



Wisconsin Department of Agriculture, Trade and Consumer Protection

# Open Meeting Notice

Meeting: Veterinary Examining Board Administrative Rules Committee

Date & Time: Monday, November 8th, 2021, 9:00AM

Location: **Virtual meeting via Zoom**

See agenda for access

City, State Zip

Division: Division of Animal Health

## Agenda:

Meeting to be held via Zoom. To attend the meeting by telephone, call 1 (551) 285-1373, with meeting ID: 160 623 3854 and passcode: 088143, or via internet at:

<https://www.zoomgov.com/j/1606233854?pwd=UVdVTIVHRENCc0kwUURjTmVQUlJdz09>

I. 9:00 AM OPEN SESSION – ROLL CALL – CALL TO ORDER

II. Discuss potential changes to hearing draft CR-21-062 based on comments received. Note: final draft will be submitted to the full Veterinary Examining Board for consideration at the January 19th full Board meeting.

III. ADJOURNMENT

To find out more about the meeting or hearing, or to request copies of documents that may have been prepared by the DATCP or to request documents to be used in connection with the meeting/hearing, contact:

DATCP - Division of Animal Health

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For the hearing or visually impaired, non-English speaking, or for those with other personal circumstances which might make communication at the meeting/hearing difficult, this agency will, to the maximum extent possible, provide aids including an interpreter, or a non-English, large print or taped version of hearing documents. Please contact the address or phone number listed above as soon as possible.

This agency, to the maximum extent possible, holds all meetings in facilities that are physically accessible to persons with disabilities. For questions about accessibility, contact the department using the information listed above.

**PROPOSED ORDER  
OF THE STATE OF WISCONSIN VETERINARY EXAMINING BOARD  
ADOPTING RULES**

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- 1 The Wisconsin Veterinary Examining Board proposes the following permanent rule *to repeal* VE  
2 1 to 10; *to create* VE 1 to 3; *to renumber* VE 11; *relating to* veterinarians and veterinary  
3 technicians.
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***Analysis Prepared by the Veterinary Examining Board***

The proposed rule makes structural changes, minor language changes, and telehealth changes.

***Statutes Interpreted***

Statutes interpreted: Wis. Stat. ss. 89.03 and 89.063

***Statutory Authority***

Statutory authority: Wis. Stat. ss. 89.03 and 89.063

***Explanation of Statutory Authority***

Wis. Stat. s. 89.03 authorizes the Veterinary Examining Board (Board) to promulgate rules related to the practice of veterinary medicine.

Wis. Stat. s. 89.063 authorizes the Department of Agriculture, Trade and Consumer Protection (Department) to determine by rule applicable fee amounts.

***Related Statutes and Rules***

Wis. Admin. Code chs. VE 1 to 11.

***Plain Language Analysis***

The proposed rule makes structural changes, minor language changes, and telehealth changes as described below.

***Structural Changes***

- Consolidates the eleven existing rule chapters into three chapters: one for veterinarians, one for veterinary technicians, and one for the professional assistance program. Consolidation makes the rules easier to access quickly.
- Adds a chapter for relevant complaint procedures that did not transfer in the previous rules from DSPS to DATCP.
- States the current fee amounts in rule. Fee amounts do not change.

### *Minor Language Changes*

- Makes changes regarding procedures and processes.
  - o Removes the word annual from references to the review of colleges and technical schools.
  - o Expands the temporary veterinary permit process to include applicants who are scheduled to take or are awaiting results from the examination on state laws and rules.
  - o Clarifies that applicants for licensure who have previously been licensed in Wisconsin or another jurisdiction must apply by endorsement.
  - o Adds for clarity and consistency a section identifying common situations in which the board may require additional information from an applicant when reviewing an application.
  - o States more clearly that the board may reprimand the licensee or deny, suspend, limit or revoke a credential for cause, including filing an incomplete or fraudulent application, misrepresenting information on an application, or violating the rule chapter or Wis. Stat. ch. 89.
- Makes technical changes and updates.
  - o Adds the denial of a license to the list of reasons for a temporary veterinary permit to expire.
  - o Allows applicants to provide proof of graduation through the American Association of Veterinary State Boards (AAVSB), which allows for electronic submissions using the AAVSB online system.
  - o Adds direction in the rules to assure the requirements for access to health care records required in Wis. Stat. s. 89.075 are clear and consistently applied.
  - o Removes an obsolete provision regarding continuing education auditing of journal articles read. The Board previously eliminated the ability to self-study journal articles and mistakenly did not also eliminate this provision regarding auditing.
  - o Clarifies the continuing education requirements for persons who have not been credentialed for more than 5 years.
  - o Adds language to clearly state license exemptions.
- Allows veterinarians to delegate additional veterinary medical acts to certified veterinary technicians and unlicensed assistants.

- Allows veterinarians to delegate the placement of intravenous catheters to unlicensed assistants under the direct supervision of the veterinarian present on the premises, per requests from stakeholders.
- Additional changes to the delegation of veterinary medical acts are included in the telehealth section of this summary.
- Makes changes for consistency and ease of use the places in which rule requirements repeat, or refer to requirements in statute.
  - Modifies language regarding unprofessional conduct so that it also refers to Wis. Stat. s. 89.07 (1).
  - Modifies language regarding prescribing and dispensing a veterinary drug to refer to Wis. Stat. s. 89.068 (1) (c) allows.
  - Makes a correction to the delegation of rabies vaccinations to reflect Wis. Stat. s. 95.21 (2) (a).
- Modifies terminology for clarity and consistency.
  - Adds additional definitions and updates existing definitions language for clarity.
  - Renames “temporary permit” to “temporary veterinary permit” and renamed “temporary consulting permit” to “veterinary consulting permit.”
  - Changes language to use the word “dispense” rather than “sell” to be more consistent with statutory language and definitions to make the language clearer and easier to understand.
  - Adds a note clarifying that the board accepts “veterinary nurse” as equivalent to “veterinary technician.”

### *Telehealth Changes*

- Adds definitions related to telehealth.
- Adds definitions related to veterinary consulting and clarifies that a consulting veterinarian or other consultant may not do any of the following:
  - Visit the patient or client or communicate directly with the client without the knowledge of the attending veterinarian.
  - Take charge of a case or problem without the consent of the attending veterinarian and the client.
- Clarifies that the practice of veterinary medicine takes place where the animal is located at the time of practice, in alignment with Wis. Stat. ss. 89.05 (1) and 89.02 (6).
- Clarifies that in order to practice veterinary medicine in Wisconsin a veterinarian must be licensed in Wisconsin and have an established veterinary-client-patient relationship (VCPR) with the client. A VCPR must be established via an in person physical exam, or timely medically appropriate visits to the premises on which the patient is kept. It may not be established by telehealth technologies.

- Clarifies that the VCPR, once established, extends to other veterinarians within the practice, or relief veterinarians within the practice, that have access to, and have reviewed, the medical history and records of the animal.
- Clarifies that records must be kept, regardless of the encounter type.
- Clarifies, in accordance with Wis. Stat. s. 89.02 (8) (c), that an animal owner must be able to easily seek follow-up care or information from the veterinarian who conducts an encounter while using telehealth technologies.
- Expands the delegation of medical services to allow a veterinarian to delegate the following items to a certified veterinary technician (CVT) if the veterinarian is available to communicate via telehealth technologies within five minutes. Under current rules, these items may only be delegated to a CVT if the veterinarian is personally present on the premises.
  - o Performing diagnostic radiographic awake contrast studies not requiring general anesthesia.
  - o Sample collection via a cystocentesis procedure.
  - o Placement of intravenous catheters.
  - o Suturing of tubes and catheters.
  - o Fine needle aspirate of a mass.

***Summary of, and Comparison with, Existing or Proposed Federal Statutes and Regulations***

Pursuant to 9 CFR 160 to 162, a veterinarian must be specifically authorized by the United States Department of Agriculture – Animal and Plant Health Inspection Service to perform animal disease eradication and control functions under federal animal health laws.

Licensure requirements to practice veterinary medicine are established by each state and should not be affected by federal requirements.

