









141 1,000 hours of practice requirement; specifically, hands-on experience or rendering advice. Dr.  
142 Frey agreed.

143 *Dr. Arleigh Reynolds joined the meeting at 10:06 a.m. via teleconference at the request of Dr.*  
144 *Hagee to testify on behalf of Dr. Frey.*

145 Dr. Hagee asked Dr. Reynolds to comment of the application of Dr. Frey; specifically referring  
146 to her scope of active practice as defined by statutes. Dr. Reynolds stated that he has known Dr.  
147 Frey for the last three years. He said that, during that time, she has proved herself to be an  
148 outstanding veterinarian and a tremendous asset to Dr. Reynolds as well as students in the  
149 veterinary program at UAF. He explained that it takes an enormous amount of planning and  
150 expertise to coordinate clinics in remote, rural areas to provide a high standard of care at a  
151 quality clinic and that Dr. Frey has contributed countless hours not only working in, but  
152 organizing such clinics and building relationships in the community to make the clinics effective.  
153 Dr. Reynolds cited a specific example regarding a clinic in the Yukon-Kuskokwim (YK) Delta.  
154 This area of the state experiences cases 9 times above the national rate of the number of children  
155 bitten by dogs. This area also has a high population average of type 2 diabetes because residents  
156 are afraid to go outside due to the number of feral dogs and the high risk of being bitten.  
157 Outreach to these communities is essential in preventing the spread of rabies and ensuring that  
158 all vaccination serums administered are not expired and are administered properly. Dr. Reynolds  
159 believes that Dr. Frey would be a tremendous asset to the veterinary community in Alaska as  
160 well as to the future generation of veterinarians that she is helping educate through the UAF/  
161 CSU program. Dr. Reynolds stated that it is important that young veterinarians understand the  
162 challenges they will face in working in rural Alaska, and Dr. Frey plays a key role in introducing  
163 them to those challenges.

164 *Dr. Frey and Dr. Reynolds exited the meeting at 10:13 a.m.*

165

166 **Agenda Item 14** **Presentation by the** **10:15 a.m.**

167 **American Association of Veterinary State Boards (AAVSB)**

168 Jim Penrod, the Executive Director for the AAVSB, introduced himself and thanked the Board  
169 for allowing representatives from the AAVSB to attend the meeting and give a presentation. He  
170 stated that it is a goal of the AAVSB to understand the challenges that are faced by different  
171 veterinary boards so that they can tailor services based on specific needs.

172 Dr. Vito DelVento, Executive Director for the Washington D.C. Board of Veterinary Medicine,  
173 also serves as the Program Manager for all animal services in the District of Columbia; similar to  
174 the position of a State Veterinarian. He has also served on the Board of Directors of the AAVSB  
175 for the last three years.

176 Jess Znidarsic works with the Continuing Education program at the AAVSB including the  
177 Registry of Approved Continuing Education (RACE) and RACEtrack.

- 178
- 179 • Alaska is one of 62 members of the AAVSB. This includes all 50 states, 9 Canadian  
180 provinces, Puerto Rico, the Virgin Islands, and D.C.
  - 181 • Member outreach is a big goal of the AAVSB, which is why representatives attended the  
meeting.

- 182 • The AAVSB works closely with students to help them understand the licensing process  
183 with a student outreach taskforce.
- 184 • Member Board support is based around a centralized licensing database which provides  
185 information to Boards regarding the most up-to-date licensing information for making  
186 licensure decisions.
- 187 • Policy leadership- The AAVSB tries to stay ahead of changes in the industry. For  
188 example: A taskforce was created to produce regulations regarding Telehealth, scope of  
189 practice for veterinary technicians and technologists, and to provide guidance and model  
190 regulations with respect to opioids, CDB oil, and cannabis.
- 191 • The AAVSB has a 10-member Board of Directors; nine of which are veterinarians, one is  
192 a veterinary technician.
- 193 • The AAVSB has 18 staff members to assist boards with all their needs so boards can  
194 work more effectively and efficiently.
- 195 • The AAVSB assists licensees in transferring information between state boards.
- 196 • Three members of the AK VET Board attended the AAVSB Annual Conference from  
197 September 26-28 in St. Louis, MO. The next conference will be in Portland, OR from  
198 September 24-26.
- 199 • Dr. DeIVento attested that, during his ten-year record of attendance, the quality of  
200 information provided at the conferences has increased exponentially. He stated that he  
201 believes the information provided is invaluable to board members and encourages  
202 everyone to attend so that they may experience how their board fits in at a national level.
- 203 • There is a delegate funding program to allow two representatives from each board to  
204 attend every conference.
- 205 • A new funding program was created by the AAVSB Board of Directors to encourage a  
206 member of the state legal team to also attend the conference. At the meeting in Portland,  
207 10 delegates from around the country will be funded to attend.
- 208 • In April, for the past three years, the AAVSB put on a conference called Board Basics  
209 and Beyond which is centered around training new board members and staff. Dr. Geiger  
210 can personally attest to the value of the information provided to attendees of this  
211 conference.
- 212 • The AAVSB disseminates information to and collects data from all member boards to  
213 assist in keeping the industry up to speed with any changes.
- 214 • The AAVSB encourages people to take advantage of volunteer opportunities within the  
215 organization by serving on a committee.
- 216 • The AAVSB utilizes a centralized database to track anyone within the U.S. who is a  
217 licensed veterinary professional. It is a challenge to keep the information up to date, so  
218 they rely on their member boards to report any disciplinary actions taken against  
219 licensees. They also visit board websites to gather any public information whenever  
220 possible.
- 221 • In February, a new service was introduced to help licensees called Veterinary Application  
222 for Uniform Licensure Transfer (VAULT). Levels of assistance provided and fee for the  
223 service vary depending on the service required. For more information, please visit the  
224 website: <https://aavsb.org/licensure-assistance>
- 225 • RACEtrack (formerly known as VCET) was created to help member boards track  
226 licensee's continuing education (CE) compliance.

