

Iowa Board of Veterinary Medicine
Wallace State Office Building, DNR 3E & 3W Conference Room
Open Meeting Minutes
May 26, 2022

Temporary Chair Dr. Tom Burkgren called the Board Meeting to order at 10:00 a.m. with the following Board Members in attendance: Dr. Tom Burkgren; Dr. Scott Shuey, and Mrs. Ann Werner. Also present were Mr. Jacob Larson, Assistant Attorney General, Dr. Jeff Kaisand, Executive Secretary, Meghan Orr, Administrative Assistant, and Ginny Eason, staff.

Dr. Shuey introduced himself to the Board Members and the guests attending the meeting. Dr. Shuey provided a brief summary of his veterinary practice and roles he has held throughout his professional career.

Absent

Dr. Yuko Sato
Mr. Will Yoder

Guest(s)

Jenny Dorman, Legal Counsel, Iowa Veterinary Medical Association
Kora Fox, Iowa Cattlemen's Association
Chris Gruenhagen, Iowa Farm Bureau
Eldon McAfee, Iowa Pork Producers Association, and Iowa Cattlemen's Association – attended by telephone
Dan Nuelle, Iowa Pork Producers Association
David D. Schmitt, DVM, Iowa Veterinary Medical Association

Election of Board Chairperson

Mrs. Werner moved to nominate Dr. Tom Burkgren as Chair for the Iowa Board of Veterinary Medicine. Motion was seconded by Dr. Shuey. Motion approved unanimously.

New Board Member Orientation

Mr. Larson provided a brief overview of the New Board Member Orientation to Dr. Shuey and as a refresher for the current Board Members.

Approval of the Agenda

Mrs. Werner moved to approve the agenda for the May 26, 2022, Board Meeting. Motion was seconded by Dr. Shuey. Motion approved unanimously.

Public Comment (Public comment period is open and limited to two minutes)

Ms. Chris Gruenhagen, Iowa Farm Bureau addressed the Board Members regarding Agenda items 6a – 6d and is asking for the Board's support to adopt the changes in the draft Veterinarian/Client/Patient Relationship Amendment and the draft Veterinarian/Client/Patient

Relationship Emergency Rule. If the Board adopts and files an emergency filing of the rules, there would not be a gap of coverage and there would not be any confusion for the veterinarians and producers. Lengthy discussion was held regarding the valid veterinarian/client/patient relationship when one veterinarian establishes the valid veterinarian/client/patient relationship and then has an associate veterinarian care for the herd the remainder of year. The follow-up care language was changed to designate another licensed veterinarian with access to the patient records.

The stakeholders formed a committee to discuss and propose changes to the draft rules. Ms. Dorman concurred with many of the comments made by Ms. Gruenhagen. Mr. Nuelle, and Ms. Fox agreed with the comments made by Ms. Gruenhagen and Ms. Dorman. The stakeholder's Boards, Committees, and Executive Leadership are aware of the changes and in agreement with the proposed changes presented to the Iowa Board of Veterinary Medicine. Further discussion will be addressed in Agenda item 6a-6d.

Approval of the Open Meeting Minutes

Mrs. Werner moved to approve the amended Open Meeting Minutes of April 28, 2022. Motion was seconded by Dr. Shuey. Motion approved unanimously.

Executive Secretary Report

Dr. Kaisand thanked and welcomed Dr. Shuey for agreeing to participate as an Iowa Board of Veterinary Medicine Board Member.

Dr. Kaisand reported there have been 19 High Path Avian Influenza (HPAI) positive flock detections in Iowa. Fifteen flocks were commercial and four were backyard flocks. The last official positive detection in Iowa was May 4, 2022. Iowa is very close to the 30-day mark after the last detection and the ban on exhibition stated; the ban would be lifted if no positive HPAI flock is detected for 30 days after the last positive detection. There have been four quarantines released and one producer is restocking today. The producer must go through a very rigorous process, cleaning, and virus elimination. Environmental samples are obtained from barns 14-days after the cleaning and virus elimination process before they are released to restock. There are several levels of safe guards in place for the producer and the flocks.