***Comparison with Rules in Adjacent States***

The structural changes and minor language changes in the proposed rule are unique to Wisconsin rules and make the rules clearer and easier to use. Veterinary telehealth regulations in Wisconsin, Illinois, Iowa, Michigan, and Minnesota are compared below. Regulatory recommendations by the American Association of Veterinary State Boards, the American Veterinary Medical Association, and the Wisconsin Veterinary Medical Association are also included for comparison.

**Wisconsin**

Under both the existing rule and the proposed rule, a veterinarian must be licensed in Wisconsin in order to practice veterinary medicine and have an established VCPR with the client. A VCPR must be established via an in-person physical exam, or timely medically appropriate visits to the premises on which the patient is kept. It may not be established by telehealth technologies.

The proposed rule clarifies items related to telehealth and also expands the delegation of medical services to allow a veterinarian to delegate the specific items to a CVT if the veterinarian is available to communicate via telehealth technologies within five minutes.

## **Illinois**

In Illinois, a valid VCPR cannot be established solely by telephonic or electronic communications. No further information was provided regarding whether Illinois would allow telehealth to be used if a VCPR was previously established.

## **Iowa**

In Iowa, a valid VCPR cannot be established solely by telephonic or electronic communications. No further information was provided regarding whether Illinois would allow telehealth to be used if a VCPR was previously established.

## **Michigan**

Michigan recently promulgated a new rule related to the practice of veterinary medicine using telehealth technologies, which became effective April 15, 2021. The Michigan rules now require:

- Disclosure of the identity and contact information of the veterinarian providing telehealth services. Licensing information shall be provided upon request.
- Ensure that the technology method and equipment used to provide telehealth services complies with all current privacy-protection laws.
- Employ sound professional judgement to determine whether using telehealth is an appropriate method for delivering medical advice or treatment to the animal patient.
- Have sufficient knowledge of the animal patient to render telehealth services demonstrating by satisfying one of the following:
  - o Have recently examined the animal patient in-person or have obtained current knowledge of the animal patient through the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically.
  - o Have conducted medically appropriate and timely visits to the premises where the group of animal patients is kept.
- Act within the scope of practice.
- Exercise the same standard of care applicable to traditional, in-person veterinary care service.
- Be readily available to the animal patient for follow-up veterinary services or ensure there is another suitable provider available for follow-up care.
- Consent for medical advice and treatment shall be obtained before providing a telehealth service.
- Evidence of consent for medical advice and treatment must be maintained in the animal patient's medical record.
- A veterinarian providing a telehealth service may prescribe a drug if the veterinarian is a prescriber acting within the scope of practice and in compliance.

## **Minnesota**

Minnesota only allows patient-specific telemedicine within a VCPR. A VCPR cannot be established without an in-person examination. A veterinarian licensed in another state can serve as a consultant to the Minnesota veterinarian that holds the VCPR for that patient. The same standards of care apply to services rendered via telemedicine as to in-person visits.

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

The AAVSB practice act model and AAVSB guidelines for telehealth are both available at <https://www.aavsb.org/board-services/member-board-resources/practice-act-model/>. Regarding the VCPR, the AAVSB practice model act and AAVSB guidelines for telehealth state that:

- Veterinarian-Client-Patient Relationship (VCPR) exists when:
  - o Both the Veterinarian and Client agree for the Veterinarian to assume responsibility for making medical judgments regarding the health of the Animal(s); and
  - o The Veterinarian has sufficient knowledge of the Animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the Animal(s); and
  - o The Veterinarian has provided the client with information for obtaining timely follow up care.
  
- The AAVSB recommends that each jurisdiction promulgate appropriate regulations clarifying who may be included within the scope of a single VCPR such as a Veterinarian or another Veterinarian within the same practice group with access to medical records. The AAVSB recommends that each jurisdiction promulgate appropriate regulations defining how to establish sufficient knowledge of the Animal(s), including the following:
  - o A recent examination of the Animal or group of Animals, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; or
  - o Through medically appropriate and timely visits to the premises at which the Animal or group of Animals are kept.
  
- The AAVSB recommends that each Jurisdiction promulgate appropriate regulations for the Veterinarian to provide instructions to the Client for obtaining follow up care that may include directing the Client to another Veterinarian or emergency clinic. It is essential for the VCPR to be easily established in order to require the Veterinarian to assume accountability for the Veterinary Medical Services rendered. Furthermore, as standards of practice and codes of conduct change over time, it is easier to promulgate new rules incorporating such changes rather than adopting legislative modifications.

## **American Veterinary Medical Association (AVMA)**

AVMA guidelines for the use of telehealth in veterinary practice are available at <https://www.avma.org/sites/default/files/2021-01/AVMA-Veterinary-Telehealth-Guidelines.pdf>. Regarding the VCPR, the AVMA guidelines state that:

- Having a VCPR in place is critical whenever practicing veterinary medicine, whether practicing in person or remotely using telemedicine. The AVMA Model Veterinary Practice Act, which many governmental bodies use as a guide when establishing or revising laws governing veterinary practice, includes the following definition of the VCPR: The veterinarian-client-patient relationship is the basis for veterinary care. To establish such a relationship the following conditions must be satisfied:
  - The licensed veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient(s) and the need for medical therapy and has instructed the client on a course of therapy appropriate to the circumstance.
  - There is sufficient knowledge of the patient(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition(s) of the patient(s).
  - The client has agreed to follow the licensed veterinarian's recommendations.
  - The licensed veterinarian is readily available for follow up evaluation or has arranged for:
    - Emergency or urgent care coverage, or
    - Continuing care and treatment has been designated by the veterinarian with the prior relationship to a licensed veterinarian who has access to the patient's medical records and/or who can provide reasonable and appropriate medical care.
  - The veterinarian provides oversight of treatment.
  - Such a relationship can exist only when the veterinarian has performed a timely physical examination of the patient(s) or is personally acquainted with the keeping and care of the patient(s) by virtue of medically appropriate and timely visits to the operation where the patient(s) is(are) kept, or both.
  - Patient records are maintained. Both the licensed veterinarian and the client have the right to establish or decline a veterinarian-client-patient relationship within the guidelines set forth in the AVMA Principles of Veterinary Medical Ethics. A licensed veterinarian who in good faith engages in the practice of veterinary medicine by rendering or attempting to render emergency or urgent care to a patient when a client cannot be identified, and a veterinarian-client-patient relationship is not established, should not be subject to penalty based solely on the veterinarian's inability to establish a veterinarian-client-patient relationship.
  
- Many states have adopted this definition of the VCPR, or a very similar one, as a component of their state veterinary practice act or regulations. In addition, federal law requires a veterinarian to establish a VCPR before undertaking any extra-label drug use in animals, issuing a Veterinary Feed Directive, or the creation and use of certain types of biologics. It is also important for veterinarians to understand that they must comply with the federal law requiring a VCPR under these circumstances, regardless of how a state may ultimately define a VCPR in state law or regulation.
  
- Given current technological capabilities, available research, and the existing state and federal regulatory landscape, the AVMA believes veterinary telemedicine should only be conducted within an existing VCPR. An exception may be made for advice given in an emergency until a patient can be seen by a veterinarian. Ultimately, how a state defines the VCPR, the congruence of that state VCPR with federal requirements, and whether or not a



VCPR exists in a given situation based on those definitions, determine what services can be offered.

- Within an established VCPR: A variety of telehealth and telemedicine service models are available to veterinarians and veterinary practices. Client-facing telemedicine services may include use of tools that allow the veterinarian to remotely and securely gather essential patient health information from the animal owner or another caretaker; access the patient's medical records; and conduct a virtual evaluation of the patient through real-time video or transmitted photographs or other data.
- Without an established VCPR: The veterinarian may provide non-patient-specific advice, but must stay clear of diagnosing, prognosis of, or treating patients. Two exceptions may apply: (1) if state law allows a VCPR to be established electronically, the veterinarian has met the requirements for doing so, and activities that would invoke a requirement for adherence to the federal VCPR are not conducted or (2) advice given in an emergency until a patient can be seen by a veterinarian. Non-client electronic communications that include the provision of non-patient-specific advice and general educational content are usually acceptable.