- 227 • Registry of Approved Continuing Education (RACE) providers add licensee's CE  
228 information into the system once they have attended a RACE approved course where it  
229 can be easily tracked or audited by boards.
- 230 • This could be a useful auditing tool for AK, as a maximum of 1/3 of CEs submitted by an  
231 applicant can be on a non-scientific topic. RACEtrack would categorize all of that data.
- 232 • RACEtrack provides varying levels of service depending on the fee the licensee would  
233 like to pay. A free account is offered for this program.
- 234 • Member boards can easily automate audits and generate compliance reports. There is  
235 even a function to contact licensees directly through the RACEtrack portal to ask for  
236 updates regarding CE compliance.
- 237 • The AAVSB owns and administers the Veterinary Technician National Exam (VTNE).  
238 The board works closely with the AAVSB to approve applicants to sit for the exam.
- 239 • The Program for the Assessment of Veterinary Education Equivalence (PAVE) is another  
240 service that the AAVSB provides. This program was highly recommended to the board  
241 by Mr. Penrod.

242 Mr. Penrod went on to summarize some of the topic discussed and asked the board to update  
243 the AAVSB with any disciplinary actions against licensees and to take advantage of all of the  
244 services offered to the board as a member of the AAVSB.

245 Dr. DelVento asked the board when the Best Practice Act was last reviewed. Dr. Hagee  
246 informed him that, in his seven years on the board, it has not been reviewed. Dr. DelVento  
247 recommended that the board take on this arduous process and to update the language in  
248 regulations for foreign graduates. Dr. DelVento acknowledged the challenges that Alaska  
249 faces; the entire state has just under 400 veterinarians while D.C, alone, has 300.  
250 Telemedicine will likely become a more common tool used by veterinarians in Alaska due to  
251 logistics and geographic limitations. Also, veterinarians in Alaska are faced with a huge  
252 species variation as opposed to a more urban environment.

253 Dr. Geiger spoke of the valuable information he received from attending AAVSB  
254 conferences; particularly regarding Telehealth. Dr. Geiger stated that the information he got  
255 from AAVSB's attorney Dale Atkinson and Mr. Penrod about Telehealth was particularly  
256 useful. Mr. Penrod then offered Dale's services to the Board.

257 Dr. DelVento went on to talk about language pertaining to Veterinary Technicians,  
258 Technologists, and Nurses and recommended that the board take action in drafting  
259 regulations on defining the scope of practice of these professions. He said that Alaska could  
260 provide a model of regulation that is used by other states due to the unique challenges that  
261 are faced in this state. Dr. Hagee confirmed that, out in the bush, the demand for  
262 veterinarians is monstrous and it can be very challenging to ensure that all veterinary services  
263 are provided legally.

264 Dr. DelVento, again, encouraged the Board to utilize all services provided by the AAVSB in  
265 order to ensure that the Alaska Board runs most efficiently. He stated that once the D.C.  
266 Board added language to regulations to accept all AAVSB services (the specific example  
267 cited was about approving courses for continuing education), they were less bogged down  
268 with administrative tasks and could truly focus on projects that would contribute to the  
269 benefit of their district.

270 *Sharon Walsh joined the meeting at 11:00 a.m.*

271 Dr. Bergartt asked if the AAVSB has any members boards that specifically require all  
272 licensees to register with RACetrack and exclusively use that tool for CE audits. Mr. Penrod  
273 responded that, since they are still transitioning from VCET to RACetrack, not all benefits  
274 are available to members yet (they expect to launch in February of 2020); however, they do  
275 not currently have any boards that exclusively require participation in RACetrack. For more  
276 information on RACetrack, please visit: <https://aavsb.org/racetrack>.

277

278 **Agenda Item 9 Right-touch Regulation 11:09 a.m.**

279 Sharon Walsh began by introducing herself. She is the newly appointed Deputy Director for  
280 the Division of Corporation, Business and Professional Licensing. She has been with the  
281 Division for 15 years as the Executive Administrator for the Real Estate Commission. She  
282 attended the meeting because it is the goal of the Division to visit every regulatory board and  
283 commission to talk about right-touch regulation.

284 The Division would like the Board to look closely at the current regulations to streamline  
285 things and make them more efficient; whether that be the licensing process or regulations in  
286 general. During the presentation, Ms. Walsh explained that the division was asking boards to  
287 rethink options to manage risk, break out of their comfort zone, and be willing to hear  
288 different perspectives that enable them to evaluate current and proposed management  
289 strategies, as well as propose statute, regulation, or administrative changes to the existing  
290 regulatory landscape. She informed the board of an evaluation tool that was created by the  
291 division that is based on the principles of right-touch regulation, and that the exercise does  
292 not prescribe an outcome, but leads to the exploration of characteristics of oversight that  
293 properly limit or address any problems with the activity in question. She informed the board  
294 that the presentation and workbook was not meant to force changes upon them, but rather  
295 presented an opportunity to set goals or objectives based around reforming regulations, and  
296 to conquer those goals and objectives. Ms. Walsh went on to suggest that the Board hold a  
297 half day workshop, instead of a regular board meeting, to address some of the regulatory  
298 issues once they have been identified.

299 Dr. Geiger asked Ms. Walsh to provide a specific example of how right-touch regulation has  
300 been applied to other boards. Because Ms. Walsh was most familiar with the workings of the  
301 Real Estate Commission, she cited that that group focused on continuing education  
302 requirements: is being licensed enough to show competence, or should further proof of  
303 training be required? She then went on to cite specific requirement to become a licensed  
304 realtor.

305 Dr. Bergartt offered an example that could be looked at from veterinary regulations.  
306 Currently, for licensing foreign veterinarians, regulations limit the board to only accepting  
307 the Educational Commission for Foreign Veterinary Graduates (ECFVG) certification, while  
308 the AAVSB offers something similar called PAVE. She suggested that the Board could be  
309 losing out on qualified applicants because of that specific requirement of the ECFVG. She  
310 recommended looking at that regulation to open up licensing for more foreign graduates.