Chairperson Report

No report. Dr. Burkgren welcomed Dr. Shuey as a Board Member.

Assistant Attorney General Report

No report.

Board Member Report

Dr. Burkgren asked each Board Member to provide a brief introduction of themselves.

Mrs. Werner stated she and her husband crop farm in southwestern Iowa. The Werner's also have a registered Angus cattle herd they have semen for sale along with bulls and cows. Their

children are starting to take over many of the responsibilities of the operation. Mrs. Werner is in her eighth year as a Board Member.

Dr. Burkgren stated he was in a general practice for a period of time before he decided to be in a swine only practice. Dr. Burkgren then joined the American Association of Swine Veterinarians until 2019. He is semi-retired and has done some swine practice consulting during this time. Dr. Burkgren has a honeybee business in his practice, and is also involved in pet nutrition.

Dr. Shuey stated he is a 1990 Kansas State University graduate and has been in the same veterinary practice since he started in 1995. Dr. Shuey's veterinary practice has two locations and they are located in Corning and Creston, Iowa.

Rulemaking/House/Senate Files

Mr. Larson explained the rulemaking process started last year to update the valid veterinarian/client/patient relationship definition to include a medically appropriate and timely visit to the premise or physical examination of the patient within the prior 12-months. There has been some difficulty with the current law and a wide variety of interpretations of a medically appropriate and timely visit to maintain a valid veterinarian/client/patient relationship. The Board was also initiating their own Ethic Rules and previously used the American Veterinary Medical Association Ethic Guidelines. Those guidelines were not always appropriate for Iowa's use. Once Iowa's Ethic Rules became effective there was no longer a provision to address the emergency services for veterinarians.

Mr. Larson explained the differences between Agenda items 6a-6d. The Board could adopt 6a, "Notice of intended action for the emergency services rulemaking" on an emergency basis. This was submitted for review and was returned by the Governor's office with no explanation as to why the rule was returned. The language for the physical examination did move forward and comments were received. The Board voted to adopt the rule for final adoption without any substantive amendments and that is now 6d "Draft VCPR Emergency Rule" to go before the Governor's office and the Administrative Review Committee (ARC). Based on the comments, ARC issued a 70-day delay that will expire June 10, 2022. The rule may go into effect June 10th unless the Board does something different today. The ARC committee has a hearing scheduled for June 14th which they could potentially change their date and act on the rule. The Governor's office could also act on this rule.

The stakeholders are proposing a double barrel rulemaking to the Board. The Board would be able to act at the same time and would be able to move forward with filing an emergency rulemaking and file the traditional rulemaking at the same time. The emergency rule filing would allow the rule to go into effect immediately without any gap. During the interim period the Board would be able to proceed with the traditional rulemaking process and make any necessary changes.

Mr. Larson provided additional information to the Board Members of various scenarios available in the process of rulemaking, including, but not limited to changes and delays to the rules by ARC or the Governor's office.

The question was asked if the consulting veterinarian would issue the prescription or have the primary care veterinarian issue the prescription? It was stated professional judgement will have to be exercised by both the primary veterinarian and the designated veterinarian or partners in

the practice on how to proceed with the issuing of necessary prescriptions. Each premise that has a prescription issued must have a valid veterinarian/client/patient relationship. This is by the FDA Veterinary Feed Directive (VFD).

The original language was passed through ARC on March 8, 2022, and the rule will go into effect on June 10, 2022. The Governor's office does have veto authority up to 70 days after June 10, 2022. Questions were asked and discussion was held by the Board Members and stakeholders regarding the language changes to the emergency veterinary services, valid veterinarian/client/patient relationship, the primary and designated veterinarian regarding establishing the valid veterinarian/client/patient relationship and the follow-up care of the animal with the existing and new diagnosis.

