are satisfied.

3 7. The individual does not have a complaint, allegation, or investigation
4 pending before a regulating entity in another state or country that relates to
5 unprofessional conduct. If the individual has any complaint, allegation, or
6 investigation pending, the department or credentialing board shall suspend the
7 application process and may not grant or deny a reciprocal credential to the
8 individual until the complaint, allegation, or investigation is resolved.

9 8. The individual does not have an arrest record, as defined in s. 111.32 (1), or
10 a conviction record, as defined in s. 111.32 (3), that would disqualify the individual
11 from being granted that credential under the applicable provisions governing that
12 credential.

13 9. The individual passes an examination on the laws of this state, if required
14 for other applicants for that credential under the applicable provisions governing
15 that credential.

16 10. The individual pays all applicable fees, including the fee specified under s.
17 440.05 (2).

18 (b) 1. Paragraph (a) does not apply to any credentials or other forms of
19 permission granted pursuant to an interstate compact or to the extent that its
20 application conflicts with an interstate compact.

21 2. Paragraph (a) does not apply to the extent that its application conflicts with
22 any federal law.

23 3. Paragraph (a) does not apply to any credentials or activities regulated under
24 s. 440.26, subch. IV or V of ch. 440, or ch. 444, 463, or 470.

BILL

1 (c) The department and any credentialing board to which this subsection
2 applies shall promulgate rules to implement par. (a) but may not require any
3 requirements other than those specified in par. (a) to be satisfied in order for an
4 individual to be granted a reciprocal credential under par. (a).

5 **SECTION 15.** 440.09 (4) of the statutes is renumbered 440.09 (2e) (d) and
6 amended to read:

7 440.09 (2e) (d) The department or credentialing board, as appropriate, shall
8 expedite the issuance of a reciprocal credential granted under this ~~section~~
9 subsection.

10 **SECTION 16.** 440.09 (5) of the statutes is renumbered 440.09 (2e) (e) and
11 amended to read:

12 440.09 (2e) (e) The department or credentialing board, as appropriate, may
13 promulgate rules necessary to implement this ~~section~~ subsection.

14 **SECTION 17. Nonstatutory provisions.**

15 (1) RECIPROCAL LICENSES; TEMPORARY FEE WAIVER. Notwithstanding ss. 89.063,
16 89.072 (3) (a) 10., 101.82 (4), 440.05, and 440.09 (3m) (a) 10. and the applicable fee
17 provisions in chs. 440 to 480, a person who submits an application for a reciprocal
18 credential under s. 89.072 (3) or 440.09 (3m) no later than the first day of the 13th
19 month beginning after the effective date of this subsection is not required to pay any
20 fee for an initial reciprocal credential.

21 (END)



State of Wisconsin
2021 - 2022 LEGISLATURE

LRBs0210/1
JPC:kjf/cjs/amn

**SENATE SUBSTITUTE AMENDMENT 1,
TO SENATE BILL 469**

January 3, 2022 - Offered by Senator JACQUE.

AUTHORS SUBJECT TO CHANGE

1 **AN ACT to repeal** 89.073 (1), 89.073 (2m), 440.09 (1) and 440.09 (2m); **to amend**
2 89.073 (title), 89.073 (2) (b), 440.09 (title) and 440.09 (2) (b); and **to create**
3 440.09 (6) of the statutes; **relating to:** reciprocal credentials.

Analysis by the Legislative Reference Bureau

This bill creates a process for certain individuals who hold a license, certification, registration, or permit that was granted by another state to apply for and receive a reciprocal credential in this state. Under current law, an individual may not engage in certain professions or assume certain titles in this state unless the individual holds a credential issued by a department, examining board, or credentialing board with authority to oversee the profession or practice. Current law requires the Department of Safety and Professional Services, the Veterinary Examining Board, and any credentialing board attached to DSPS, with certain exceptions, to issue a reciprocal credential to a service member, former service member, or the spouse of a service member or former service member who resides in this state if certain conditions are met. This bill expands who may apply for reciprocal credentials to include all individuals. The bill does not allow individuals to receive a reciprocal credential from the Accounting Examining Board or the Real Estate Examining Board that would grant the holder of the credential a limited right

to practice law in this state, unless the applicant is licensed to practice law in this state.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 89.073 (title) of the statutes is amended to read:

2 **89.073** (title) **Reciprocal credentials for service members, former**
3 **service members, and their spouses.**

4 **SECTION 2.** 89.073 (1) of the statutes is repealed.

