

VETERINARY MEDICINE BOARD[811]

Adopted and Filed Emergency

Proposing rule making related to the veterinarian/client/patient relationship.

The Veterinary Medicine Board 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 proposed 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 rule referenced document titled the American Veterinary Medical Association's Principles of Veterinary Ethics. The Board removed the referenced document and adopted its own ethics rules in a separate rulemaking, ARC6212C, which took effect 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 ARC6171C, which require a physical examination of the patient or visits to the premises within twelve months to establish a VCPR. The Administrative Rules Review Committee, at its March 7, 2022, meeting, delayed the effective date of this rule by 70 days from April 1 to June 10, 2022.

This amendment addresses public comments made during these previous two rule makings and at Board meetings. Currently, a veterinarian/client/patient relationship (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 previously found in the rule-referenced document. The amendment defines emergency, physical examination, and premises. It also clarifies and revises two of the criteria to allow a VCPR for groups of animals, and to allow a licensed veterinarian with a VCPR to designate another licensed veterinarian to consult or provide back-up care. The rule establishes an applicability date to avoid retroactive application of the twelve-month requirement as required in ARC6171C.

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, impractical, and contrary to the public interest because emergency adoption was approved by the Administrative Rules Review Committee. The rules address concerns raised during two previous rulemakings. This emergency adoption provides a benefit to the public by protecting animal health and public health by ensuring that veterinarians are authorized to provide medical care to animals in an emergency setting, to enable them to provide medical care to groups of animals and allow licensed veterinarians to utilize designated veterinarians as expert consultants and back-up medical care providers.

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)(b) and (c), the Board also finds that the normal effective date of this rule making 35 days after publication, should be waived and this rule making made effective after approval of the Administrative Rules Review Committee to allow licensed veterinarians to provide emergency care for their patients without having a VCPR. The amendments protect public health against the transmission of zoonotic diseases. These amendments take effect on June 14, 2022, as soon as feasible after the expiration of the 70-day delay on ARC6171C 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

The rule making was adopted by the Board on May 26, 2022. This rulemaking was adopted by the Board to be effective on June 14, 2022 after approval of the Administrative Rules Review Committee.

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 XXXXC 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, pursuant to Chapter 811-14.

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 rulemaking became effective on _____, 2022.

The following rule-making action is adopted:

Item 1. Amend rule 811-1.4 (17A.169) first unnumbered 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. 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.

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 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; 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 (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 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(34) 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(45) 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(56) Concerns about licensed veterinarian or staff safety may result in immediate termination of the veterinarian/client/patient relationship.

12.1(7) In emergencies, veterinarians have an ethical responsibility to provide essential services for animals when necessary to save life or relieve extreme suffering, subsequent to client agreement (or until such agreement can be obtained when no client is 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 veterinarians cannot be available to provide services, they should provide readily accessible information to assist clients 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, they 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.