Dr. Burkgren stated for the time being leave Item 3 language as is, but changes need to be made so there is no blanket designation to another veterinarian once the primary veterinarian has established the valid veterinarian/client/patient relationship. Concern was expressed by the Iowa Board of Veterinary Medicine in the lateness of approaching the Board with the language changes. Mr. Larson stated under the traditional rule making Item 3 can be removed or changed but does not have to be done at this present time. This would give the Iowa Board of Veterinary Medicine and stakeholders time to draft new language. Mrs. Werner and Dr. Shuey felt it would be better to leave the language in and make changes during the traditional rule making process.

Changes were made to the draft Veterinarian/Client/Patient Relationship Emergency Rule.

811-1.4(17A,169) Definitions. As used in ~~these~~ the rules of the Board, unless the context otherwise requires:

Item 2. Add the following NEW definitions to 811-1.4

"*Emergency*" means that an animal has been placed in a life-threatening condition and immediate treatment is necessary to sustain life or that death is imminent, and action is necessary to relieve extreme pain or suffering.

"*Physical examination*" means a veterinarian is physically proximate, hands-on to the patient and subjectively and objectively evaluates the patient's health status through the use of observation, auscultation, palpation, percussion or manipulations, or, for a group of patients, the veterinarian is physically proximate to the group of patients and has subjectively and objectively assessed a representative sample of the patients.

"*Premises*" means the land, buildings, enclosures, and facilities operated or owned by the client where the patient or representative patients are housed, kept, located, or grazed. ~~Premises includes all sites of production where a patient or representative patients, owned by the same owner, may be housed, kept, located, or grazed during the life of the patient.~~

Item 3. Amend rule 12.1 as follows:

811—12.1(169) Veterinarian/client/patient relationships.

12.1(1) The board shall determine, on a case-by-case basis, if a valid veterinarian/client/patient relationship exists. This relationship shall be deemed to exist when all of the following criteria have been met:

a. The licensed veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the need for medical treatment, and the client has agreed to follow the instructions of the licensed veterinarian;

b. The licensed veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. Sufficient knowledge means that the licensed veterinarian has recently seen or is personally acquainted with the keeping and care of the patient by virtue of any of the following:

(1) a physical examination of the patient within the past 12 months ~~or~~

(2) a professional visit within the past 12 months to the premises where the patient is kept or representative patients are kept within the past 12 months; and

(3) The licensed veterinarian has been designated by a licensed veterinarian, who has a prior veterinarian-client-patient relationship, to provide reasonable and appropriate medical care. The veterinarian making the designation shall have met the requirements of either subparagraph (1) or (2) and the designated veterinarian must have access to the patient's medical records.

The 12-month time period in this paragraph “b” shall not apply until [365 days after the effective date of this rule].

~~c. The licensed veterinarian is readily available or provides for follow-up in case of adverse reactions or failure of the regimen of therapy, or, if unavailable, has arranged for emergency or urgent care coverage, or continuing care and treatment has been designated by the veterinarian with the prior veterinarian-client-patient relationship who has access to the patient’s medical records.~~ The licensed veterinarian is readily available or provides for follow-up care in case of adverse reactions or failure of the regimen of therapy, or, if unavailable, has designated another available licensed veterinarian who has access to the patient’s records to provide reasonable and appropriate medical care.

Dr. Shuey moved to withdraw agenda item 6a “Notice of Intended action for the emergency services rulemaking” from consideration. Motion seconded by Mrs. Werner. Motion approved unanimously.

Dr. Shuey moved to adopt the rules as set forth in agenda item 6c “Draft VCPR Emergency Rule” as amended for emergency rulemaking. Motion seconded by Mrs. Werner. Motion approved unanimously.

Dr. Shuey moved to proceed with agenda item 6c “Draft VCPR Emergency Rule” for traditional standard rulemaking. Motion seconded by Mrs. Werner. Motion approved unanimously.

Ms. Gruenhagen will include Dr. Burkgren and Dr. Shuey for the committee meeting invite to discuss rulemaking changes to the proposed rules.