### **Wisconsin Veterinary Medical Association (WVMA)**

WVMA formed a Telehealth Task Force and submitted suggested guidelines to the Board on December 19, 2019. Regarding the VCPR, the WVMA suggested guidelines state that:

- VCPR Required: Veterinary services may only be provided using telehealth technologies where a VCPR is established. If an existing VCPR relationship is present, then telehealth technologies may be used as long as the VCPR is maintained in accordance with Wis. Stat. s. 89.02 (8) and the requirements in this Section. If an existing VCPR relationship is not present, then a veterinarian must take appropriate steps to establish a VCPR consistent with Wis. Stat. s. 89.02 (8) and the requirements in this Section.
- Establishing an Initial VCPR for Telehealth: For purposes of establishing an initial VCPR prior to engaging in the practice of veterinary medicine using telehealth technologies, the veterinarian must meet the requirements of Wis. Stat. s. 89.02 (8) and:
  - o For livestock, (food and fiber animals), the veterinarian must have either conducted an in-person physical examination of the patient or must have visited the premises on which the patient is kept at least once in the immediate six (6) months prior to engaging in any telehealth treatment or services.
  - o For companion animals and equine animals, the veterinarian must have conducted an in-person physical examination of the patient at least once in the immediate six (6) months prior to engaging in any telehealth treatment or services.
- Maintaining a VCPR for Telehealth: Once a VCPR is established, for purposes of maintaining that VCPR and engaging in the ongoing practice of veterinary medicine using telehealth technologies, the veterinarian must meet the requirements of Wis. Stat. s. 89.02 (8) and:

- For livestock (food and fiber animals), the veterinarian must either conduct an in-person physical examination of the patient or must visit the premises on which the patient is kept at least once every six (6) months.
- For companion animals and equine animals, the veterinarian must conduct an in-person physical examination of the patient at least once every twelve (12) months.

### ***Summary of Factual Data and Analytical Methodologies***

The proposed rule makes the rules clearer and easier to use. Restructuring the chapters makes the rules easier to read and reference quickly. Adding a chapter for relevant complaint procedures makes these procedures clearer and more accessible to credential holders and members of the public. The fee amounts remain the same, but are stated in the proposed rule to make them readily accessible. Minor language changes relating to procedures and processes, technical changes and updates, delegation of veterinary medical acts, references to statutory requirements, and terminology make the proposed rule more consistent and easier to understand. The proposed rule includes language changes to respond to public interest in the use of telehealth technologies in veterinary medicine. The proposed rule could reduce the burden to veterinarians, veterinary technicians, and consumers of veterinary services, as the proposed rule is easier to read and understand quickly.

The Board held a preliminary public hearing on SS 125-19 on February 17, 2020, with a written comment period through February 24, 2020. The Board received three comments. All three comments requested that the statement of scope be expanded to address the use of telehealth technologies in the practice of veterinary medicine. One comment also requested that the statement of scope address the circumstances under which a veterinarian may dispense a drug for a patient of another veterinarian. This statement of scope for this rule proposal (SS 064-20) includes both of these topics.

The Board held a preliminary hearing on SS 064-20 on August 19, 2020, with a written comment period through August 26, 2020. The Board received three comments. One comment was for information. Two comments expressed support of the scope, both expressed support of including telehealth in the scope, and one also expressed support of including addressing the circumstances under which a veterinarian may dispense a drug for a patient of another veterinarian in the scope.

The Board convened a Telehealth Advisory Committee (Committee) to advise the Board in relation to the veterinary telehealth. The Committee was comprised of 13 representatives: 10 veterinarians and 3 certified veterinary technicians. Of the veterinarians, 1 works in large and small animal practice, 3 work in large animal practice, 1 works in equine and small animal practice, and 5 work in small animal practice. The veterinarians included representatives from the Wisconsin Veterinary Medical Association, Sexing Technologies, and the Dairy Business Association. The Department submitted a notice to JCRAR with the names of the Committee members on February 9, 2021.

The Committee met on March 4, March 25, and April 8, 2021, to discuss potential veterinary telehealth options. The following is a summary of proposals that the Telehealth Advisory Committee discussed, as well as the responses of the Committee members:

## A. Definitions

Attending Veterinarian: means the veterinarian who holds the Veterinarian-Client-Patient Relationship and is responsible for the medical care and treatment of the animal.

Consulting Veterinarian: means the veterinarian who gives advice or assistance, whether in-person or by any method of communication, to the attending veterinarian, for the benefit of an animal patient.

Consultant: means a person whose subject matter expertise, in the opinion of the attending veterinarian, will benefit an animal patient, and who gives the attending veterinarian advice or assistance, whether in-person or by any method of communication.

Consultation: means the advice or assistance given by a consulting veterinarian or other consultant to the attending veterinarian where the responsibility for patient treatment, prescriptions, and welfare remain with the attending veterinarian.

A consulting veterinarian or other consultant may not do any of the following:

- a. Visit the patient or client or communicate directly with the client without the knowledge of the attending veterinarian.
- b. Take charge of a case or problem without the consent of the attending veterinarian and the client.

Informed Consent: means the veterinarian has informed the client or the client's authorized representative, in a manner understood by the client or representative, of the diagnostic and treatment options, risk assessment, and prognosis, and the client has consented to the recommended treatment.

General Advice: means any advice provided by a veterinarian or certified veterinary technician, via any method of communication within or outside of an established VCPR, which is given in general terms and is not specific to an individual animal or group of animals, diagnosis, or treatment.

Telehealth: is the collection of technology tools used to remotely deliver virtual veterinary medical, health, and education services, allowing a veterinarian to deliver enhance care and education.

Telemedicine: is the remote delivery of veterinary healthcare services, such as health assessments or consultations, over the telecommunications infrastructure, allowing a veterinarian to evaluate, diagnose and treat patients without the need for an in-person visit.

Tele-triage: means emergency animal care, including animal poison control services, for immediate, potentially life-threatening animal health situations, including poison exposure mitigation, animal CPR instructions, and other critical lifesaving treatment or advice that may be performed within or outside of a VCPR.

Members asked for clarification about the consulting veterinarian, consultant, and consultation definitions but no member expressed opposition to these definitions. No member expressed concerns about any of the other definitions.

## **B. Location of Practice**

The practice of veterinary medicine takes place where the animal is located at time of practice, in alignment with Wis. Stat. ss. 89.05 (1) and 89.02 (6).

No member expressed concerns.

## **C. Establishing Veterinarian-Client-Patient Relationship (VCPR)**

- Option 1: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client. A VCPR must be established via an in person physical exam, or timely medically appropriate visits to the premises on which the patient is kept. It may not be established by telehealth technologies.
- Option 2: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client prior to treating a patient. A VCPR may be established by utilizing telehealth technologies to examine the patient as medically appropriate to the circumstance.
- Option 3: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client prior to treating a patient. To establish a VCPR the veterinarian must meet the requirements of Wis. Stat. s. 89.02 (8). A licensed veterinarian may satisfy the exam requirement under Wis. Stat. s. 89.02 (8) (b) for the establishment of the VCPR via telehealth technologies through the use of instrumentation and diagnostic equipment where images and medical records are able to be transmitted electronically or a physical in person exam.

Six members expressed support of option 1. One member expressed support of either option 1 or 3, as long as the veterinarian physically touches the animal at some point. One member expressed support of option 2. Two members expressed support of either option 2 or 3. One member expressed support of either option 2 or 3, as long as a VCPR is established in person at some point during the life of the patient.

Seven members expressed support of keeping the current timeframe requirements as timely and medically appropriate. One member expressed support of a one-year minimum requirement. One member expressed support of a 12 or 18-month minimum requirement. One member expressed support of a one or two-year minimum requirement.

## **D. Extending VCPR**

The VCPR, once established, extends to other veterinarians within the practice, or relief veterinarians within the practice, that have access to, and have reviewed, the medical history and records of the animal.

All members expressed support.

#### **E. Prescribing**

Medication may not be prescribed without either a physical examination or medically appropriate and timely visits to the premises where the animal or group of animals is kept.

Nine members expressed that the language is not necessary or is redundant to the VCPR language. One member expressed no opinion.