348 Dr. Stafford said that the board would be putting practitioners in a tight spot, which could be terrifying  
349 especially for new veterinarians (such as herself), so that they might just step away from the situation.  
350 There is already a struggle in the state to employ an adequate amount of large or mixed animal  
351 practitioners in the state. She requested that the regulations be clearly stated to avoid putting  
352 veterinarians at risk. Dr. Hagee said that if a veterinarian is willing to accept the initial obligation of  
353 prescribing something, then they also need to accept that they will have to make an onsite visit. He  
354 acknowledged that that can be scary; but, if a veterinarian can't handle the pressure, then they need to say  
355 no at the very beginning before the Veterinarian- Client Relationship is initiated. Dr. Stafford said that if  
356 every veterinarian were to pass the buck, then there will not be a plan in place to protect the public,  
357 either. Dr. Hagee agreed.

358 Dr. Gerlach brought up the point that a VCPR is an agreement between both sides. If a veterinarian said  
359 they would take on a client, thinking in good faith that the owner would follow instructions, but then the  
360 client breaks the VCPR, the veterinarian should not be held accountable for the actions of the client. The  
361 vet can protect him or herself by indicating in the record a detailed plan of action. The VCPR should be  
362 looked at as a contract. The owner needs to step up to the responsibility of owning the animal. It is  
363 not the veterinarian's responsibility to make sure that the owner is doing the right thing.

364 The AKVMA representatives brought up another issue. They felt that a lot of veterinarians within the  
365 state were unaware of the proposed changes to the VCPR. They would like for the public commenting  
366 period of the regulation to be extended to allow better dialogue to occur between the Board and AK  
367 veterinary licensees to ensure that the changes are fully understood. Dr. Hollick stated that she felt the  
368 notification about the proposed regulation change was inadequate. She said that, for whatever reason,  
369 AKVMA members did not receive notification about the changes.

370 Dr. Hagee pointed out that the Board did in fact receive comments about the VCPR and that everyone  
371 was given the same opportunity to make their comments. He asked how the individuals who did  
372 comment found out while the AKVMA was unaware. Dr. Hollick said she didn't know. Dr. Stafford  
373 said that, as members of the AKVMA board, they had taken on extra responsibilities and were very busy.

374 Ms. Lund informed the room that the proposed regulation change had been publicly noticed in accordance  
375 with State Policies and Procedure and that the comment period would not be extended. Ms. Lund went on  
376 to explain that letters about regulations are not sent out to licensees until the regulations are adopted. The  
377 letters are a courtesy to keep licensees informed of changes so they can remain in compliance. Dr.  
378 Hollick asked if the public notice was published in any newspapers. Ms. Lund informed her that the State  
379 utilizes the Anchorage Daily News for public notices because it is the publication with the widest  
380 circulation in the state.

381 Dr. Geiger said that he felt undue criticism was being directed at the staff. He pointed out that it is not  
382 staff's responsibility to grab every single person affected by the arm of the state and ask if they are paying  
383 attention. Staff did make the proposed changes available. He said, just like him in his personal life, if he  
384 does not choose to pay attention to something, then that is on him. Staff has worked to get the  
385 information to the public and if people are affected and don't like the regulations, that's on them to start  
386 paying more attention.

387 Dr. Geiger recommended that the AKVMA assign responsibility to an individual to regularly check for  
388 public notices concerning the Board of Veterinary Examiners and to pass that information along to  
389 AKVMA members. Dr. Hollick requested that Ms. Lund contact the Executive Director of the AKVMA,  
390 Pat Anderson, whenever there is information regarding veterinarians published so that Ms. Anderson can  
391 then send out the information to all AKVMA members. Ms. Lund agreed.

392 Dr. Hollick then requested that the Board delay making a final decision about the VCPR regulation. Dr.  
393 Stafford asked what the next step would be in regard to the regulation change. Ms. Lund explained that

394 the Board could choose to adopt the regulation or not; acknowledging that they considered public  
395 comment at the cost to the public. Dr. Hagee assured the AKVMA representatives that their comments  
396 did not fall on deaf ears, and the board will see if they can improve the language for everyone's sake.

397 Dr. Hagee asked Dr. Robert Gerlach if he had read the letter and asked him if he had any comment on  
398 how the VCPR regulation change would affect the Veterinary Feed Directive (VFD). Dr. Gerlach said he  
399 was in attendance to address that exact issue. He stated that he believes the changes to VCPR will affect  
400 the prescriptions of medications and antibiotics regarding agriculture within the state; remote livestock  
401 operations, aquaculture and hatchery units. Currently, the federal regulations define what the VCPR  
402 needs to be regarding servicing those organizations or facilities, as well as addressing what a practitioner  
403 may be dealing with regarding extra label use drugs. He said that if a veterinarian doesn't meet the  
404 federal regulation, then that vet is in violation. He thinks the Veterinary Board has the opportunity to  
405 make sure that the VCPR meets the key elements that are outlined in the federal regulations; specifically,  
406 the federal regulation regarding "timeliness".

407 Dr. Gerlach cited that, in other states, "timely" for the VFD should be quarterly or six months in some  
408 cases. He said that he thinks the board can provide specific wording in the VCPR to address those key  
409 elements and define "timely" as it applies to Alaska for remote hatcheries and livestock facilities. He  
410 stated that he would like to see language mandating that a veterinarian visits a site once a year; minimum.  
411 He said that would accommodate most livestock facilities that have a brand-new set of animals coming in  
412 every year. He thinks a VFD could be as long as six months, but a veterinarian would need to evaluate the  
413 facility where the animals are cared for, how they are going to be fed or treated with medication, and how  
414 excess medication, medicated feed or water should be discharged or discarded in a way that does not  
415 cause environmental contamination. Dr. Gerlach stated that, through his experience with the FDA,  
416 waiting over a year for an onsite visit is unacceptable. He recommended that at a minimum of once a  
417 year, but then it will be up to the expertise of the veterinarian to determine what is acceptable.

