

1 State of Alaska  
2 Department of Commerce, Community and Economic Development  
3 Division of Corporations, Business and Professional Licensing  
4

5 BOARD OF VETERINARY EXAMINERS  
6

7 MINUTES OF THE MEETING

8 Monday, April 27, 2020  
9

10 **By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.61, Article**  
11 **6, a scheduled meeting of the Board of Veterinary Examiners (BOVE) was held by**  
12 **teleconference.**  
13

14  
15 **Agenda Item 1** Call to Order/ Roll Call **Time 9:01 a.m.**  
16

17 The meeting was called to order by Board Chair, Dr. Rachel Bergartt, at 9:01 a.m.  
18

19 Board Members present, constituting a quorum:

20 Rachel Bergartt, DVM- Juneau  
21 Hal Geiger, PhD- public member- Juneau  
22 Chris Michetti, DVM- Anchorage  
23 Scott Flamme, DVM- Fairbanks  
24 Denise Albert, DVM- Denali Park  
25

26 Division Staff and State Employees present:

27 Ilsa Lund, Occupational Licensing Examiner (Hereafter denoted OLE)  
28 Melissa Dumas, Administrative Officer II (Hereafter denoted AO)  
29 Sara Chamber, CBPL Division Director  
30 Sher Zinn, Regulations Specialist (Hereafter denoted RS)  
31 Laura Carrillo, Executive Administrator for Board of Pharmacy (Hereafter denoted EA)  
32 Lisa Sherrell, Prescription Drug Monitoring Program Manager  
33 Lacey Derr, Occupational Licensing Examiner (Hereafter denoted OLE)  
34 Bob Gerlach, DVM- State Veterinarian  
35

36 Several members of the public were present throughout the meeting, including board members of  
37 the Alaska Veterinary Medical Association and an administer from the American Veterinary  
38 Medical Association.  
39

40 Dr. Bergartt began the meeting by reading the mission statement of the Board of Veterinary  
41 Examiners:

42 **To protect the health, safety, and welfare of Alaskans by ensuring that veterinarian**  
43 **practitioners possess and maintain a level of skill and knowledge necessary to provide safe,**

44 **competent professional veterinary services to consumers and to protect the public from**  
45 **veterinary practitioners who pose a risk to the public’s health, safety, and welfare.**

46  
47 Dr. Bergartt went on to extend a welcome to the board’s newest member, Dr. Denise Albert.  
48 Dr. Albert was asked to share with the board her top three favorite things about herself.

49  
50 Dr. Albert responded that she loves where she lives near Denali National Park. She loves to  
51 explore the trails near her home with her pets. She has enjoyed practicing veterinary medicine  
52 for 30+ years.

53  
54 **Agenda Item 2** **Review/ Approve Agenda** **Time: 9:05 a.m.**

55  
56 **On a motion duly made by Chris Michetti, seconded by Hal Geiger, and with unanimous**  
57 **approval it was:**

58  
59 **RESOLVED the APROVE the agenda for the meeting as written.**

60  
61 **Agenda Item 3** **Review/ Approve Past Meeting Minutes** **Time: 9:07 a.m.**

62  
63 **On a motion duly made by Hal Geiger, seconded by Chris Michetti, and with unanimous**  
64 **approval it was:**

65  
66 **RESOLVED to APROVE the minutes from the March 23, 2020 board meeting.**

67  
68 **Agenda Item 4** **Ethics** **Time: 9:09 a.m.**

69  
70 As Board Chair, Dr. Bergartt is the Designated Ethics Supervisor (DES) for the BOVE.

71  
72 Dr. Bergartt disclosed that she and her partner are looking at, potentially, buying a boat from a  
73 licensee. After a brief discussion, it was determined that, so long as Dr. Bergartt does not  
74 receive a deal on the boat due to her affiliation with the board that could be construed as a gift  
75 from a licensee, then no further action on ethics disclosure would be required.

76  
77 Dr. Albert said that she had contact with a licensee regarding health mandate restrictions. OLE  
78 Lund requested that any board member receiving questions or requests for clarification regarding  
79 health mandates or any other COVID related uncertainties, to please direct them to her at  
80 [boardofveterinaryexaminers@alaska.gov](mailto:boardofveterinaryexaminers@alaska.gov). If OLE Lund is unable to provide direct clarification,  
81 she has direct contact with the individual who will know the answer. That way, all information  
82 being disseminated will be consistent.

83 As the board was running a bit ahead of the agenda, the next item up for discussion was:

84  
85 **Agenda Item 11 B.** **COVID-19** **Time: 9:15 a.m.**

86

87 **Health Mandates**

88 OLE Lund has been in contact with the Alaska Veterinary Medical Association (AKVMA) to  
89 answer questions about health mandates. OLE Lund went on to explain, in Health Mandate 15,  
90 released on April 15<sup>th</sup>, the Governor announced that procedures which had been previously  
91 prohibited under Health Mandate 5 could begin the process to resume in stages. On Monday,  
92 April 20, health practitioners could resume all procedures so long as the procedure required  
93 minimal PPE. On May 4<sup>th</sup>, all elective procedure can resume, regardless of the amount of PPE  
94 used with the caveat that proper precautions continue to be used. Veterinary practices are  
95 encouraged to continue observing social distance between staff, wearing face coverings,  
96 regularly sanitizing commonly touched surfaces, not allowing clients to linger in waiting rooms,  
97 utilizing curbside and telehealth services whenever possible, limiting and screening clients  
98 admitted into the facility for any COVID related symptoms or recent travel, etc.