#### **F. Record Keeping**

Records must be kept, regardless of encounter type, in accordance with the current Wis. Admin. Code ch. VE 7.

All members agreed.

#### **G. Continuity of Care**

In accordance with Wis. Stat. s. 89.02(8) (c), an animal owner must be able to easily seek follow-up care or information from the veterinarian who conducts an encounter while using telehealth technologies. The veterinarian must ensure that the client is aware of the veterinarian's identity and location.

Seven members expressed support of including identity and location. Of those, two specified that at least to the level of the state. One member expressed no need for the language. Two members expressed no opinion.

#### **H. Permit and/or Continuing Education (CE)**

Require a permit and/or telehealth-specific continuing education (CE) to practice telehealth.

Eight members expressed that a permit and/or specific CE should not be required to practice telehealth. One member expressed that CE on telehealth should be required, similar to what is required to practice telehealth in human medicine. One member expressed support of requiring both a permit and CE, but also expressed concerns about the logistics of it.

#### **I. Delegated Medical Services – CVTs**

Based on the discussion, staff highlighted items the following items to consider with regards to CVTs and telehealth:

- (b) Performing diagnostic radiographic contrast studies: Only awake contrast studies not requiring general anesthesia
- (d) Sample collection via a cystocentesis procedure.
- (e) Placement of intravenous catheters (not arterial catheters)
- (f) Suturing of tubes and catheters.
- (g) Fine needle aspirate of a mass.
- (h) Performing amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock.

Eleven members expressed support of allowing b (only awake contrast studies not requiring general anesthesia), d, e (not arterial catheters), f, and g as shown above to be performed by a CVT with the ability to communicate with the veterinarian via telehealth.

Ten members expressed opposition to allowing h to be performed by a CVT without the veterinarian present on the premises. One member expressed support of allowing h to be performed by a CVT without the veterinarian present on the premises with the ability to communicate with the veterinarian via telehealth.

Eleven members expressed support of requiring a shorter than 15 minute timespan for communicating with the veterinarian via telehealth regarding the specified medical services. Of those, five members expressed support of five minutes, one member expressed support of ten minutes, and two members expressed support of five or ten minutes.

#### **J. Delegated Medical Services – Unlicensed Assistants**

Staff highlighted items currently delegable to unlicensed assistants to discuss with regards to telehealth.

Eleven members expressed that the medical services currently delegable to unlicensed assistants with the veterinarian present on the premises should continue to require the veterinarian to be present on the premises.

#### ***Analysis and Supporting Documents Used to Determine Effect on Small Business and in Preparation of an Economic Impact Analysis***

The proposed rule will directly affect Wisconsin licensed veterinarians and certified veterinary technicians. Most veterinary practices are small businesses. Current fee amounts would not change. Adjustments to make rule language and structure clearer, and to simplify processes where possible, may reduce the burden to each of these affected entities, by making the rules easier to access and understand quickly.

The Board convened a Telehealth Advisory Committee (Committee) to advise the Board in relation to the veterinary telehealth. The Committee was comprised of 13 representatives: 10

veterinarians and 3 certified veterinary technicians. Of the veterinarians, 1 works in large and small animal practice, 3 work in large animal practice, 1 works in equine and small animal practice, and 5 work in small animal practice. The veterinarians included representatives from the Wisconsin Veterinary Medical Association, Sexing Technologies, and the Dairy Business Association.

### ***Effect on Small Business***

The Board expects the proposed rule to have minimal to no economic impact. No fee amounts will be changed in the proposed rule.

Most veterinary practices are small businesses. The proposed rule's structural changes and minor language changes may reduce the burden to veterinarians, veterinary technicians, and consumers of veterinary services, as the rules may become easier to access and understand quickly.

The proposed rule also allows for more use of telehealth technologies than the existing rule. New language regarding telehealth may reduce the economic burden to veterinarians and animal owners, especially in rural areas. The proposed rule expands the delegation of medical services to allow a veterinarian to delegate the following items to a CVT if the veterinarian is available to communicate via telehealth technologies within five minutes. Under current rules, these items may only be delegated to a CVT if the veterinarian is personally present on the premises.

- Performing diagnostic radiographic awake contrast studies not requiring general anesthesia.
- Sample collection via a cystocentesis procedure.
- Placement of intravenous catheters.
- Suturing of tubes and catheters.
- Fine needle aspirate of a mass.

### ***Environmental Impact***

This rule does not have an environmental impact.

### ***Standards Incorporated by Reference***

This rule does not create standards incorporated by reference.

### ***DATCP Contact***

Angela Fisher, Program and Policy Analyst  
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Department of Agriculture, Trade and Consumer Protection  
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Telephone: (608) 224-4890  
Email: Angela.Fisher1@Wisconsin.gov

### ***Where and When Comments May Be Submitted***

Questions and comments related to this this rule may be directed to:

Angela Fisher, Program and Policy Analyst  
Division of Animal Health  
Department of Agriculture, Trade and Consumer Protection  
P.O. Box 8911  
Madison, WI 53708-8911  
Telephone: (608) 224-4890  
Email: Angela.Fisher1@Wisconsin.gov

Comments will be accepted up to two weeks after the last public hearing is held on this rule. Hearing dates will be scheduled after this hearing draft rule is approved by the Board.

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4 **SECTION 1.** Chapter VE 1 to Ch. VE 10 are repealed.

5 **SECTION 2.** Chapter VE 1 is created to read:

6 **Chapter VE 1 Veterinarians**

7 Subchapter I – Authority and Definitions

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44 **Subchapter I – Authority and Definitions**

45 **VE 1.01 Authority.** The rules in this chapter are adopted by the veterinary examining  
46 board pursuant to the authority delegated by ss. 15.08 (5), 89.03 (1), 89.03 (2), and 227.11 (2),  
47 Stats.

48 **VE 1.02 Definitions.**

49 (1) “Accredited college or university” means an educational institution that is accredited  
50 by a regional or national accrediting agency recognized by the U.S. Department of Education.

51 (2) “Advertising” means to give notice by any means, including but not limited to any  
52 circular, card, notice, telephone book listing, magazine, newspaper or other printed material or any  
53 electronic medium.

54 (3) “Approved veterinary college” means a veterinary college which is AVMA accredited  
55 or approved.

56 (4) “Attending veterinarian” means the veterinarian who holds the VCPR and is  
57 responsible for the medical care and treatment of the animal.

58 (5) “AVMA” means the American veterinary medical association.

59 (6) “Board” means the veterinary examining board.

60 Note: The board office is located at 2811 Agriculture Drive, P.O. Box 8911, Madison,  
61 Wisconsin 53708–8911.

62 (7) “Client” means the person who owns or who has primary responsibility for the care of  
63 a patient.

64 (8) “Complementary, alternative, and integrative therapies” includes a heterogeneous  
65 group of preventive, diagnostic, and therapeutic philosophies and practices. These therapies  
66 include:

67 (a) Veterinary acupuncture, acutheraPy, and acupressure.

68 (b) Veterinary homeopathy.

69 (c) Veterinary manual or manipulative therapy, i.e., therapies based on techniques practiced  
70 in osteopathy, chiropractic medicine, or physical medicine and therapy.

71 (d) Veterinary nutraceutical therapy.

72 (e) Veterinary phytotherapy.

73 (9) “Consulting veterinarian” means the veterinarian who gives advice or assistance,  
74 whether in-person or by any method of communication, to the attending veterinarian, for the  
75 benefit of an animal patient.

76 (10) “Consultant” means a person whose subject matter expertise, in the opinion of the  
77 attending veterinarian, will benefit an animal patient, and who gives the attending veterinarian  
78 advice or assistance, whether in-person or by any method of communication.

79 (11) “Consultation” means the advice or assistance given by a consulting veterinarian or  
80 other consultant to the attending veterinarian where the responsibility for patient treatment,  
81 prescriptions, and welfare remain with the attending veterinarian.

82 (12) “Deception” means:

83 (a) Claiming to have performed an act or given a treatment which has not in fact been  
84 performed or given.

85 (b) Giving needless treatment.

86 (c) Using a different treatment than stated.

87 (13) “Department” means the department of agriculture, trade and consumer protection.