418 Dr. Gerlach explained that the definition of VCPR on the federal side was directed towards the problem  
419 of misuse and overuse of antibiotics, specifically guarding against microbial anti-resistance. He said that,  
420 basically, the federal guideline is the minimum requirement and the federal government relies on the  
421 professional relationship that the veterinarian has with the owner to decide if there needs to be more  
422 frequent visits. Federal regulations are created to address issues but are designed be very broad because  
423 they have to reach the entire country. Veterinarians need the local board to make requirements specific to  
424 the unique aspects that exist in AK.

425 Dr. Gerlach claimed that he does not find the suggested regulation from the AKVMA very palatable in  
426 respect to livestock operations or hatcheries that are in remote areas. He stated that the board needs to  
427 extend the ability to evaluate the animals or the facility for maybe upwards of two to three years. If the  
428 length of time is not specifically defined, problems may arise later with respect to oversight and what was  
429 intended.

430 Dr. Hollick and Dr. Gerlach both gave examples detailing how people who live outside of Alaska don't  
431 really fully understand the context of the word "remote" as it applies to Alaska. A veterinarian may not  
432 even be able to reach a site for two to three weeks just because of weather. Dr. Gerlach said this should  
433 be considered when drafting regulation; to lay out what is appropriate to treat an emergency and how  
434 follow-up treatment should be administered. He suggested that a box full of dead animals could be sent  
435 in for evaluation as a stopgap measure until an onsite inspection can be conducted.

436 Dr. Gerlach would also like to see digital necropsies implemented as a tool for remote livestock farms.  
437 This process is being developed by the University of Saskatoon. A DVD was made so the farmer could  
438 watch the video demonstration and follow along step-by-step. The video instructs where to cut, when to  
439 take photos to send in, and what samples to collect. The video also illustrates what looks normal inside of  
440 the animal, so the owner could get an indication of what might be wrong. This tool allows owners to save

441 money. This is not meant to replace on onsite visit, but could buy some time before a site visit can be  
442 made. A veterinarian still needs to develop that relationship with the client, but also utilize the tools  
443 available. He said this could be useful in situations where a herd is extremely remote and a large  
444 percentage of the herd is dying. Dr. Gerlach used an example of someone calling in to say that an animal  
445 has swelling in a particular area. It is hard for a veterinarian to discern if the swelling is due to fracture,  
446 trauma, edema, from a bug bite, an allergic reaction or heart failure. The owner would likely not be able  
447 to make that determination. In cases with a severely injured animal, it is the owners right to administer  
448 emergency medical treatment to the animal before resorting to euthanasia. He stated that he thinks  
449 telemedicine is something that Alaskans need to embrace to provide services, but it has to be done in an  
450 appropriate way to do no harm to the client, the animal, and the environment with respect to overuse and  
451 misuse of antibiotics in creating an antibiotic-resistant strain of bacteria.

452 Dr. Geiger wondered how an exemption could be worked into regulations for hatcheries. If a PhD level  
453 pathologist had been monitoring a particular facility for 30 years and kept an extensive database, then  
454 there should be a basis there to start a relationship with a veterinarian without a site visit. It would cost  
455 thousands of dollars in transportation alone to employ a highly paid veterinarian, when there is already  
456 someone involved with the hatchery.

457 Dr. Gerlach disagreed. An experienced pathologist may have looked at animals that were sent in, but  
458 many of those fish pathologists have not been to the hatchery site. Ultimately, it's the veterinarian who is  
459 writing the prescription that is responsible. He stated that he, personally, would not trust that an owner  
460 would dispense and dispose of the antibiotic correctly, without even knowing what the operation is. The  
461 FDA will hold a veterinarian accountable. But, a veterinarian could work with a fish pathologist that is on  
462 site to get samples sent back in order to proceed in an appropriate manner.

463 Dr. Flamme quoted Dr. Gerlach as establishing a 6 to 8-week period as a timely visit for a mass mortality  
464 at a hatchery and asked if he thought that timeline was appropriate. Dr. Gerlach said, in that situation,  
465 animals could be sent in, a veterinarian could recommend a treatment, and then schedule an onsite visit.  
466 A veterinarian should not continue treatment if they could not evaluate the site. That is left up to the  
467 professional evaluation and the ethics of the professional to say what would be appropriate on a case-by-  
468 case basis.

469 Dr. Geiger asked for clarification about sending animals in. Dr. Gerlach said this should only be done on  
470 an emergency basis to provide initial treatment. After that, a veterinarian would need to visit a facility to  
471 verify how the animals are being taken care of. Most veterinarians are not going to be vetted in  
472 aquaculture because that is a unique specialty, but an aquaculture owner could send in preliminary photos  
473 to a veterinarian to ensure that the DVM is ok with the setup, but an onsite visit should also be conducted.  
474 He described the limitations that photography poses with framing a shot in a certain way to restrict what  
475 is being portrayed. Dr. Gerlach does not want the veterinarian to be lowered to the level of technician by  
476 just being told what to do. The DVMs are the ones that have to make the decision; that's why they went  
477 to school for eight years to be able to make the decisions.

478 Dr. Gerlach went on to say that if there is a mass mortality going on that an owner is calling about and a  
479 veterinarian can't get to the site, then the next point of contact should be to the State Veterinary Office to  
480 notify them of the problem. The veterinarian could request assistance in getting out to the site more  
481 quickly. Dr. Gerlach stressed that this does not mean that the state representative would not go out there  
482 and prescribe medication, but he could call the veterinarian and say, here's what I think is going on,  
483 here's the test that we can take and get back to you about the results. The veterinarian could also contact  
484 the USDA veterinarian who would do the same thing. But, the USDA should only become involved in  
485 the most serious cases.

486 Dr. Gerlach emphasized that this is a very sticky and complicated topic. He commended the Board for  
487 opening up this topic to do what is appropriate for the state. His only encouragement was to make sure

488 that Alaska meets the key elements of the federal regulations. Alaska needs a state-appropriate VFD so  
489 that veterinarians are not required to make quarterly or semi-annual visits to a facility like a hatchery.