99  
100 **TASK:** Dr. Bergartt asked that OLE Lund publish information on the board homepage where it  
101 can easily be accessed by licensees. – Best practices, recommendations for veterinarians,  
102 curbside pickup, limiting number for owners able to be present for a euthanasia, etc.

103  
104 **TASK:** Publish on the board homepage a clarifying list of urgent/emergent procedures. Note that  
105 the ultimate judgement should be left up to the professional performing the procedure.

106  
107  
108 Dr. Flamme stated, even after Health Mandate 5 (mandating that all elective procedures be  
109 postponed in order to conserve PPE) was announced, some veterinarians continued to perform  
110 spays and neuters. He said there was too much grey area for practitioners to interpret what was  
111 mandated because it was not clearly defined.

112  
113 Dr. Bergartt agreed and went on to say, without have things clearly defined on the board  
114 website -as far as what the board expects of licensees -things were left up to the discretion of  
115 individual practitioners to decide on best practices. She went on to say that, potentially, there are  
116 some reasons for an emergency spay or neuter, but that was probably not what Dr. Flamme was  
117 referring to.

118  
119 Dr. Flamme said, if the virus were to have a resurgence this fall, it would be helpful to have clear  
120 definitions of what is routine or elective. He went on to say there likely won't be a shortage of  
121 PPE, but it would be nice to have more definitive guidance about where the boundaries are in  
122 veterinary practice. Though, he said, maybe that is too much to ask. When professionals are  
123 asked to guide themselves and to do what's right, there will be individuals who have no regard  
124 for the rules and will do as they wish.

125  
126 Dr. Michetti said what is considered essential practice should mostly be left up to the  
127 veterinarian. She said individuals are responsible for their own practices. It is essential to spay a  
128 dog before six months of age to prevent breast cancer, depending on the breed. It may be  
129 essential to neuter a dog before it develops bad behavior. If situations are analyzed case-by-case,

130 as long as a veterinarian is cogent of the circumstances, that is in the best interest of the  
131 profession.

132  
133 Dr. Geiger agreed and said allowing for professional discretion would be in the best interest of  
134 the public as well. Decisions should be made on a case-by-case basis.

135  
136 Dr. Albert mentioned having looked at a number of veterinary practice websites to gain insight  
137 on the COVID-19 discussions and what they were planning on scheduling. It seemed, in some  
138 cases, interpretations were broader and not being interpreted on a case-by-case basis. She said,  
139 in those cases, it would seem the public interest was not necessarily being protected in regard to  
140 COVID-19. If information -such as a specific list -were posted on the website, it may encourage  
141 practitioners to think twice before performing a procedure that may be deemed elective.

142  
143 Dr. Flamme wondered if, in a larger practice, an individual was exposed to the virus, what is the  
144 mandate for someone who was exposed to that person? Is that entire practice supposed to shut  
145 down for 2 weeks?

146  
147 OLE Lund clarified that, from what she had read in all the health mandates, if an individual in an  
148 establishment tests positive for COVID-19, there are several different options the practice could  
149 take. (This information comes from HM16, but is consistent across the board for all businesses,  
150 so it would most certainly also apply to veterinary practices.)

151

152 Cleaning and Disinfecting:

153 i. Cleaning and disinfecting must be conducted in compliance with CDC protocols weekly or, in  
154 lieu of performing the CDC cleaning and disinfecting, the [veterinary] business may shut down  
155 for a period of at least 72 consecutive hours per week to allow for natural deactivation of the  
156 virus, followed by site personnel performing a comprehensive disinfection of all common  
157 surfaces.

158 ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning  
159 and disinfecting must be performed as soon after the confirmation of a positive test as practical.  
160 In lieu of performing CDC cleaning and disinfecting, [veterinary] businesses may shut down for  
161 a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed  
162 by site personnel performing a comprehensive disinfection of all common surfaces.

163 iii. CDC protocols can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-businessresponse.html> and  
164 <https://www.cdc.gov/coronavirus/2019ncov/community/disinfecting-building-facility.html>.

166

167 **Agenda Item 5**

**Fiscal/ Division Update**

**Time: 9:30 a.m.**

168

169 AO Dumas presented the FY20 third quarter board report. This quarter, the BOVE has brought  
170 in \$43,062 in total revenue. The expenditures for non-investigative personal services was  
171 \$54,901. Personal services include regulations, supervisor, and licensing examiner time directly

172 charged to the program. Investigative personal services charged to the BOVE was \$30,678.  
173 The board spent \$2,622 on travel. \$3,899 was charged to the board in services. Services  
174 includes things like membership to the AAVSB, long-distance phone calls, postage, advertising  
175 and legal advice. Total expenditures for non-investigative cost equal \$61,431 and \$30,743 for  
176 investigative costs. Total direct expenditures for the first three quarters of FY 20 came to a total  
177 of \$92,174.

178  
179 AO Dumas explained that indirect expenditures are flat fees charged to the board for internal  
180 administrative costs, departmental costs, and statewide operating costs. These, combined, came  
181 to a total of \$49,635 so far for FY 20. This brings the total expenditures for the BOVE to  
182 \$141,809. With surplus revenue of \$77,167 from FY 19 and accounting for revenue vs.  
183 expenditures for this FY, the BOVE is sitting at a cumulative deficit of \$21,580 through the  
184 third quarter.