Correspondence

Veterinary Technician National Examination Testing Windows March 15-31/2022; April 1-15/2022, and April 16-29, 2022, exam results reviewed by the Board Members.

Elizabeth Kolb, DVM is requesting consideration of continuing education credit hours at the 2022 Cardiovascular Innovations Conference. Mrs. Werner reminded the Board of when she and her husband were in Colorado and visited with individuals that developed a CPAP for high altitude disease in cattle that was copied from human medicine and procedures. Contact Dr. Kolb to identify the specific session tracks and specific days she will be attending and provide a copy of the certificate of attendance she will receive. This was tabled until the June Vet Board meeting.

The Iowa Board of Pharmacy wanted to know if the Iowa Board of Veterinary Medicine would like to coordinate notice to the licensees regarding the change that prescriptions will be required for all antibiotics. The Iowa Board of Veterinary Medicine would like to participate in the coordination of notification to the licensees.

The American Association of Veterinary State Boards provided information regarding Program for the Assessment of Veterinary Education Equivalence (PAVE) for Veterinary Technicians. This program defines international veterinary technician/nurse graduate, but for the Iowa Board of Veterinary Medicine it is a case-by-case basis as stated in Chapter 811-8.9 Certification by Endorsement.

Dayna Watson – Veterinary Technician Application by Endorsement. Ms. Watson has provided all requirements and continuing education in her application. Mrs. Werner moved to approve the Dayna Watson Veterinary Technician Application by Endorsement. Motion was seconded by Dr. Shuey. Motion approved unanimously.

Miscellaneous

Telemedicine, no changes to the current policy

Virtual Meetings, no changes to the current policy

Mrs. Werner moved to go into Closed Meeting Session (closed session pursuant to Iowa Code section 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential or to be kept confidential as a condition for that governmental body’s possession and 21.5(1)(d) to discuss the contents of a licensing examination or whether to initiate licensee disciplinary investigations or proceedings if the governmental body is a licensing or examining board). Motion seconded by Dr. Shuey.

Roll call vote by Board Members: Dr. Burkgren, aye; Dr. Shuey, aye, and Mrs. Werner, aye nay – 0. Motion passed at 12:32 p.m.

Open Meeting Session

The Board reconvened into the Open Meeting Session at 2:06 p.m.

Action on Closed Meeting Session Sanctions

Mrs. Werner moved to close cases 22-004, 22-007, and 22-011. Motion was seconded by Dr. Shuey. Motion approved unanimously.

Continuing Education

The continuing education applications were reviewed by the Board Members for approval. The Board will accept electronic submissions of the continuing education application and attachments in a pdf format.

Requester	Meeting	Scientific	Mgmt.	Total Hour(s)
Michael Todd, DVM	The Positive and Negative Effects of a Raw Food Diet (6.7.2022 Mt. Pleasant, IA)	1		1
Stacie Matchan	Iowa Swine Day 2022 (6.30.2022 Ames, IA)	4.5	4.5	9
Chris Clark, DVM	McNay Research Farm (7.7.2022 Chariton, IA)	5		5
Shawna Greene, DVM	New Diagnostics and Treatments in Veterinary Oncology (6.14.2022 online/zoom)	1		1
Kevin Hoogendoorn	Four-State Dairy Nutrition & Management Conference (6.1-2.2022 Dubuque, IA)	11.305	1.875	13.18
Joseph Palermo	American Veterinary Medical Association Convention 2022 (7.28-8.2.2022 Philadelphia, PA)	447	160.5	607.5

Next Board Meeting

The next Board Meeting is Thursday, June 30, 2022, at 10:00 a.m. in the Wallace State Office Building, DNR 3E & 3W Conference Room.

Adjournment

Dr. Burkgren adjourned the Board Meeting at 2:11 p.m.

Respectfully submitted,

Jeffrey J. Kaisand, DVM
Executive Secretary