490 The Board thanked those who participated in public comment for making the time to attend and for their  
491 thoughtful comments. Dr. Bergartt asked the AKMA to encourage their members to become more  
492 active with the Alaska Board of Veterinary Medical Examiners meetings. She stated that, historically,  
493 members of the public rarely come to the meetings, let alone participate in the public comment portions of  
494 the meetings. Dr. Stafford asked for clarification on how someone would attend a meeting if there was  
495 only one meeting held a year in Anchorage. Ms. Lund went on to describe the state's utilization of the  
496 Zoom platform for video conferencing as well as the GCI teleconferencing system and that a member of  
497 the public could attend the meeting from the comfort of their own home, or participate in public comment  
498 from their cell phone. Dr. Bergartt pointed out that the dates for the next meeting are usually set at the  
499 previous meeting, so the information can be found in the meeting minutes, which are publicly available  
500 through the Board website.

501

502

503 **Agenda Item 12**                      **AAVSB Symposium**    **2:05 p.m.**

504 It was asked that Dr. Geiger and Dr. Flamme share some noteworthy topics from the AAVSB Annual  
505 Conference they recently attended in St. Louis, MO.

506 Dr. Geiger said there were several things that really made an impression on him during the conference.  
507 He said that lot of the meeting had to do with changes to the veterinary profession regarding technology.

- 508        • The term “Doctor Google” came up repeatedly. People are now looking for information through  
509        Google and receiving misinformation over seeking guidance from a professional.
- 510        • There is a shortage of veterinarians and this will drive changes in technology, especially for  
511        veterinarians in rural areas.
- 512        • Millennials have a habit of humanizing their pets and wanting a different kind of pet healthcare  
513        than people his age. 74% of millennials would prefer virtual visits to veterinarians rather than in -  
514        person visits. Dr. Flamme stated the by 2030 75% of the workforce is going to be millennials.  
515        54% will change their work during the course of their lifetimes. He said that they will leave the  
516        veterinary profession due to work ethic and everything else being different from older  
517        generations.
- 518        • There is a consensus that technology will result in products that consumers want and will demand  
519        whether the board or individual professionals like it or not.
- 520        • There is a company in England that is working on using computer assisted Artificial Intelligence  
521        to generate veterinary services. The head of that company asked the Alaska Board attendees what  
522        they would do if the company produced a product for use in Alaska. It was asked how the Board  
523        would regulate if someone was receiving veterinary medical advice from someone in the U.K. or  
524        somewhere else outside of the U.S. Currently, these are questions that do not have any answer.
- 525        • There is a mid-level veterinary profession being developed that the board does not have  
526        regulations for regarding scope of practice. This profession would be akin to a nurse practitioner  
527        or physician's assistant. Dr. Geiger recommended highly that the Board start looking at putting  
528        some regulations in place for that.
- 529        • Use of cannabinoids on companion animals was discussed.
- 530        • A resolution was passed, asking member boards to contribute to VIVA central database.
- 531        • Dr. Flamme cited that there will be 120 veterinary clinics in Walmart by the end of 2020.



- 575 ○ The State is working with Appriss Health to turn on a veterinary prescription search only.  
576 Once that is activated, it will allow providers to more clearly discern if the prescription is  
577 for an animal verses having to look at the owner's prescription history.
- 578 ○ There was an announcement sent out through the PDMP announcement feature about  
579 NARxE Care. That is an analytics feature that providers can look at upon a patient query.  
580 They are given a visual snapshot of a patient's overdose risk (ORS)- a value between 0  
581 and 90- and provides an odds ratio for unintentional death of that patient.
- 582 ○ The State is hoping to launch an awareness and feedback questionnaire this year. This is  
583 a requirement from the CDC. There was one launched last year but the response rate was  
584 very low; less than 1%. Ms. Carrillo asked for some support from the board with this and  
585 asked them to spread the word to fellow veterinarians. This is to gauge how comfortable  
586 providers are with navigating the PDMP, how familiar they are with the platform and to  
587 provide feedback on anything that is problematic.
- 588 ○ A compliance module feature will be up and running within the next few months. This  
589 will provide the PDMP staff a list- either monthly or quarterly- of providers that did or  
590 did not query the PDMP prior to prescribing, administering or directly dispensing a  
591 controlled substance. This will also give providers the ability to view their own  
592 compliance.
- 593 ○ License integration will soon be available. As of now, the State's licensing database is  
594 separate from the PDMP. Once license integration goes live, it will benefit existing users  
595 who, once they submit their professional renewal application, will continue to have  
596 access to the PDMP. However, if their license is not renewed, then their access to the  
597 PDMP will be immediately and automatically revoked. Currently, the State relies on  
598 licensees to submit a paper form to request that their PDMP account be deactivated.
- 599 ○ Clinical alerts- When a patient query is run through the system, a practitioner can see a  
600 comprehensive patient history of what their prescription is. The clinical alerts will be a  
601 real-time alert that can be configured to be sent through email and available through the  
602 patient query. Different threshold alerts can be set; dangerous combination, morphine  
603 milligram equivalent (MME), etc.
- 604 ● Data:
  - 605 ○ The PDMP currently has 7,817 users. Veterinarians comprise about 3.3% to the total  
606 user count.
  - 607 ○ The proportion of licensed veterinarians registered with the PDMP is 65%. This is a 4.4%  
608 decrease from the previous report period. This means that 35% of veterinarians are not  
609 registered with the PDMP.
  - 610 ○ There has been a slight decrease in the amount of opioids dispensed from September of  
611 2016 through September of 2019.
  - 612 ○ Veterinarians prescribe significantly less MMEs compared to other prescribers.
  - 613 ○ There has been a decrease in login activity by veterinarians to the PDMP website since  
614 the number peaked during the summer of 2017.
  - 615 ○ The PDMP received quarterly data from Appriss Health and, out of the 140 veterinarians  
616 who prescribed at least one opioid, there are 118 that did not perform a query. Ms.  
617 Carrillo recommends that the Board focus on this. It would be up to the Board in how to  
618 go about addressing this with licensees. The State wants to see that number (118) go  
619 down because those providers are not performing a query on clients (the owner) before  
620 prescribing opioids to their patients. This could impact the safety of the public and the  
621 veterinary patient.