185  
186 For anyone interested in taking a closer look a CBPL program fiscal reports, those can be  
187 accessed by visiting <https://www.commerce.alaska.gov/web/cbpl/DivisionReports.aspx>  
188

189 The BOVE was due to have a fee analysis, but due to the COVID-19 pandemic, the Governor  
190 has decided to place a hold on any fee increases for the time being. The Division will perform  
191 another fee analysis after the next program renewal to see if the board does indeed require a fee  
192 increase.

193  
194 Dr. Bergartt asked for clarification. She stated the board just had a fee analysis and the  
195 Division deemed a \$25 fee increase was required for veterinarian licenses. After COVID, the  
196 board will be subjected to another fee analysis? She asked for AO Dumas to explain the  
197 process.

198  
199 AO Dumas explained, because the fee increase was not able to go through as planned, the  
200 financial health of the board will be reassessed after the restrictions are lifted to see if  
201 veterinarian licensees will, ultimately, receive a fee increase. Hopefully, if a fee increase is  
202 required, it will still stand at \$25 as previously suggested and not have to be increased further.  
203 With the restriction being in place until mid-November, and license renewals will begin at the  
204 beginning of November, there will not be time to implement any fee increase for this renewal  
205 period in 2020.

206  
207 OLE Lund asked AO Dumas to tell the board about the possibility for payment plans being  
208 implemented for license renewals.

209  
210 AO Dumas explained that this will be a new feature offered to licensees. A licensee requesting  
211 this service will be required to fill out and sign a memorandum agreeing to the terms of the  
212 payment plan. Twenty-five percent of the fee will need to be paid up front with the remaining  
213 seventy-five percent due within one year. As long as all other terms of the agreement are met,  
214 an individual will be able to renew their professional license without paying the full licensing

215 fee in one lump sum. This is still in the early stages, so not all the kinks have been worked out as  
216 of the time of this meeting. The Division Director said that she would like this feature to be  
217 permanently available for licensees, not just for during the time of COVID.

218

219 Dr. Bergartt inquired as to what additional expense might a payment plan option cost the  
220 BOVE.

221

222 AO Dumas clarified that the Admin staff would be processing and tracking the payment plans  
223 for the board. Admin does not charge the BOVE directly for time (part of the indirect  
224 expenditures), but instead charges a flat fee; therefore, implementing a payment plan would not  
225 come at any additional cost to the board. Additional cost would only come if thousands of  
226 people signed up for payment plans and Admin was forced to hire additional staff to handle the  
227 workload. AO Dumas does not foresee that becoming the case.

228

229

230 **Agenda Item 11 B.**

**COVID-19**

**Time: 9:45 a.m.**

231

232 **Cats and COVID-19**

233 There have been a number of confirmed COVID-19 cases in felines diagnosed. The CDC is  
234 now recommending social distancing for pets, particularly cats. Dr. Bergartt recommended  
235 that individuals who own indoor-outdoor cats to keep them indoors as much as possible. If  
236 someone is infected with the virus, arrange to have someone else care for your cat. She went on  
237 to say ferrets may be particularly susceptible to COVID- 19 too, and asked other board members  
238 if they had been able to find any verifiably published information on the topic.

239

240 Dr. Geiger stated he read a Science article from April 8<sup>th</sup> which addresses the susceptibility of  
241 ferrets, cats, dogs, and domesticated animals to SARS COV-2 virus. The article says that the  
242 virus replicates poorly in dogs, pigs, chickens, and ducks, but ferrets and cats are permissive to  
243 the infection.

244

245 **TASK:** The board wishes to post the information from the CDC about COVID-19 and animals  
246 on their webpage.

247

248 **Division Update from the Director**

**Time: 10:00 a.m.**

249

250 Division Director Sara Chambers made herself available to the board to answer any questions  
251 they may have had. She said there has been confusion from licensees based on the health  
252 mandates being issued, especially when it comes to opening business back up responsibly.  
253 There was an FAQ document posted on the State COVID-19 page about HM15, which directly  
254 affects veterinarians. Director Chambers believes that veterinarians have been doing a great job  
255 with curb-side service and limiting public access to their practices. HM15 and the  
256 accompanying FAQ provide further clarifications for customers coming into clinics. HM15 is  
257 working to accomplish getting back to as regular-as-possible routine services. Boards have the

258 authority to interpret the mandates for their licensees, but any best- practice guidance would not  
259 supersede the mandates. If there is any question as to the policies the board is trying to put in  
260 place, Director Chambers is happy to forward any documents to Health and Social Services for  
261 review, if necessary.

262

263 **Agenda Item 6**

**Investigation**

**Time: 10:15 a.m.**

264

265 Investigator Amber Whaley presented to the board from a report with data from December 28,  
266 2019 through April 13, 2020. The BOVE has 11 cases open and 2 were closed during that time  
267 period. Erika Prieksat will be handling all BOVE investigations as the board's regular  
268 Investigator is on extended leave.