5 **SECTION 3.** 89.073 (2) (b) of the statutes is amended to read:

6 89.073 (2) (b) The individual ~~is a service member, a former service member, or~~
7 ~~the spouse of a service member or former service member~~ and resides in this state.

8 **SECTION 4.** 89.073 (2m) of the statutes is repealed.

9 **SECTION 5.** 440.09 (title) of the statutes is amended to read:

10 **440.09** (title) **Reciprocal credentials for service members, former**
11 **service members, and their spouses.**

12 **SECTION 6.** 440.09 (1) of the statutes is repealed.

13 **SECTION 7.** 440.09 (2) (b) of the statutes is amended to read:

14 440.09 (2) (b) The individual ~~is a service member, a former service member, or~~
15 ~~the spouse of a service member or former service member~~ and resides in this state.

16 **SECTION 8.** 440.09 (2m) of the statutes is repealed.

17 **SECTION 9.** 440.09 (6) of the statutes is created to read:

18 440.09 (6) This section does not apply to a reciprocal credential issued by the
19 accounting examining board or the real estate examining board that grants the

1 holder a limited right to practice law in this state, unless the applicant is licensed
2 to practice law in this state.

3 (END)



State of Wisconsin
2021 - 2022 LEGISLATURE

LRB-1594/1
JPC:ekg&cjs

2021 BILL

1 **AN ACT to renumber and amend** 250.15 (1); and **to create** 250.15 (1) (b), 250.15
2 (2) (d), 440.01 (1) (ab), (bm), (dg) and (hm) and 440.17 of the statutes; **relating**
3 **to:** funding for free and charitable clinics and defining telehealth.

Analysis by the Legislative Reference Bureau

This bill defines “free and charitable clinics” as health care organizations that use a volunteer and staff model to provide health services to uninsured, underinsured, underserved, economically and socially disadvantaged, and vulnerable populations and that meet criteria specified in the bill. The bill incorporates into statutory language an allocation made in the biennial budget act, 2019 Wisconsin Act 9, that requires the Department of Health Services to give \$500,000 in grants annually to free and charitable clinics.

Additionally, this bill incorporates the definitions of “telehealth” and other related terms from the Medical Assistance program into the statutory chapters that pertain to occupational licensing. “Telehealth” means a practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communications that are used either during a patient visit or a consultation or are used to transfer medically relevant data about a patient. The bill requires the Department of Safety and Professional Services and any attached examining board or affiliated credentialing board to define and use “telehealth” and related terms consistent with this bill in all promulgated rules.

BILL

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 250.15 (1) of the statutes is renumbered 250.15 (1) (intro.) and
2 amended to read:

3 250.15 (1) ~~DEFINITION~~ DEFINITIONS. (intro.) In this section, “community;

4 (a) “Community health center” means a health care entity that provides
5 primary health care, health education and social services to low-income individuals.

6 **SECTION 2.** 250.15 (1) (b) of the statutes is created to read:

7 250.15 (1) (b) “Free and charitable clinics” means health care organizations
8 that use a volunteer and staff model to provide health services to uninsured,
9 underinsured, underserved, economically and socially disadvantaged, and
10 vulnerable populations and that meet all of the following criteria:

11 1. The organizations are nonprofit and tax exempt under section 501 (c) (3) of
12 the Internal Revenue Code or are a part of a larger nonprofit, tax-exempt
13 organization.

14 2. The organizations are located in this state or serve residents in this state.

15 3. The organizations restrict eligibility to receive services to individuals who
16 are uninsured, underinsured, or have limited or no access to primary, specialty, or
17 prescription care.

18 4. The organizations provide one or more of the following services:

19 a. Medical care.

20 b. Mental health care.

21 c. Dental care.