622 The floor was then opened for the board to ask questions of Ms. Carrillo. Dr. Bergartt asked how the  
623 data regarding the number of veterinarian prescribing without querying is tracked and if the State is able  
624 to track veterinarians that are writing prescriptions to outside pharmacies, or are they able to track

625 veterinarians that are filling their patients' own opioid prescriptions through their own clinic without  
626 querying.

627 Ms. Carrillo responded that the data in the PDMP primarily comes from pharmacies. The pharmacy  
628 reports any data about a prescription that is dispensed out of their facility. Veterinarians who are  
629 dispensing directly out of their clinics are also required to report. They would do that through PMP  
630 Clearinghouse- a separate database- select Alaska as a reporting state, then that data would be transferred  
631 into the PDMP data and would be visible in the State's analytics program.

632 There was some confusion and misunderstanding regarding what is required of veterinarians when they  
633 are prescribing versus dispensing. There was some back and forth discussion about this topic. In short,  
634 veterinarians are required by law to look up a client's prescription history before they prescribe a  
635 controlled substance to their patient. Veterinarians who are directly dispensing controlled substances are  
636 required to report any dispensations, but there is no way for the State to track if they are not reporting  
637 those dispensations. All of the non-compliance data reported at this meeting came through reports from  
638 pharmacies.

639 It was clarified that a dual action is required by practitioners. The first is to review or query (when  
640 prescribing), the second is to report (when dispensing).

641 It was disclosed that there was a common misconception within the veterinary community that  
642 veterinarians were prescribing through pharmacies, thinking this would take the burden of having to  
643 query off the shoulders of veterinarians and placing it on the pharmacists who are the ones actually  
644 dispensing. Ms. Carrillo recommended that the Board revisit the laws regarding PDMP compliance. The  
645 law says that the providers are required to query the patient before dispensing, prescribing or  
646 administering a medication. Since veterinary patients are animals, it would be the client's information the  
647 vet would look up.

648 Dr. Hagee thanked Ms. Carrillo for attending the meeting. He said that the information she provided and  
649 the following discussion was very thought provoking. He encouraged the board to go back and review  
650 the regulations regarding the PDMP to clear up any misconceptions to make sure that everyone is doing  
651 things right.

652 Ms. Carrillo said she would be happy to answer any follow-up questions that the board may have  
653 regarding the PDMP.

654 *Ms. Carrillo left the meeting at 3:00 p.m.*

655 At this time, the Board discussed some options for getting this information out to licensee, including  
656 having a town hall meeting to discuss proposed legislation for getting veterinarian exempt from having to  
657 register with the PDMP. Dr. Geiger asked if the board could work with the lawyer at the AAVSB to come  
658 up with a drafted statute to submit to the legislature. Mr. Penrod said yes. Dr. Bergartt suggested  
659 looking at how other states, such as Minnesota or Wisconsin, have handled this issue. It was asked of Ms.  
660 Lund to find out the hourly cost of having a state attorney attend the regulations workshop, and to find out  
661 if the Board's budget would allow for such an expense. Several board members suggested cost saving  
662 measures to achieve before officially bringing in an attorney.

663

664 **Agenda Item 15** **Correspondence** **3:15 p.m.**

665 At the previous meeting, questions had been raised as to what happened with letters written by board  
666 members to the Board of Pharmacy. Ms. Lund was able to locate the letters and asked what the board



667 would like to have done with them. It was agreed that, since the letters were written so long ago, they are  
668 likely no longer relevant.

669 Dr. Geiger asked that a procedure be implemented to avoid a similar situation in the future and to get  
670 letters to the appropriate recipient in a timelier manner. Ms. Lund agreed that she will proceed however  
671 the board sees fit and will also leave instructions for future Veterinary Board Licensing Examiners. Dr.  
672 Geiger suggested the following actions: board member drafts a letter, send drafted letter to staff, staff  
673 looks over for edits, staff would format the letter on State letterhead, staff would disseminate the letter to  
674 the board for all members to review, staff would make any necessary updates, the Board Chair would sign  
675 the letter, then staff would send the letter up the supervisory chain until the letter reaches the intended  
676 party.

677 There were two letters received that were addressed to the Board; one was the letter regarding the VCPR  
678 from the AKVMA. The other was from a Vet Technician who is opposed to the name of the profession  
679 potentially being changed to Veterinary Nurse. The Board acknowledged that all members had read the  
680 letters and the concerns addressed were noted.

681

682 **Agenda Item 16** **Regulations** **3:25 p.m.**

683 **In a motion duly made by Hal Geiger, seconded by Chris Michetti, and passed unanimously, it was**  
684 **RESOLVED to ADOPT as amended, 12 AAC 68.045(a)(3) to read:**

685 (3) a notarized copy of the applicant's veterinary school diploma showing graduation from an accredited  
686 veterinary school, or official transcripts from an accredited veterinary school, or official records showing  
687 completion of the Educational Commission for Foreign Veterinary Graduates certification process  
688 required by AS 08.98.165(a), or other national examination approved by the Board including the  
689 American Association of Veterinary State Boards' Program for the Assessment of Veterinary Education  
690 Equivalence (PAVE); and

691 **In a motion duly made by Hal Geiger, seconded by Scott Flamme, and passed unanimously, it was**  
692 **RESOLVED to ADOPT as amended 12 AAC 68.046(a)(3) to read:**

693 (3) a notarized copy of the applicant's veterinary school diploma showing graduation from an accredited  
694 veterinary school, or official transcripts from an accredited veterinary school, or official records showing  
695 completion of the Educational Commission for Foreign Veterinary Graduates certification process  
696 required by AS 08.98.165(a), or other national examination approved by the Board including the  
697 American Association of Veterinary State Boards' Program for the Assessment of Veterinary Education  
698 Equivalence (PAVE); and

699 **In a motion duly made by Scott Flamme, seconded by Rachel Bergartt, and unanimously agreed**  
700 **upon that:**

701 12 AAC 68.075, regarding Veterinary- client- patient relationship, be **TABLED** until the Board can  
702 incorporate better language that will meet federal guidelines.