269

270 Dr. Bergartt expressed concern about seeing PDMP violations show up on the open cases list  
271 and wanted to know if Inv. Whaley could share more information about that since that is a new  
272 type of case that the BOVE is seeing. From the information given by Inv. Whaley, the violation  
273 likely has something to do with a veterinarian with a DEA registration having failed to register  
274 for the State PDMP (Sec. 08.98.050(10)).

275

276 Before the previous investigator had left on extended leave, she had been working on compiling  
277 information for the board about case precedent so the board could draft a disciplinary matrix.  
278 The board had previously worked on creating a basic disciplinary matrix regarding PDMP  
279 complications. That matrix will need to be reviewed by the Department of Law before it can  
280 officially be adopted by the board and used by Investigations.

281

282 **TASK:** The previously drafted disciplinary matrix needs to be sent through Dept. of Law.

283

284 Dr. Geiger asked Inv. Whaley for a status update on a licensee who is currently on probation.  
285 Inv. Whaley informed the board that, upon last check, the licensee on probation is fully  
286 compliant with the terms of the probation.

287

288 *Break: Off record at 10:30.*

289 *On record at 10:45*

290

291 **Agenda Item 7**

**Regulations**

**Time: 10:45 a.m.**

292

293 If, due to the COVID-19 public health crisis, the BOVE feels the need to pass emergency  
294 regulations, it certainly has the ability to do so. Any authority given to the board under SB  
295 241 will not require an act of emergency regulation, but only a policy statement.

296

297 If emergency regulations do need to be enacted, the regulations would only be valid for 120  
298 days. Emergency regulation would still be held to the same State standards, but the process  
299 would be sped up to accommodate for the emergency.

300

301 **Notarization of Forms**

302 OLE Lund has been getting a lot of correspondence from applicants about the inability to get  
303 application forms notarized since so many businesses offering this service are closed because of  
304 COVID-19. OLE Lund posted a poll for the board in OnBoard and the board came to the  
305 unanimous decision that any form that is not required to be notarized per regulations, will not be  
306 required to be notarized.

307  
308 After removing notarizations from forms, board members would like to still ensure that  
309 documents are legitimate. Adding extra contact information requirements for professional  
310 references in case further questions need to be asked and adding a statement for signing that all  
311 information is true and accurate with potential penalties for falsifications should be adequate.  
312

<b><u>Notarization</u></b>	
<b>Required by Regulation</b>	<b>Not required by regulation</b>
Expedited <b>Courtesy License</b> (submitted less than 30 days before the event <u>if</u> an applicant is submitting a copy of an active license in lieu of a license verification from a licensing jurisdiction) (per 12AAC 68.041(e))	<b>Courtesy License-</b> completed application submitted and verification of license received from licensing jurisdiction in which applicant holds and active license.
<b>Temporary License*</b> - a notarized copy of applicant's diploma is required (per 12AAC 68.045(a)(3))	<b>Permanent Licensure</b> application forms for veterinarians and veterinary technicians
<b>Temporary Permit*</b> - a notarized copy of applicant's diploma is required (per 12AAC 68.046(a)(3))	<b>Professional Reference</b> forms for all permanent licensure applicants (vets and vet techs)
*The board is working to loosen these regulations and oral comment will be accepted on these regulations during the June 2, 2020 meeting.	<b>Affidavit of Active Practice</b> form for veterinarians applying for licensure by credentials

313  
314  
315 **TASK:** OLE Lund will be working with the Division Publications Specialist to make the  
316 necessary changes to these application forms. Please direct any questions about form  
317 notarizations to [boardofveterinaryexaminers@alaska.gov](mailto:boardofveterinaryexaminers@alaska.gov).

318  
319 **Waiving or Reducing CE Requirements**

320 With the passing of Senate Bill 241, boards now have the authority to adjust or waive CE  
321 requirements without having to pass regulation changes.  
322

323 Under normal circumstances, veterinarians would be required to obtain 30 contact hours of  
324 continuing education per biennium. Veterinary Technicians are required to have 10 contact  
325 hours of CE per biennium. There are no restrictions as to how many of the contact hours need  
326 to be performed in-person versus online.

327

328 **In a motion duly made by Hal Geiger, seconded by Denise Albert and approved**  
329 **unanimously, it was:**

330

331 **RESOLVED to SUSPEND all continuing education requirements for**  
332 **veterinarians and veterinary technicians for the 2020 renewal period due to lack of**  
333 **opportunity to travel, restrictions on in-person gatherings, lack of availability for**  
334 **wet labs, and all other COVID-19 related restrictions.**

335

336 Authority: Senate Bill 241 Sec. 6(b)(1)

337

338 To further clarify, CE contact credits are not required to be submitted for the 12/31/2020  
339 renewal, covering the period from 1/1/2019-12/31/2020; therefore, CE audits will not be  
340 conducted. The suspension of CE requirements does not apply to any licensee that is obligated  
341 to comply with mandatory CE audits under a consent agreement. CE contact hours obtained  
342 during that specified period for the 2020 renewal cannot be applied to the 12/31/2022 license  
343 renewal.

344

345 **Regulations that will go into effect on 5/16/2020**

346

347 12 AAC 68.500(b)(2) has been repealed. This will make student permits free for university  
348 students coming into Alaska to perform their veterinary externships.

349

350 12 AAC 68.930 mandates that a licensed veterinarian who holds a DEA registration number  
351 must register with the state PDMP.