88 (14) “Faculty license” means a credential issued to a person by the board after the person  
89 has met the requirements of s. 89.06 (2m) (a), Stats., signifying that the person may practice  
90 veterinary medicine on privately owned animals only within the scope of the person’s employment  
91 at a school of veterinary medicine in this state.

92 (15) “Fraud” means:

93 (a) The making of false claims regarding knowledge, ability, skills or facilities for use in  
94 treatment or diagnosis of a disease.

95 (b) The making of false claims regarding testing, inspecting, reporting or issuing of  
96 inter-state, intra-state or export health certificates.

97 (16) “General advice” means any advice provided by a veterinarian or certified veterinary  
98 technician, via any method of communication within or outside of an established VCPR, which is  
99 given in general terms and is not specific to an individual animal or group of animals, diagnosis,  
100 or treatment.

101 (17) “Gross negligence” means a gross, serious or grave degree of negligence as compared  
102 to less serious or more ordinary acts of negligence.

103 (18) “Informed consent” means the veterinarian has informed the client or the client’s  
104 authorized representative, in a manner understood by the client or representative, of the diagnostic  
105 and treatment options, risk assessment, and prognosis, and the client has consented to the  
106 recommended treatment.

107 (19) “License” means a credential issued to a person by the board signifying the person has  
108 met the requirements of ss. 89.06 (1), 89.06 (2m) (a), or 89.072, Stats., to practice veterinary  
109 medicine in this state.

110 (20) “NAVLE” means the north American veterinary licensing examination.

111 (21) “Patient” means an animal that is examined or treated by a veterinarian.

112 (22) “Post graduate training permit” means a credential issued to a person by the board  
113 allowing the permit holder to practice veterinary medicine on privately owned animals only within  
114 the scope of the permittee’s internship or residency program at a school of veterinary medicine in  
115 this state.

116 (23) “Preceptor” means a veterinarian who agrees to supervise a holder of a temporary  
117 veterinary permit.

118 (24) “Standard of care” means diagnostic procedures and modes of treatment considered  
119 by the veterinary profession to be within the scope of current, acceptable veterinary medical  
120 practice.

121 (25) “Supervision” means available at all times for consultation, either in person or within  
122 15 minutes of contact by telephone, by video conference or by electronic communications device,  
123 except where other provisions are specified in rule.

124 (26) “Surgery” means any procedure in which the skin or tissue of the patient is penetrated  
125 or severed but does not include any of the following:

126 (a) Activities not considered the practice of veterinary medicine, as follows:

- 127 1. Activities identified in s. 89.05 (2) (a) and (b), Stats.
- 128 2. Subcutaneous insertion of a microchip for identifying an animal.
- 129 3. Ear tag or tattoo placement for identifying an animal.
- 130 4. Euthanasia by injection.

131 (b) Activities considered the practice of veterinary medicine, but which a veterinarian may  
132 delegate to a certified veterinary technician, as specified in s. VE 1.44 (5) and (6), as follows:

- 133 1. Simple dental extractions that require minor manipulation and minimal elevation.
- 134 2. Administration of injections, including local and general anesthesia.
- 135 3. Sample collection via a cystocentesis procedure.
- 136 4. Placement of intravenous and arterial catheters.
- 137 5. Suturing of tubes and catheters.
- 138 6. Fine needle aspirate of a mass.
- 139 7. Performing amniocentesis, embryo collection and transfer, follicular aspiration, and
- 140 transvaginal oocyte collection and recovery on livestock.

141 (27) “Telehealth” means the collection of technology tools used to remotely deliver virtual

142 veterinary medical, health, and education services, allowing a veterinarian to deliver enhanced care

143 and education.

144 (28) “Telemedicine” means the remote delivery of veterinary healthcare services, such as

145 health assessments or consultations, over the telecommunications infrastructure, allowing a

146 veterinarian to evaluate, diagnose and treat patients without the need for an in-person visit.

147 (29) “Tele-triage” means emergency animal care, including animal poison control services,

148 for immediate, potentially life-threatening animal health situations, including poison exposure

149 mitigation, animal CPR instructions, and other critical lifesaving treatment or advice that may be

150 performed within or outside of a VCPR.

151 (30) “Temporary veterinary permit” means a credential issued to a person who has

152 qualified to take the NAVLE, is enrolled to take the next examination, and who shall be employed

153 to practice veterinary medicine under the supervision of a preceptor.

154 (31) “Unlicensed assistant” means a person working under the supervision of a

155 veterinarian, but not holding a license, permit, or certificate issued by the board.

156 (32) “VCPR” means a veterinarian–client–patient relationship and has the meaning set  
157 forth at s. 89.02 (8), Stats.

158 (33) “Veterinary consulting permit” means a credential issued by the board to a  
159 veterinarian, licensed to practice veterinary medicine in another jurisdiction, allowing the  
160 veterinarian to practice veterinary medicine in a consulting capacity in Wisconsin for up to 60 days  
161 in a calendar year.

162 (34) “Veterinary prescription drug” has the meaning set forth at s. 89.02 (11), Stats.

163 (35) “Veterinary student” means a person enrolled in an approved veterinary college in a  
164 curriculum leading to a doctor of veterinary medicine degree.

## 165 **Subchapter II – Examinations**

166 **VE 1.04 Administration.** (1) The board or its designee shall administer the examinations  
167 required of applicants for licensure as a veterinarian by s. VE 1.12 and of applicants for  
168 certification as a veterinary technician by s. VE 2.04 at least once each year.

169 (2) Prior to November 1, 2000, the board shall accept as its licensure examinations the  
170 national board examination and the clinical competency test. On and after November 1, 2000, the  
171 board shall accept as its licensure examination the NAVLE.

172 (3) The board or its designee shall provide an examination admission document to the  
173 applicant. The applicant shall present the admission document with any required identification at  
174 the examination.

175 (4) The board or its designee shall provide rules of conduct at the beginning of the  
176 examination. Time limits may be placed on each portion of the examination.

177 (5) The board may deny release of grades or issuance of a license or certificate if the board  
178 determines that the applicant violated rules of conduct or otherwise acted dishonestly.

179 Note: Qualified applicants with disabilities shall be provided with reasonable  
180 accommodations.

181 **VE 1.06 Competency tested.** (1) Examinations administered under this chapter test entry  
182 level competency and seek to determine that an applicant's knowledge of animals and their  
183 treatment is sufficient to protect public health and safety.

184 (2) The board shall furnish to individuals, upon request, general information describing  
185 the competencies upon which the examination is based.

186 **VE 1.08 Passing scores.** (1) Passing scores for veterinary applicants for the national board  
187 examination and the clinical competency test, and for the NAVLE, shall be based on the board's  
188 determination of the level of examination performance required for minimum acceptable  
189 competence in the profession. The board shall make the determination, after consulting with  
190 subject matter experts who have reviewed a representative sample of the examination questions  
191 and available candidate performance statistics, and set the passing score for the examination at the  
192 point representing the minimum acceptable competence in the profession. The board may accept  
193 any recommendation of the national examination provider.

194 (2) The passing score for an examination on state laws and rules related to the practice of  
195 veterinary medicine shall be based on the board's determination of the level of examination  
196 performance required for minimum acceptable competence in the profession. The board shall make  
197 the determination, after consulting with subject matter experts who have reviewed a representative  
198 sample of the examination questions and available candidate performance statistics, and set the  
199 passing score for the examination at the point representing the minimum acceptable competence  
200 in the profession.





224 the program for the assessment of veterinary education equivalence offered by the American  
225 Association of Veterinary State Boards while completing the required year of clinical assessment  
226 under the supervision of a veterinarian.

227 **VE 1.14 Qualifications for licensure; all applicants.** The board may issue a license to  
228 practice veterinary medicine to an applicant who satisfies all of the following:

229 (1) Submits an application form provided by the board which includes the applicant's  
230 notarized signature.

231 Note: Applications are available upon request to the board office located at 2811  
232 Agriculture Drive, P.O. Box 8911, Madison, WI 53708-8911 or at the website at  
233 [www.datcp.wi.gov](http://www.datcp.wi.gov).

234 (2) Successfully completes an examination on state laws and rules related to the practice  
235 of veterinary medicine.