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1 d. Prescription medications.

2 5. The organizations use volunteer health care professionals, nonclinical
3 volunteers, and partnerships with other health care providers to provide the services
4 under subd. 4.

5 6. The organizations are not federally qualified health centers as defined in 42
6 USC 1396d (1) (2) and do not receive reimbursement from the federal centers for
7 medicare and medicaid services under a federally qualified health center payment
8 methodology.

9 **SECTION 3.** 250.15 (2) (d) of the statutes is created to read:

10 250.15 (2) (d) To free and charitable clinics, \$500,000.

11 **SECTION 4.** 440.01 (1) (ab), (bm), (dg) and (hm) of the statutes are created to
12 read:

13 440.01 (1) (ab) “Asynchronous telehealth service” means telehealth that is
14 used to transmit medical data about a patient to a health care provider when the
15 transmission is not a 2-way, real-time interactive communication.

16 (bm) “Interactive telehealth” means telehealth delivered using multimedia
17 communication technology that permits 2-way, real-time, interactive
18 communications between a health care provider at a distant site and the patient or
19 the patient’s health care provider.

20 (dg) “Remote patient monitoring” means telehealth in which a patient’s
21 medical data is transmitted to a health care provider for monitoring and response if
22 necessary.

23 (hm) “Telehealth” means a practice of health care delivery, diagnosis,
24 consultation, treatment, or transfer of medically relevant data by means of audio,
25 video, or data communications that are used either during a patient visit or a

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1 consultation or are used to transfer medically relevant data about a patient.
2 “Telehealth” includes asynchronous telehealth services, interactive telehealth, and
3 remote patient monitoring.

4 **SECTION 5.** 440.17 of the statutes is created to read:

5 **440.17 Telehealth.** If the department, an examining board, or an affiliated
6 credentialing board promulgates rules related to telehealth, the department, the
7 examining board, or the affiliated credentialing board shall define “telehealth” to
8 have the meaning given in s. 440.01 (1) (hm).

9 (END)

Veterinary Examining Board Agenda Request Form

| | |
|--|---|
| 1) Meeting Date | Jan. 19 2022 |
| 2) Requestor Name | Melissa Mace |
| 3) Item Title for the Agenda | Strategic Plan |
| 4) Should the Item be in Open or Closed Session? | Y |
| 5) Are there Attachments? (If yes, include file names) | VEB Strategic Plan |
| 6) Is a Public Appearance Anticipated? | N |
| 7) Description of the Agenda Item | <p>Review calendar year 4th Quarter accomplishments on achieving the VEBs Strategic Goals. (Strategic Plan finalized in July. We will do an annual summary and finalize 2022 goals at the July meeting.)</p> <p>GOALS</p> <ol style="list-style-type: none"> 1. Develop rules for the safe practice of telehealth in Wisconsin and implement them by the end of 2022. <ol style="list-style-type: none"> a. Considering final draft for approval today. 2. Proactively engage license holders about the value of VPAP with a target of meeting the national average (3.5%*) for EAP program utilization by the end of 2023. <ol style="list-style-type: none"> a. See Quarterly report/annual report 3. Close 80% of active disciplinary cases within 12 months of the case opening at screening committee. <ol style="list-style-type: none"> a. 60% closed within 12 months of opening. The other 40% had already been open for 12+ months before we set the goal in 2021. 4. Increase outreach to credential holders. <ol style="list-style-type: none"> a. No direct VEB outreach. Did share outreach on RFID availability and AAVSB invitation to participate in the Veterinary Competency Profile Validation testing. b. Significant VPAP outreach. <p>*Utilization rates for employer sponsored EAPs are 5.5%. We model more closely to an association which, per Humana, have a lower utilization rate of 3.5%.</p> <p>April meeting we will look at keeping, modifying and/or changing the Board goals.</p> |



VEB

VISION: Setting the standard of forward thinking veterinary regulation.

MISSION: To protect the public through a fair regulatory process that instills public confidence in our licensees while remaining agile to the constant advancement of veterinary medicine.

CORE VALUES

ProteCting the public

TrAnsparency

IntegRity

HonEsty