352

353 12 AAC 68.990(4) defines “division” as meaning the division of corporations, business and  
354 professional licensing.

355

356 RS Zinn joined the meeting around 11:15. She reiterated that the board did not need emergency  
357 regulation to modify CE requirements or extend the license renewal date. Any other changes to  
358 regulations would require the emergency regulation process. RS Zinn further explained about  
359 what happens after the 120-day expiration of emergency regulations. The board can use and  
360 emergency regulation to get a permanent regulation done more quickly. If the board wants to  
361 make an emergency regulation permanent, the regulations would need to go out as soon as  
362 possible for public comment. The board would need to state on the record the intent for the  
363 emergency regulation and send them to RS Zinn for drafting. At the next meeting, the board  
364 would either adopt or make changes and then adopt the regulation. RS Zinn would send the  
365 regulations to the Lt. Governor, bypassing the Dept. of Law (other than to send them a copy for

366 their records and to ensure that the public notice is defensible). Once the regulation is signed by  
367 the Lt. Governor it is then enacted into law. Since the start of the crisis, the Lt. Governor's  
368 office has been signing emergency regulations within a day, so the regulations are able to  
369 become active right away.

370

371 Dr. Bergartt asked, if the board were to enact an emergency regulation, after the 120 days if the  
372 board did not wish to make the change permanent but the need for the regulation was still  
373 present because of the crisis, what would happen then. Is there a way to renew and emergency  
374 regulation after it expires without having to make it permanent?

375

376 RS Zinn explained that the regulation would expire. Boards are allowed to make an emergency  
377 regulation on a particular regulation one time only. The board would need to take that into  
378 consideration before adopting emergency regulations.

379

380 Dr. Bergartt asked, if an emergency regulation expires after 120 days, but there is a new wave  
381 of COVID cases in the fall, then the same emergency regulation could not be made.

382

383 RS Zinn confirmed that, yes, that would be the case. SB241 gives boards the authority to create  
384 a special type of license specifically to address the COVID-19 emergency, but need for the  
385 license needs to be substantiated on the record at a publicly noticed meeting as to why the  
386 emergency would require an expedited license specifically for COVID-19.

387

388 If the board wanted to make an emergency regulation permanent, it could put a new subsection  
389 into a regulation that was specific to an emergency that has been declared by the federal  
390 government of the governor under AS 26.23. That way, if anything happens in the future- like a  
391 resurgence of the virus or a natural disaster- the board would still have the regulation on the  
392 books.

393

### 394 **Jurisprudence Exam**

395 As mandated by 12 AAC 68.015(c), an applicant for permanent veterinary licensure has 30 days  
396 to complete and return the open-book jurisprudence exam that is required for licensure. OLE  
397 Lund has only received one informal request for an extension of the deadline and wanted to see  
398 how the board feel about granting an extension.

399

400 The general consensus of the board is that 30 days is plenty of time to complete the  
401 jurisprudence examination. If the board were to offer an exemption from this deadline, it would  
402 be on a case-by-case basis in which the applicant would have to supply documentation of why  
403 they were unable to comply with the 30-day deadline. Unless an applicant acquired a temporary  
404 but debilitating illness during the application process, then 30 days should be plenty of time to  
405 take a 50-question, open book exam.

406

407 OLE Lund recommended to the board that, sometime in the future when the situation isn't as  
408 hectic with the health crisis and emergency mandates, etc., that time be taken to review and  
409 update the jurisprudence exam. It was last revised in October of 2013.

410

411 *Break for lunch: Off record at 12:00 p.m.*

412 *On record at 1:00 p.m.*

413

414 **Agenda Item 9**

**Public Comment**

**Time: 1:00 p.m.**

415

416 The floor was given to Dr. Hollick (VETV261) to address the board. She thanked the board for  
417 having an excellent discussion on the COVID-19 related topics, which she said has been a real  
418 concern for members of the AKVMA –trying to do the right thing. The practices that she knows  
419 are social distancing, doing curbside service, wearing masks. There has been some confusion  
420 between the April 20<sup>th</sup> and May 4<sup>th</sup> benchmarks for available services from HM15 –what to offer  
421 when. People are absolutely trying to comply with the mandates. She also wanted to commend  
422 the board for getting rid of the notary requirements. She said that has created a hardship for lots  
423 of people for a long time. She said that the AKVMA has received calls from vet clinics with  
424 grooming services and wondered how that would fit into the mandates. Since hair and nail  
425 salons are opening up, shouldn't grooming services also be able to open for business? CEs have  
426 also been in question for licensees. The AKVMA annual meeting is scheduled for October and  
427 they book speakers and the venue for that event years in advance. Depending on the COVID  
428 situation, the AKVMA still intends to put on that event in October depending on what is  
429 allowable according to mandates. She said the speakers will provide great content and the event  
430 should be quite exciting.

431

432 Dr. Bergartt responded to Dr. Hollick about the grooming services. She clarified that, as a  
433 board, their only authority lies with regulating veterinarians and veterinary technicians, but she  
434 can see, if a veterinarian were to own the grooming business and it's rolled into the veterinary  
435 clinic, then she could see how the board could potentially provide some guidance to the  
436 veterinarian on how to deal with that situation.

437

438 OLE Lund offered the advice that any questions or inquiries that the board is not able to answer  
439 or provide guidance for can be directed to [COVIDquestions@alaska.gov](mailto:COVIDquestions@alaska.gov).