236 (3) Provides proof of graduation through one of the following means:

237 (a) A certificate of graduation from a veterinary college which shall be signed and sealed  
238 by the dean of the school and submitted directly to the board by the school. The certificate may be  
239 sent by electronic means if the seal is visible.

240 (b) Certification of graduation provided by the American Association of Veterinary State  
241 Boards.

242 (4) Does not have a conviction record or pending criminal charge relating to an offense the  
243 circumstances of which substantially relate to the practice of veterinary medicine. An applicant  
244 who has a conviction record or pending criminal charge shall request appropriate authorities to  
245 provide information about the record or charge directly to the board in sufficient specificity to

246 enable the board to make a determination whether the record or charge substantially relates to the  
247 practice of veterinary medicine.

248 (5) Provides all documents in English.

249 (6) Satisfies the requirements for either licensure by examination or licensure by  
250 endorsement. Applicants who have never previously been licensed in any jurisdiction must apply  
251 by examination. Applicants who have previously been licensed in Wisconsin or any other  
252 jurisdiction must apply by endorsement.

253 **VE 1.16 Qualifications for licensure by examination.** Applicants for licensure by  
254 examination shall satisfy all of the following:

255 (1) Prior to November 1, 2000, passes the national board examination and clinical  
256 competency test. On or after November 1, 2000, passes the NAVLE.

257 (2) For applicants who graduated from a veterinary college which is not board approved,  
258 provide proof of graduation required under sub (4), and evidence of successful completion of either  
259 the educational commission for foreign veterinary graduates certification program or the program  
260 for the assessment of veterinary education equivalence offered by the American Association of  
261 Veterinary State Boards which shall be submitted directly to the board by the AVMA or the  
262 American Association of Veterinary State Boards.

263 (3) Pay the nonrefundable application fee of \$115.

264 **VE 1.18 Qualifications for licensure by endorsement.** Applicants for licensure by  
265 endorsement shall satisfy all of the following:

266 (1) The applicant has not previously failed, and then not subsequently passed, the  
267 examinations required under s. VE 1.14 (1).

268 (2) The applicant holds a current license to practice veterinary medicine in another state or  
269 U.S. territory or province of Canada.

270 (3) The applicant has satisfied the qualifications for licensure, in s. VE 1.14 (1), within the  
271 last 5 years or has actively practiced for 4000 hours during the 5 years preceding application.

272 (4) For an applicant holding a current unrestricted license to practice veterinary medicine  
273 in a country other than the United States or Canada, who is not a graduate of an approved veterinary  
274 college, in addition to the requirements of subsections (2) – (4), submit evidence that the applicant  
275 has successfully completed either the certification program of the educational commission for  
276 foreign veterinary graduates of the AVMA or the program for the assessment of veterinary  
277 education equivalence offered by the American Association of Veterinary State Boards.

278 (5) For an applicant holding a current unrestricted license to practice veterinary medicine  
279 in a country other than the United States or Canada, who is a graduate of a school of veterinary  
280 medicine approved by the board, in addition to the requirements of subsections (2) – (4), submit  
281 the following:

282 (a) Evidence satisfactory to the board that the requirements for initial licensure in the  
283 country where the applicant was originally licensed, including examination requirements, are  
284 substantially equivalent to the requirements for graduates of schools of veterinary medicine  
285 approved by the board who are seeking initial licensure in this state; or

286 (b) Before November 1, 2000, evidence that the applicant has successfully completed the  
287 national board examination and the clinical competency test. On or after November 1, 2000,  
288 evidence that the applicant has successfully completed the NAVLE.

289           (6) Provides verification of licensure records and status which has been sent directly to the  
290 board by every state or country in which the applicant has ever held a license or certificate to  
291 practice veterinary medicine.

292           (7) Pays the nonrefundable application fee of \$185.

293           **VE 1.20 Licensure review by board.** The board shall review the application and  
294 determine eligibility for licensure if any of the following apply:

295           (1) The applicant has a conviction record or pending criminal charge relating to an offense  
296 the circumstances of which substantially relate to the practice of veterinary medicine.

297           (2) The applicant has been disciplined by the veterinary licensing authority in any other  
298 state, territory or country.

299           (3) The applicant is a party in pending litigation in which it is alleged that the applicant is  
300 liable for acts committed in the course of practice which evidence a lack of ability or fitness to  
301 practice, as determined by the board.

302           (4) The applicant is currently under investigation by another veterinary licensing authority,  
303 for acts, related to the license to practice veterinary medicine, which may provide a basis for  
304 disciplinary action in this state, as determined by the board.

305           (5) The applicant has been found liable for damages for acts committed in the course of  
306 practice of veterinary medicine which evidenced a lack of ability or fitness to practice, as  
307 determined by the board.

308           (6) The applicant has had United States drug enforcement administration privileges  
309 restricted or revoked.

310 (7) The applicant has had physical or mental impairment, including impairment related to  
311 drugs or alcohol, which is reasonably related to the applicant's ability to adequately undertake the  
312 practice of veterinary medicine in a manner consistent with the safety of a patient or the public.

313 **VE 1.22 Fees for service members, former services members, their spouses.** A person  
314 applying for a reciprocal credential under s. 89.073, Stats., shall pay one of the following  
315 nonrefundable fees as applicable:

316 (1) \$40 for a service member or former service member.

317 (2) \$141 for a spouse as defined by s. 89.073 (1) (c).

318 **VE 1.24 Issuing a license.** (1) The board shall review its records to determine eligibility  
319 of the applicant for licensure. Within 30 business days of determining an applicant is eligible for  
320 licensure, the board shall issue a license to the applicant.

321 (2) The board shall inquire as to whether the applicant is competent to practice as a  
322 veterinarian in this state and shall impose any reasonable conditions in issuing the license,  
323 including reexamination, as the board deems appropriate, if any of the following apply:

324 (a) The applicant has not previously been licensed in any jurisdiction and passed the  
325 NAVLE more than 5 years ago.

326 (b) The applicant was previously licensed in Wisconsin or another jurisdiction and has not  
327 been licensed in any jurisdiction for more than 5 years.

328 (c) The board has reviewed the application under any provision in s. VE 1.18.

329 **VE 1.26 Administrative fees.** (1) A person requesting a printed license shall pay a  
330 nonrefundable fee of \$10.

331 (2) A person requesting verification of licensure to other states shall pay a nonrefundable  
332 fee of \$10.

333           **VE 1.28 Renewal of license.** A license expires if not renewed by January 1 of even-  
334 numbered years. A licensee who allows the license to expire may apply to the board for renewal  
335 of the license as follows:

336           (1) If the licensee applies for renewal of the license less than 5 years after its expiration,  
337 the license shall be renewed upon payment of the renewal fee and fulfillment of 30 hours of  
338 continuing education required under s. VE 1.30.

339           (2) If the licensee applies for renewal of the license 5 or more years after its expiration, in  
340 addition to requiring the licensee to pay the renewal fee, and to fulfill the continuing education  
341 hours required under s. VE 1.30, the board shall inquire as to whether the applicant is competent  
342 to practice as a veterinarian in this state and shall impose any reasonable conditions on  
343 reinstatement of the license, including reexamination, as the board deems appropriate. An  
344 applicant under this subsection is presumed to be competent to practice as a veterinarian in this  
345 state if at the time of application for renewal the applicant holds a full unexpired license issued by  
346 a similar licensing board of another state or territory of the United States or of a foreign country  
347 or province whose standards, in the opinion of the board, are equivalent to or higher than the  
348 requirements for licensure in this state. Notwithstanding any presumption of competency under  
349 this subsection, the board shall require each applicant under this subsection to pass the examination  
350 specified under s. VE 1.12 (2).

351           (3) The licensee shall pay a nonrefundable renewal fee of \$160.

352           (4) A licensee who submits a license renewal after January 1 of even numbered years shall  
353 pay, in addition to the renewal fee under sub. (3), a nonrefundable late fee of \$25.

354           **VE 1.30 Continuing education; requirements.** (1) (a) Except as provided in subs. (2) and  
355 (3), a veterinarian shall complete at least 30 hours of continuing education pertinent to veterinary

356 medicine in each biennial renewal period. The 30 hours of continuing education shall include at  
357 least 25 hours of continuing education that relates to scientific topics pertinent to veterinary  
358 medicine.