703 The board went on to discuss, at length, the issues that were brought up during Public Comment regarding  
704 the VCPR. Dr. Geiger said he cringes at the thought of setting a hard deadline for "timeliness". He stated  
705 that, if the board had any regard for the value of other peoples' money, then they should be hesitant about  
706 naming a timeframe for an onsite visit to remote areas. He also reminded the board that the federal  
707 government may not accept any definition adopted by the board.

708 Dr. Michetti said that she agrees with the AAVSB in that the word “Veterinary” should be changed to  
709 “Veterinarian” because, ultimately, it is the veterinarian that has to have the relationship with the client  
710 and patient. It is the veterinarian that delegates to the technician; therefore, the responsibility of all  
711 treatment administered falls on the shoulders of the veterinarian. As far as the timeframe is concerned,  
712 she disagreed with Dr. Geiger and believes that a set timeframe should be established. She stated that it  
713 would protect the public because, in a busy practice, a point can be reached where clients with remote  
714 establishments may not be made a priority. A set timeframe will remind veterinarians that they need to be  
715 in contact with those remote clients. She agreed with the wording in the letter submitted by the AKVMA  
716 and would like to move in the direction of adopting those suggestions. She acknowledged the length of  
717 time and cost to reach some of the remote hatcheries, but she also feels that business owners need to take  
718 responsibility for the care of their animals because it is a concern of public health.

719 Dr. Flamme said that he agrees with Dr. Michetti in that a timeline needs to be established, especially  
720 considering that the FDA is cracking down on approved use of antibiotics. Ultimately, someone must be  
721 responsible for writing scripts and that there should be follow-up. He acknowledged that it will be a  
722 difficult task to come up with appropriate timelines because every situation is different.

723 Dr. Bergartt agreed with Drs. Michetti and Flamme that there has to be a mandatory site visit. She  
724 disagreed with Dr. Flamme that scenario-specific regulations need to be drafted. She stated that she feels  
725 that broad language and that a site visit be made within a year is more appropriate. She said that the  
726 board needs to consider ruling out Telemedicine in the VCPR regulations because, if no site visit is made,  
727 then the licensee would not be complying with regulations.

728 Dr. Michetti interjected that she does not believe that telemedicine should be ruled out completely. She  
729 said that telemedicine will be an important, cost-saving tool to be utilized to establish that an onsite visit  
730 is needed and in between site visits.

731 Dr. Bergartt agreed with Dr. Michetti and rephrased her previous statement that regulations need to be  
732 drafted skillfully, but she would like to rule out care providers that exclusively use telemedicine. Dr.  
733 Bergartt went on to point out that, on the Alaska State website, there is a Telemedicine Business  
734 Registry. That business registry only requires that an out-of-state business register with that registry. It  
735 says nothing about practitioners being licensed in Alaska and she finds the regulations to be too loose.  
736 She stated that, personally, she believes that a physical exam is imperative.

737 Dr. Geiger said that veterinary radiologists who may just be examining an x-ray that has been sent to him  
738 or her need to be considered in the drafting of regulation for the VCPR.

739 Dr. Michetti said that, in the form of specialty medicine, it is imperative that the animal be presented to  
740 the specialist. She stated concerns with telemedicine using cardiology as an example: if a veterinarian  
741 were to prescribe medications based on the client’s observation of the animal instead of actually listening  
742 to the animal’s heart, checking the color of the gums, etc., the prescribed medication could, ultimately, be  
743 the cause of animal fatality.

744 Dr. Bergartt pointed out an exemption in statute: **Sec. 08.98.125. Exemptions** (2) a veterinarian who is  
745 licensed in another state or country, or a person whose expertise a veterinarian licensed in this state  
746 believes would benefit an animal, and who provides only consultation to a veterinarian licensed in this  
747 state; in this paragraph, "consultation" means advice or assistance provided in person, telephonically,  
748 electronically, or by any other method of communication from a veterinarian or other person whose  
749 expertise, in the opinion of the veterinarian, would benefit the animal.

750 **In a motion duly made by Hal Geiger, seconded by Chris Michetti, and approved unanimously, it**  
751 **was RESOLVED to ADOPT 12 AAC 68.930 to read:**

752 **12 AAC 68.930. Registration with the prescription drug monitoring program controlled**  
753 **substance prescription database.** A licensed veterinarian who has a federal Drug Enforcement  
754 Administration registration number must register with the prescription drug monitoring program  
755 (PDMP) controlled substance prescription database under AS 17.30.200.

756 **In a motion duly made by Hal Geiger, seconded by Rachel Bergartt, and approved unanimously,**  
757 **it was RESOLVED to ADOPT 12 AAC 68.940 to read:**

758 **12 AAC 68.940. Veterinary medical facility.** A veterinary medical facility or veterinary facility  
759 shall have a veterinarian licensed under AS 08.98 designated as the manager of the facility. The  
760 manager is responsible for the maintenance of veterinary medical records in compliance with 12  
761 AAC 68.910.

762 Public comment regarding this regulation was considered before the regulation was adopted.

763 **In a motion duly made by Rachel Bergartt, seconded by Scott Flamme, and approved**  
764 **unanimously, it was RESOLVED to ADOPT 12 AAC 68.990(4) to read:**

765 (4) “division” means the division of corporations, business and professional licensing in the  
766 department;

767 **In a motion duly made by Rachel Bergartt, seconded by Scott Flamme, and approved**  
768 **unanimously, it was RESOLVED to ADOPT 12 AAC 68.990(5) to read:**

769 (5) “board” means the Board of Veterinary Examiners established under AS 08.98.010;

770

771 **In a motion duly made by Hal Geiger, seconded by Rachel Bergartt, and approved unanimously,**  
772 **it was RESOLVED to ADOPT 12 AAC 68.990 to read:**

773 (6) “veterinary facility” or “veterinary medical facility” means any building, place or mobile unit  
774 from which the practice of veterinary medicine or veterinary technology is conducted.