440

441 Dr. Coburn (VETV655) added that she appreciated the discussion the board had about essential  
442 versus elective procedures. She feels that Alaska is moving past that point at this time, but she  
443 agrees with a lot of what the board discussed. As veterinarians move forward with HM15, a  
444 statement of intent from the board of how the mandate effects veterinarians would be helpful.  
445 She said it would be better to avoid putting out a prescriptive list of what is or is not allowed. It  
446 should be left up to the veterinarians' professional judgement. They were trained to make those  
447 types of critical decisions. But general guidelines from the board would be helpful.

448

449 **Agenda Item 11 C**

**Evaluating CE Requests**

**Time: 1:09 p.m.**

450  
451 The board has been getting a lot of request lately from the Alaska Veterinary Technicians  
452 Association (AKVTA) for CE course approval. The board chair requested that other board  
453 members think more critically about the courses before they are approved. The board has a list  
454 of 5 criteria posted on their website of what needs to be submitted for board review when a  
455 request is made. Essentially, the board uses the same criteria as the RACE program to determine  
456 if a course should be eligible for credit. Based on that, when the board is evaluating CE requests,  
457 that members refer back to the established required criteria.

- 458 1. Instructor's CV
- 459 2. Statement of the course intent.
- 460 3. Course Outline, including the topics covered.
- 461 4. Time Budget
- 462 5. Statement of disclosure of a conflict of interest that would specifically address whether  
463 the instructors receive funding from a drug or device manufacturer; or other funding  
464 sources specific to the course of instruction.

465 Most recently, the AKVTA submitted a course about CBD oil use in veterinary practice.  
466 Usually, from the RACE criteria, when looking through the instructor's CV board members  
467 should be looking for some specific training that the instructor is an expert in the field. For the  
468 vet tech CE, historically, the board has found it appropriate that any veterinarian can do a course  
469 for a vet tech. Dr. Bergartt thinks the board should proceed with caution, particularly around  
470 issues of opiate prescription, cannabis, and telemedicine. The goal of the board with approving a  
471 CE is to ensure that accurate information is getting put forward. She said she thinks, as a board,  
472 she would like to not be too general as far as what is being approved. There needs to be some  
473 bona fide information that a person is an expert in the topic he or she is planning to discuss.

474 **In a motion duly made by Chris Michetti, seconded by Hal Geiger, and with unanimous**  
475 **approval in accordance with the provisions pf Alaska Statute 44.62.310(c)(2), moved to**  
476 **enter executive session for the purpose of discussing subjects that tend to prejudice the**  
477 **reputation and character of any person, provided the person may request a public**  
478 **discussion, it was:**

479 **RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2).**

480 Board staff remained in the discussion for administrative purposes.

481 *Off record for executive session a 1:14 p.m.*

482 *On record at 1:31 p.m.*

483 The board unanimously decided to not approve CE credit for the course on CBD oil put on by  
484 the AKVTA. That being said, CE requirements are waived for all licensees under the  
485 jurisdiction of the BOVE.

486

487 **Agenda Item 10**

**PDMP Report**

**Time: 1:31 p.m.**

488

489 Laura Carrillo, Executive Administrator of the Board of Pharmacy, and Lisa Sherrell, PDMP  
490 Manger, joined the meeting for the presentation.

491  
492 There are only a few pending applications –5 in AWA RxE and 3 in Portal. OLE Lund is  
493 responsible for processing those. The PDMP implemented a compliance module feature last  
494 November. This allows prescribers to monitor their own compliance. A clinical alerts feature  
495 went live April 15 that gives providers feedback for informational purposes. This sends alerts  
496 based on thresholds that have been set, like a daily MME threshold. It also sends alerts if a  
497 dangerous drug combination is being prescribed. Coming up, a license integration enhancement  
498 project will take place. This should make the licensing process go a lot smoother.

499  
500 Currently, there are 256 veterinarians registered with the PDMP. That is 3.3% of all active users.  
501 There are 403 veterinarians licensed in Alaska.

502  
503 The number of opioids being prescribed in Alaska is going down while patient review has gone  
504 up. Log-in activity for veterinarians has continued to decrease since 2017. There was a bit of a  
505 spike in activity in March but has declined since. Same with the query activity. Even though  
506 there have been roughly 1,200 patient requests conducted since July of 2017, it is really a very  
507 small number –36 per month. Of the 151 veterinarians who are prescribing at least one opioid  
508 per month, only 25 veterinarians are actually performing any kind of query or review on the  
509 client.

510  
511 Dr. Bergartt asked for “opioids dispensed”, is that being counted from the opioids being  
512 dispensed from the clinic, or is that dispensed and prescribed to an outside pharmacy?

513  
514 The PDMP does not know where the prescription is dispensed from, whether from a pharmacy or  
515 the site. The PDMP does not know what clinics dispense directly.

516  
517 Dr. Bergartt concluded that the information is most likely the opioids prescribed by  
518 veterinarians and not dispensed by veterinarians directly.

519  
520 Ms. Sherrell confirmed that the PDMP would not know about an opioid dispensed by a  
521 veterinarian if the vet was not reporting that information. PDMP only knows the information that  
522 has been reported to the database.