359 (b) All 30 continuing education hours in this subsection shall be documented. A minimum  
360 of 25 hours of continuing education shall be documented by an approved continuing education  
361 provider.

362 (c) A continuing education hour shall consist of 50 minutes of contact time.

363 (2) Subsection (1) does not apply to an applicant who applies to renew a license that expires  
364 on the first expiration date after the initial issuance of the license.

365 (3) The board may waive the requirements, under sub. (1), if it finds that exceptional  
366 circumstances, such as prolonged illness, disability, or other similar circumstances, have prevented  
367 an applicant from meeting the requirements.

368 (4) Continuing education hours shall be completed during the preceding 2-year licensure  
369 period.

370 (5) To obtain credit for completion of continuing education hours, a licensee shall, at the  
371 time of each renewal, sign a statement saying that he or she has completed, during the preceding  
372 2-year licensure period, the continuing education programs required under sub. (1).

373 (6) A veterinarian who fails to complete the continuing education requirements by the  
374 renewal date shall not practice as a veterinarian until his or her certificate is renewed.

375 (7) For auditing purposes, every veterinarian shall maintain records of continuing  
376 education hours for at least 5 years from the date the certification statement required under sub (5)  
377 is signed. The board may audit for compliance by requiring a veterinarian to submit evidence of  
378 compliance to the board for the biennium immediately preceding the biennium in which the audit



379 is performed. Documentation of completion of continuing education hours shall include one of the  
380 following:

381 (a) A certificate of attendance from an approved course provider.

382 (b) A grade report or transcript from an accredited college or university.

383 (c) A copy of a published work authored or co-authored by the licensee.

384 (d) A copy of a meeting syllabus, announcement, abstract or proceeding for a  
385 presentation.

386 (e) A signed document from an internship or residency institution certifying enrollment in  
387 a program.

388 **VE 1.32 Continuing education; programs and courses. (1) CRITERIA FOR**  
389 **PROGRAMS AND COURSE APPROVAL.** To be approved, a continuing education program or  
390 course shall meet the following criteria:

391 (a) The subject matter of the program or course shall be pertinent to veterinary medicine.

392 (b) The program or course sponsor agrees to record registration and furnish a certificate  
393 of attendance to each participant.

394 (2) UNRELATED SUBJECT MATTER. If a continuing education course includes subject  
395 matter that is not pertinent to veterinary medicine, only those portions of the course that relate to  
396 veterinary medicine will qualify as continuing education under this chapter.

397 (3) MODALITIES AND METHODS OF DELIVERY. Modalities and methods of delivery  
398 of continuing education programs acceptable to the board include one or more of the following:

399 (a) Attendance at a scientific workshop, seminar, or laboratory demonstration pertinent to  
400 veterinary medicine.

401 (b) Enrollment in graduate or other college level courses pertinent to veterinary medicine.  
402 Credit for qualified courses will be approved on the basis of multiplying each college credit hour  
403 by 10.

404 (c) Enrollment in an internship, residency or certification program approved by a veterinary  
405 specialty organization recognized by the AVMA or in an AVMA accredited veterinary school.

406 (d) Authorship or co-authorship of a published work, such as review articles, abstracts,  
407 presentations, proceedings, book chapters, and web-based continuing education materials shall be  
408 approved for 5 hours each.

409 (e) A peer reviewed publication shall be approved for 5 hours.

410 (f) Development and presentation of research findings, scientific workshops, seminars or  
411 laboratory demonstrations pertinent to veterinary medicine shall be approved for 5 contact hours  
412 each.

413 (g) Up to 15 hours per biennium shall be granted for a combination of continuing education  
414 hours completed under pars. (d) to (f), provided the continuing education is published or presented  
415 under the auspices of a provider approved under sub. (4).

416 (h) On-line, video, audio, correspondence courses, or other interactive distance learning  
417 courses pertinent to veterinary medicine, or to employment as a veterinarian.

418 (4) APPROVED PROGRAM PROVIDERS. Subject to compliance with the requirements  
419 set forth in subs. (1) to (3), the board shall approve attendance at and completion of one or more  
420 continuing education programs approved by any one of the following approved program providers  
421 as fulfilling the continuing education hours required under this chapter:

422 (a) A national, regional, state, or local veterinary medical or veterinary technician  
423 association.

- 424 (b) A federal or state agency.
- 425 (c) An accredited college or university.
- 426 (d) An association listed in the AVMA or the National Association of Veterinary  
427 Technicians in America directory.
- 428 (e) An AVMA accredited veterinary school or veterinary technician program.
- 429 (f) A program approved by the American Association of Veterinary State Boards through  
430 its Registry of Approved Continuing Education approval program.
- 431 (g) A foreign veterinary medical or veterinary technician association, an accredited college  
432 or university, or a governmental agency that is, as determined by the board comparable to a  
433 program provider listed under pars. (a) to (f).

#### 434 **Subchapter IV – Permits**

435 **VE 1.34 Temporary veterinary permits.** (1) An applicant may be granted a temporary  
436 veterinary permit before the board receives notice of successful completion of the NAVLE or the  
437 examination on state laws and rules related to the practice of veterinary medicine, if the applicant  
438 provides evidence that the applicant is either scheduled to take the examination for the first time,  
439 or is awaiting results of the examination.

440 (2) An applicant shall complete an application for temporary veterinary permit and submit  
441 the nonrefundable fee of \$10.

442 (3) The board shall receive written verification of employment signed and sent directly to  
443 the board by the preceptor.

444 (4) The application and verification required by subs. (2) and (3) shall be received by the  
445 board office at least 2 weeks prior to the date the applicant intends to begin work.

446 (5) In order to provide supervision for a holder of a temporary veterinary permit, a  
447 preceptor shall do all of the following:

448 (a) Delegate only those tasks commensurate with demonstrated abilities of the temporary  
449 veterinary permit holder.

450 (b) Be available for direct communication with the temporary veterinary permit holder  
451 when the temporary veterinary permit holder is providing veterinary services. Direct  
452 communication shall be in person, by telephone, video conference, or electronic communication  
453 device.

454 (6) A temporary veterinary permit shall expire upon any of the following:

455 (a) Notification of failure of any examination.

456 (b) Failure to take the next scheduled examination.

457 (c) Issuance of a license.

458 (d) Denial of a license.

459 (7) An applicant may be granted a temporary veterinary permit only once.

460 (8) Any change or addition of preceptor shall be reported to the board by filing a new  
461 verification as specified in sub. (3).

462 (9) Within 30 business days of determining an applicant is eligible for a temporary permit,  
463 the board shall issue a permit to the applicant. Notification of issuance shall also be sent to the  
464 preceptor.

465 **VE 1.36 Veterinary consulting permits.** (1) The board may issue a veterinary consulting  
466 permit to practice veterinary medicine in this state to a person holding a license to practice  
467 veterinary medicine in another state or territory of the U.S. or in another country, provided the  
468 license is in good standing in the other jurisdiction, and a veterinarian has requested a consultation.

469 (2) A veterinary consulting permit may be used up to 60 total days per calendar year.

470 (3) The veterinary consulting permit shall expire on December 31 of each year or on the  
471 60th day of use in a calendar year. The holder of a consulting permit may apply for a new permit  
472 for a subsequent year by completing the application procedure specified in s. VE 1.36.

473 (4) An applicant for a veterinary consulting permit shall file a completed application with  
474 the board. All supporting documents shall be provided in English. An application is not complete  
475 until the board receives all of the following:

476 (a) An application form provided by the board and completed by the applicant which  
477 includes the applicant's notarized signature.

478 Note: Applications are available upon request to the board office located 2811 Agriculture  
479 Drive, P.O. Box 8911, Madison, WI 53708-8911.

480 (b) The required nonrefundable fee of \$160.

481 (c) Verification of licensure records and status which has been sent directly to the board by  
482 every state or country in which the applicant has ever held a license or certificate to practice  
483 veterinary medicine.

484 (d) Written verification from a veterinarian that a consultation is being sought.

