

**VETERINARY MEDICINE BOARD[811]**

**Adopted and Filed Emergency**

**Rule making related to veterinarian/client/patient relationships**

The Board of Veterinary Medicine hereby amends Chapter 1, “Description of Organization and Definitions,” and Chapter 12, “Standards of Practice,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 169.5.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 169.5.

*Purpose and Summary*

Some of the requirements for a veterinarian/client/patient relationship (VCPR), including a veterinarian’s responsibilities in an emergency setting, were previously set forth in the American Veterinary Medical Association’s document, referenced in the rules, titled Principles of Veterinary Medical Ethics. The Board removed references to the document and adopted its own ethics rules in a separate rule making, **ARC 6212C**, IAB 2/23/22, which became effective on March 30, 2022. The rule requires a VCPR before a veterinarian may provide medical care or prescribe medications to a patient.

The Board adopted additional amendments to the VCPR requirements on December 30, 2021, in **ARC 6171C**, IAB 2/9/22, which require a physical examination of the patient or visits to the premises within the past 12 months to establish a VCPR. The Administrative Rules Review Committee (ARRC), at its March 7, 2022, meeting, delayed the effective date of that rule making by 70 days from April 1, 2022, to June 10, 2022.

This rule making addresses public comments made during the previous two rule makings and at Board meetings. Currently, a VCPR is established when three criteria are met. This rule making clarifies and addresses the responsibilities of veterinarians who provide services in an emergency setting, which were previously explained in the rule-referenced document. This rule making defines “emergency,” “physical examination,” and “premises.” It also clarifies and revises two of the criteria to allow a VCPR for groups of animals, and allows a licensed veterinarian with a VCPR to designate another licensed veterinarian to consult or provide back-up care. This rule making establishes an applicability date to avoid retroactive application of the 12-month requirement as required in **ARC 6171C**.

*Reason for Adoption of Rule Making Without  
Prior Notice and Opportunity for Public Participation*

Pursuant to Iowa Code section 17A.4(3), the Board finds that notice and public participation are unnecessary or impractical because emergency adoption was approved by the Administrative Rules Review Committee.

In compliance with Iowa Code section 17A.4(3)“a,” the Administrative Rules Review Committee at its June 14, 2022, meeting reviewed the Board’s determination and this rule making and approved the emergency adoption.

*Reason for Waiver of Normal Effective Date*

Pursuant to Iowa Code section 17A.5(2)“b”(1)(c), the Board also finds that the normal effective date of this rule making, 35 days after publication, should be waived and the rule making made effective on June 14, 2022, because the ARRC approved its emergency adoption to allow licensed veterinarians to provide emergency care for their patients without having a VCPR. These amendments protect public

health against the transmission of zoonotic diseases. These amendments became effective on June 14, 2022, after approval by the Administrative Rules Review Committee to provide one consistent rule for establishing a VCPR and to allow licensed veterinarians to utilize other licensed veterinarians in protecting public health and providing the best possible care for their patients.

*Adoption of Rule Making*

This rule making was adopted by the Board on May 26, 2022.

*Concurrent Publication of Notice of Intended Action*

In addition to its adoption on an emergency basis, this rule making has been initiated through the normal rule-making process and is published herein under Notice of Intended Action as **ARC 6403C** to allow for public comment.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to 811—Chapter 14.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

*Effective Date*

This rule making became effective on June 14, 2022.

The following rule-making actions are adopted:

ITEM 1. Amend rule 811—1.4(17A,169), introductory paragraph, as follows:

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

ITEM 2. Adopt the following **new** definitions of “Emergency,” “Physical examination” and “Premises” in rule **811—1.4(17A,169)**:

“*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.

ITEM 3. Amend rule 811—12.1(169) 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 a physical examination of the patient within the past 12 months or a visit to the premises where the patient is kept within the past 12 months; and any of the following:

(1) A physical examination of the patient within the past 12 months;

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

(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 12.1(1)“b”(1) or 12.1(1)“b”(2) and the designated veterinarian must have access to the patient’s medical records.

The 12-month time period in paragraph 12.1(1)“b” shall not apply until June 14, 2023.

*c.* 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.

**12.1(2)** A valid veterinarian/client/patient relationship cannot be established by contact solely based on a telephonic or electronic communication.

**12.1(3)** In the absence of a veterinarian/client/patient relationship:

*a.* Any advice which is provided through electronic means must be general and not specific to a particular animal or its diagnosis or treatment.

*b.* Advice and recommendations may be provided via veterinary telephonic or electronic communication in an emergency, but only until the animal can be examined in person by a licensed veterinarian.

~~12.1(3)~~ **12.1(4)** Both the licensed veterinarian and the client have the right to establish or decline a valid veterinarian/client/patient relationship. Once the licensed veterinarian and the client have agreed and entered into a relationship, and the licensed veterinarian has begun patient care, the licensed veterinarian may not neglect the patient and must continue to provide professional services related to the patient’s injury or illness within the previously agreed limits. As subsequent needs and costs for patient care are identified, the licensed veterinarian and the client must confer and reach agreement on the continued care and responsibility for fees. If the informed client declines future care or declines to assume responsibility for the fees, the relationship may be terminated by either party.

~~12.1(4)~~ **12.1(5)** If no ongoing medical condition exists, a licensed veterinarian may terminate a valid veterinarian/client/patient relationship by notifying the client that the licensed veterinarian no longer wishes to serve that patient and client. However, if an ongoing medical or surgical condition exists, the patient should be referred to another licensed veterinarian for diagnosis, care, and treatment and the former attending licensed veterinarian should continue to provide care as needed during the transition.

~~12.1(5)~~ **12.1(6)** Concerns about licensed veterinarian or staff safety may result in immediate termination of the veterinarian/client/patient relationship.

12.1(7) In emergencies, a veterinarian has an ethical responsibility to provide essential services for an animal when necessary to save the animal's life or relieve extreme suffering, subsequent to a client agreement (or until such agreement can be obtained when a client is not present or cannot be reached). Such emergency care may be limited to relieve extreme pain or suffering, or to stabilization of the patient for transport to another source of animal care or euthanasia when deemed necessary by the veterinarian. When a veterinarian cannot be available to provide services, the veterinarian should provide readily accessible information to assist a client in obtaining emergency services, consistent with the needs of the locality. In an emergency, if a veterinarian does not have the expertise or the necessary equipment and facilities to adequately diagnose or treat a patient, the veterinarian should advise the client that more qualified or specialized services are available elsewhere and offer to expedite referral to those services.

12.1(8) 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, shall not be subject to discipline based solely on the veterinarian's inability to establish a veterinarian/client/patient relationship.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/13/22.