523  
524 EA Carrillo confirmed that the PDMP does not know what practitioners, not just veterinarians,  
525 are directly dispensing, but the PDMP is working on trying to capture that information so they  
526 are better able to track who is dispensing without reporting. Changes are being made to initial  
527 license applications to capture better whether that prescriber is directly dispensing or planning to  
528 so. The only assumption that can be made is that the opioid was prescribed and then  
529 subsequently dispensed.

530

531 Dr. Geiger said that he would like to see more reports on data from distributional information,  
532 like what sorts of controlled substances are veterinarians prescribing. Information of that nature  
533 would be more useful to know when talking to legislators about exempting veterinarians from  
534 the PDMP. He wants to know the size of the prescriptions and how many days of medication is  
535 going out per prescription.

536  
537 Dr. Flamme agreed with Dr. Geiger. He went on to say that the data is meaningless unless one  
538 knows what drugs are being prescribed. He would also like to see distribution information.

539  
540 Dr. Michetti agrees. She asked how the board was supposed to know if anything was being  
541 mishandled or appropriated if they don't know what's being done, what's being prescribed, who  
542 gets what, how much for how long, etc.

543  
544 Dr. Bergartt agreed. She said it is one thing to say that veterinarians, overall, are prescribing  
545 "x" amount of MMEs, but it's a very different thing to say veterinarians prescribe "x" amount of  
546 MMEs to "x" number of patients. If someone has a large amount of MMEs, but there are lots of  
547 patients, so each patient is getting a tiny amount, that is very different from a large number of  
548 MMEs being prescribed to only a few patients where each patient was receiving a large amount  
549 of MMEs. This would be more helpful information with figuring out overdose issues as opposed  
550 to tiny amounts being prescribed appropriately to large numbers of patients.

551  
552 Dr. Flamme asked how practitioners be educated on what drugs veterinarians are using more of  
553 for CE purposes. The BOVE needs to know the distribution numbers.

554  
555 Ms. Sherrell said PDMP staff would look into providing some of that information. It would  
556 depend on the analytics being able to pull the data together. The database only has the  
557 information that is reported, so if veterinarians are not reporting there is no way of obtaining that  
558 information. Lately, PDMP staff has been working on obtaining grants that would allow them to  
559 purchase more analytics, which will help them be able to pull the kind of reports that the BOVE  
560 is asking for. With only 16% of PDMP registered veterinarians actually reporting, it would lead  
561 one to believe that the information wouldn't be completely accurate.

562  
563 Dr. Flamme said he had a long conversation with Dr. Holm of the Board of Pharmacy last fall.  
564 He said they both had concerns about pharmacy employees that didn't know how to use the  
565 database properly. He said there are a few pharmacies in Fairbanks that he has written  
566 prescriptions for dogs for benzodiazepine. When he later queried the owner's name, after having  
567 written multiple prescriptions, the data was not shown on the PDMP. He said this has happened  
568 for multiple patients.

569  
570 EA Carrillo reiterated Dr. Flamme's statement for clarification. He is querying the owner and  
571 then not being able to find the animal's prescription history in the owner's database history?

572

573 Dr. Flamme said that was correct. He had written down the owner's birthdate on the script,  
574 faxed it over to the pharmacy, then called the pharmacy to follow up, and still there is no data in  
575 the database.

576

577 EA Carrillo clarified that animal profiles are completely separate from owner profiles. When a  
578 veterinarian is writing a prescription for an animal, vets should be reporting the prescription for  
579 the animal on a separate profile from the human owner. Vets will never see an animal  
580 prescription in the owner profile.

581

582 Dr. Flamme asked, for compounding drugs through another state (AZ), he could see the  
583 compounded prescriptions on the owner's profile. He asked why this might be the case.

584

585 EA Carrillo said, if a pharmacy in Arizona is reporting to the Alaska PDMP, that would mean  
586 they have a registration as a pharmacy in Alaska. Arizona and Alaska might have different  
587 reporting requirements. They may have different definitions for what data is required to be  
588 reported. She is confused as to why that information would show up in the database from out-of-  
589 state.

590

591 Dr. Flamme said there is a compounding pharmacy in Arizona that makes a coughing elixir that  
592 contains controlled substances (hydrocodone and some other controlled substances), and he can  
593 see a dog on a human's profile with Dr. Flamme's name on the prescription, but when he writes  
594 prescriptions in state for benzodiazepine for the same patient, he doesn't see his information in  
595 the database. It makes him wonder if the pharmacists are truly trained to use the database.

596

597 EA Carrillo said she doesn't want to make a generalization that pharmacists are not properly  
598 trained or the database is not being utilized correctly. If the example presented is Arizona,  
599 Arizona may be reporting to the PDMP because there could be differences in the laws between  
600 states. An important distinction to make between pharmacists and prescribers is that pharmacists  
601 are not required to review. As Ms. Sherrell mentioned earlier, PDMP staff can see the number of  
602 pharmacies that are delinquent or delayed in reporting. PDMP staff also receive inquiries  
603 directly from pharmacies when they have issues reporting, but that has not been frequent. This is  
604 the first time the EA Carrillo is hearing of this particular issue, so she doesn't know exactly what  
605 could be causing that but she, in part, thinks it's because of differences in how Arizona might be  
606 reporting. It would be helpful for PDMP staff to get more information on the issue, so she asked  
607 Dr. Flamme to provide her with the name of the compounding pharmacy. That way, they can  
608 investigate what data is being reported and work with Appriss to see if they can get more details.