775

776

777 **Agenda Item 17**

**Administrative Business**

**4:15 p.m.**

778 **Task List**

<b>Task</b>	<b>Person Responsible to Complete</b>	<b>Due Date</b>
What are the steps necessary to have an Alaska State Attorney attend the AAVSB 2020 Conference?	Ilisa Lund	July/ August 2020
What is the cost of having a State Attorney available at a Board regulations workshop?	Ilisa Lund	ASAP

Orchestrating a regulations workshop.	Hal Geiger and Scott Flamme	TBD
Review PDMP letters and submit any comments	All Board Members	Friday October 11, 2019
Draft a letter to Telemedicine Business Registry	Rachel Bergartt	Tabled

779

780 **Future Meeting Dates**

781 It was brought up by Dr. Bergartt that she would like the board to hold more than three  
 782 meetings per year. She feels like the board loses a lot of traction and things don't get done with  
 783 a long duration in between meetings. She proposed meeting every other month for shorter  
 784 meetings. The other members agreed, but due to lack of availability in December, a date for  
 785 January was settled on.

786 **In a motion duly made by Rachel Bergartt, seconded by Chris Michetti, and approved**  
 787 **unanimously, it was RESOLVED** to hold the next Board of Veterinary Examiners meeting on January  
 788 10, 2020

789 **Agenda Item 7 (continued)** **4:23 p.m.**

790 It was brought up by Ms. Lund that, earlier in the meeting, the Board failed to take action on some  
 791 licenses presented to them; either through a consent agreement or application.

792 Dr. William Meyers attempted to obtain a license by fraud or deceit, and that his license will be revoked.  
 793 Payment of a civil fine in the amount of \$3,400 and that if he were to apply for Alaska licensure again, he  
 794 would be subject to mandatory audit in compliance with continuing education requirements.

795 **In a motion duly made by Hal Geiger, and seconded by Rachel Bergartt, it was RESOLVED to**  
 796 **ACCEPT the Consent Agreement as written for Dr. William Meyers Case No. 2017-000936.**

Board Member	Yes	No
<b>Jim Hagee</b>		<b>X</b>
<b>Hal Geiger</b>	<b>X</b>	
<b>Chris Michetti</b>		<b>X</b>
<b>Rachel Bergartt</b>		<b>X</b>
<b>Scott Flamme</b>		<b>X</b>

797

798 Dr. Bergartt argued that Dr. Meyers' license not be revoked, but permanently suspended. She stated  
 799 that, if the license were to be revoked, the board forfeits jurisdiction over the licensee because the board  
 800 does not regulate unlicensed practitioners. If the license were suspended, then the board would still hold  
 801 jurisdiction over the licensee if they were found to be practicing. In Alaska, unlicensed practice falls  
 802 under criminal statutes, which would take authority away from the board to go after unlicensed  
 803 practitioners. Dr. Bergartt mentioned that this exact topic of discussion was addressed a lot at the  
 804 AAVSB Conference. She quoted the lawyer from the AAVSB, Dale Atkinson, as saying: "Don't revoke  
 805 a license, suspend or put them on probation. Don't give up jurisdiction. This tells legislatures that [the  
 806 board] is doing [their] job."

807 Dr. Geiger mentioned that any action taken against a licensee would be permanently tied to an individual,  
808 even if they were to apply for a new license in any state.

809 At this point in the meeting, Dr. Vito DelVento began administering advice from the back of the  
810 room. He asked if the board had thought about, if the license is revoked, would they have any  
811 authority to collect the fine. If the license were revoked, the board would be forfeiting  
812 jurisdiction over the individual's license; therefore, what would force the fine to be paid? He  
813 said that, from a criminal standpoint, the amount of money to be paid is not pursuable. If the  
814 license were suspended, it could be suspended indefinitely and could only come out of  
815 suspension once the board reviews the case. If the fine had not been paid, then the board would  
816 certainly not reinstate the license. Dr. DelVento asked the nature of the case, as it was discussed  
817 during Executive Session.

818 Dr. Hagee informed Dr. DelVento that Dr. Meyers had declared that he had completed the  
819 required CEs, when he actually hadn't. Dr. DelVento seemed shocked that a license would be  
820 revoked over CEs. He said the recommended punishment seemed extremely harsh and he  
821 believes, if challenged, the board would lose during an appeals process. He stated that  
822 revocation is generally used when an aggregates act is committed repeatedly.

823 Dr. Geiger pointed out that there was more to the process of charging the individual than Dr.  
824 DelVento was privy to.

825 The Board decided that they would like the Division Legal department to consider changing the  
826 work "revoke" to "suspend."

827 **In a motion duly made by Rachel Bergartt, and seconded by Hal Geiger, it was RESOLVED to**  
828 **issue a Permanent Veterinary License by Credential to Dr. Danielle Frey.**

Board Member	Yes	No
Jim Hagee		X
Hal Geiger	X	
Chris Michetti	X	
Rachel Bergartt	X	
Scott Flamme	X	

829

830

831

832 **Agenda Item 17 (continued)** **4:52 p.m.**

833 **In a motion duly made by Hal Geiger, seconded by Rachel Bergartt, and approved unanimously,**  
834 **it was RESOLVED to send two Board representatives to the AAVSB's Board Basics and Beyond**  
835 **Conference in April of 2020.**

836 Dr. Geiger would like either of the two newest Board members to attend and Ms. Lund. Dr.  
837 Michetti said that she would possibly be available. Dr. Flamme mentioned that, at his  
838 confirmation hearing, his appointment to the Board was amended from three years to one year.

839 He will know further details regarding this once the legislative session starts at the end of  
840 January 2020.

841 Dr. Hagee thanked the members of the AAVSB for attending and noted that their assistance and  
842 advice was invaluable.

843 The board, having no further business, adjourned the meeting at 4:55 p.m.

844

845

846 Respectfully Submitted:

847

848 Ilsa Lund

849

Ilsa Lund

850

Occupational Licensing Examiner

851

852 1/7/2020

853

Date

James H. Hagee, DVM

Dr. James Hagee, Chairman

Alaska Board of Veterinary Examiners

12-3-2019

Date