609

610 Dr. Flamme said he would send the information to EA Carrillo and Ms. Sherrell.

611

612 The only requirement for veterinarians is to review the owner's history, but then report  
613 separately under the animal profile. The data should not be mixed.

614

615 Dr. Michetti remarked, regarding querying and following the statutes of the PDMP, the statutes  
616 require that veterinarians put in the “patient” name. That has nothing to do with the owner.  
617 Many veterinarians are looking at the statute and typing in the patient name –no other owner type  
618 information. If owner information is required, then the statute needs to be rewritten because that  
619 is not in there.

620  
621 EA Carrillo asked if that was a recommendation for legislative change to be made.

622  
623 Dr. Michetti says she just thinks it needs to be clear. For example, Dr. Flamme is checking  
624 owners, but she knows of at least 3 veterinarians that are not checking owners and are just  
625 checking patient name because that is what is written in statute. Some clarification would be  
626 good for veterinarians because many licensees will be non-compliant because it states in statute  
627 that the database is just asking for patient name.

628  
629 EA Carrillo brought up that legal opinion was given to the board on this matter back in 2018 as  
630 to whether veterinarians should be querying the owner, taking into consideration what is in  
631 statute. The determination was that no statute change is needed. The BOVE was encouraged to  
632 establish those standards and guidelines for veterinarians to comply with the mandate, which is  
633 to query the owner. It is the owner that is to be queried.

634  
635 Dr. Michetti wanted to know exactly where to find that information.

636  
637 **TASK:** OLE Lund will try to locate that information for board members.

638  
639 EA Carrillo pointed out that the BOVE has in regulation that a prescription must be labeled with  
640 the owner’s name; therefore, querying must be done on the owner.

641  
642 **12 AAC 68.900. PRESCRIPTION LABELING.** (a) All drugs prescribed and dispensed by a veterinarian for  
643 patient treatment must be labeled at the time of dispensing.

- 644 (b) The prescription label, or unit dosage package, must contain  
645 (1) name of the owner of the patient;  
646 (2) name of the prescribing veterinarian;  
647 (3) name of the drug;  
648 (4) strength and quantity of the drug;  
649 (5) date dispensed;  
650 (6) name and address of the veterinary facility dispensing the drug; and  
651 (7) directions for the owner administering the drug to the patient.

652  
653  
654 Dr. Michetti argued that she doesn’t write a prescription for an owner, she writes a prescription  
655 for the animal patient. She is not a human physician.

656  
657 Dr. Bergartt said that, yes there are regulation about prescriptions, but that is separate from the  
658 PDMP. Dr. Bergartt asked, if the animal data is kept separate from the human data, is she under



702 OLE Derr gave a brief overview of telemedicine. She said one of the most frequently asked  
703 question she gets is: who needs to register for telemedicine? The business itself must register.  
704 There is no limit to the number of practitioners covered under that business license. Not every  
705 individual licensee needs to apply, just the main business and then all providers are covered  
706 under that one registration. If a business employed a contractor, for example a specialist  
707 veterinarian, that worked under their own business license, that contractor's business would need  
708 to be registered with the TBR, but only if the specialist was collecting fees separately from the  
709 client.

710

711 When it comes to delivery of telemedicine, OLE Derr will be deferring to individual boards for  
712 guidance in best practices. SB241 allows boards to issue a policy statement recommending  
713 guidelines and link to information for licensees.

714

715 **TASK:** Dr. Michetti offered to write a policy statement to help guide veterinary licensees in  
716 providing telemedicine.

717

718 **COVID-19: How can veterinarians help?**

719

720 After some discussion, it was decided that this topic had lost its timeliness. If Alaska's  
721 healthcare system becomes overloaded with COVID cases, the board will hold an emergency  
722 meeting to discuss this issue further.

723

724 **Future Meeting Dates**

725

726 At the next meeting, the board will hold oral public comment on regulations.

727

728 **In a motion duly made by Scott Flamme, seconded by Chris Michetti, and with unanimous**  
729 **approval it was:**

730

731 **RESOLVED to hold oral comment at the next meeting on Tuesday, June 2<sup>nd</sup>,2020,**  
732 **starting at 9:00 a.m.**

733

734

735 *Hearing no further business brought up for discussion, the chair adjourned the 3:07 p.m.*

736

737 **Respectfully Submitted,**

738

739 *Ilsa Lund*  
740 -----

6/10/2020  
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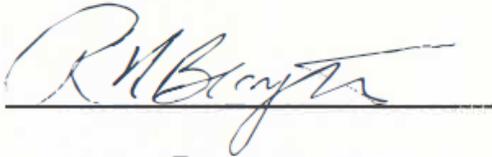
741 **Ilsa Lund, Licensing Examiner**

**Date**

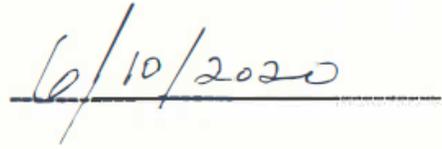
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744

Handwritten signature of Rachel Bergart in cursive script, written over a horizontal line.

745

Handwritten date 6/10/2020 in cursive script, written over a horizontal line.

746

**Rachel Bergart, DVM**

747

**Board Chair, Board of Veterinary Examiners**

**Date**