485 (5) A veterinary consulting permit shall automatically expire upon notice to the board that  
486 the consultation has been completed.

487 (6) After hearing, a veterinary consulting permit may be denied, suspended, limited or  
488 revoked, or the permittee may be reprimanded, for any of the following reasons:

489 (a) Revisiting the patient or client or communicating directly with the client without the  
490 knowledge of the attending veterinarian.

491 (b) Taking charge of a case or problem without the consent of the attending veterinarian  
492 and the client.

493 (c) Violating any law or rule related to the practice of veterinary medicine.

494 **Subchapter V – Practice Related to Veterinary Schools**

495 **VE 1.38 Faculty license.** (1) APPLICATION. An applicant for a faculty license shall file a  
496 completed application with the board. All supporting documents shall be submitted in English. An  
497 application is not complete until the board receives all of the following:

498 (a) An application form provided by the board and completed by the applicant, which  
499 includes the applicant's notarized signature.

500 Note: Applications are available upon request to the board office located at 2811  
501 Agriculture Drive, P.O. Box 8911, Madison, Wisconsin 53708-8911.

502 (b) The required nonrefundable fee of \$185.

503 (c) Verification of employment by a school of veterinary medicine in this state which has  
504 been submitted directly to the board by the dean of the school.

505 (d) Proof of graduation through one of the following means:

506 1. A certificate of graduation from an approved veterinary college signed and sealed by the  
507 dean of the school submitted directly to the board by the school, or evidence of substantially  
508 equivalent qualifications.

509 2. Certification of graduation provided by the American Association of Veterinary State  
510 Boards.

511 (e) Successful completion of an examination on state laws and rules related to the practice  
512 of veterinary medicine.

513 (2) DISCIPLINARY ACTION. A faculty license may be denied, suspended, limited or revoked,  
514 or the licensee may be reprimanded, for the following reasons:

515 (a) Violation of any law or regulation substantially related to the practice of veterinary  
516 medicine; or

517 (b) Engaging in the practice of veterinary medicine in this state outside the scope of  
518 employment unless licensed to do so.

519 (3) EXPIRATION. The faculty license expires upon termination of the faculty employee's  
520 employment with the school of veterinary medicine, as reported by the dean of the school of  
521 veterinary medicine.

522 **VE 1.40 Post graduate training permit.** (1) An applicant for a post graduate training  
523 permit under s. 89.06 (2m) (b), Stats., shall file a completed application with the board. All  
524 supporting documents shall be provided in English. An application shall not be considered  
525 complete until the board receives all of the following:

526 (a) An application form provided by the board and completed by the applicant, including  
527 the applicant's notarized signature.

528 Note: Applications are available upon request to the board office located at 2811  
529 Agriculture Drive, P.O. Box 8911, Madison, Wisconsin 53708-8911.

530 (b) Evidence that the applicant has received a degree from a school of veterinary medicine  
531 or an equivalent degree.

532 (c) The required nonrefundable fee of \$100.

533 (d) Verification that the applicant is undertaking intern or resident training at a school of  
534 veterinary medicine in this state. Verification shall consist of certification signed and sealed by the  
535 dean of the school and submitted directly to the board by the school.

536 (2) An applicant for a post graduate training permit shall successfully complete an  
537 examination on state laws and rules related to the practice of veterinary medicine before a permit  
538 may be issued.

539 (3) A post graduate training permit may be denied, suspended, limited or revoked, or the  
540 licensee may be reprimanded, for the following reasons:

541 (a) Violation of any law or regulation substantially related to the practice of veterinary  
542 medicine; or

543 (b) Engaging in the practice of veterinary medicine in the State of Wisconsin outside the  
544 scope of the training program unless licensed to do so.

545 (4) The post graduate training permit expires upon termination of the permittee's  
546 internship or residency program, as reported by the dean of the school of veterinary medicine.

547 **VE 1.42 Veterinary students.** (1) A veterinary student may practice veterinary medicine  
548 within the school of veterinary medicine pursuant to standards and supervisory protocols  
549 established by the school.

550 (2) A veterinary student may perform delegated veterinary acts outside of the school  
551 setting as set forth under s. VE 1.44 (1), (3), and (9).

## 552 **Subchapter VI – Standards of Practice and Unprofessional Conduct**

553 **VE 1.44 Delegation of veterinary medical acts.** (1) In delegating the provision of  
554 veterinary medical acts to veterinary students, certified veterinary technicians and others, the  
555 veterinarian shall do all of the following:

556 (a) Delegate only those tasks commensurate with the education, training, experience and  
557 demonstrated abilities of the person supervised.

558 (b) Provide the supervision required under subs. (2) to (8).



559 (c) Where the veterinarian is not required to be personally present on the premises where  
560 the delegated services are provided, be available at all times for consultation either in person or  
561 within 15 minutes of contact by telephone, by video conference or by electronic communication  
562 device.

563 (d) Observe and monitor the activities of those supervised on a daily basis.

564 (e) Evaluate the effectiveness of delegated acts performed under supervision on a daily  
565 basis.

566 (f) Establish and maintain a daily log of each delegated patient service which has been  
567 provided off the premises of the supervising veterinarian.

568 (g) Notify the client that some services may be provided by a veterinary student, certified  
569 veterinary technician or an unlicensed assistant.

570 (2) The following acts are limited to those holding a license under s. 89.06 (1), 89.06 (2m)  
571 (a), or 89.072, Stats.; a permit under s. VE 1.36, 1.38, or 1.40; or active status as a student at a  
572 college of veterinary medicine approved by the board, and may not be delegated to or performed  
573 by veterinary technicians or other persons not holding such license or permit:

574 (a) Diagnosis and prognosis of animal diseases and conditions.

575 (b) Prescribing of drugs, medicines, treatments and appliances.

576 (c) Performing surgery.

577 (3) Except as provided under s. 95.21 (2), Stats., veterinarians may delegate to veterinary  
578 students the provision of veterinary medical services under the supervision of the veterinarian  
579 when the veterinarian is personally present on the premises where the services are provided.

580 (4) Except as provided under s. 95.21 (2), Stats., veterinarians may delegate to certified  
581 veterinary technicians the provision of the following veterinary medical services under the  
582 supervision of the veterinarian:

583 (a) Nonsurgical veterinary treatment of animal diseases and conditions, including  
584 administration of vaccines.

585 Note: See s. 95.21 (2) (a), Stats., for the delegation of rabies vaccinations.

586 (b) Observations and findings related to animal diseases and conditions to be utilized by a  
587 veterinarian in establishing a diagnosis or prognosis, including routine radiographs, nonsurgical  
588 specimen collection, drawing of blood for diagnostic purposes, and laboratory testing procedures.

589 (c) Administration of sedatives and presurgical medications.

590 (d) Nutritional evaluation and counseling.

591 (e) Except to certified veterinary technicians who are also licensed professionals governed  
592 by the provisions in s. VE 1.48, the provision of any complementary, alternative, or integrative  
593 therapy, as defined in s. VE 1.02 (8).

594 (5) Veterinarians may delegate to certified veterinary technicians the provision of the  
595 following veterinary medical services under the supervision of the veterinarian when the  
596 veterinarian is available to communicate via telehealth technologies within 5 minutes or the  
597 veterinarian is personally present on the premises where the services are provided:

598 (a) Performing diagnostic radiographic awake contrast studies not requiring general  
599 anesthesia.

600 (b) Sample collection via cystocentesis procedure.

601 (c) Placement of intravenous catheters.

602 (d) Suturing of tubes and catheters.

603 (f) Fine needle aspirate of a mass.

604 (6) Veterinarians may delegate to certified veterinary technicians the provision of the  
605 following veterinary medical services under the supervision of the veterinarian when the  
606 veterinarian is personally present on the premises where the services are provided:

607 (a) Administration of local or general anesthesia, including induction and monitoring.

608 (b) Performing diagnostic radiographic contrast studies, including those requiring general  
609 anesthesia.

610 (c) Dental prophylaxis and simple extractions that require minor manipulation and minimal  
611 elevation.

612 (d) Placement of arterial catheters.

613 (e) Performing amniocentesis, embryo collection and transfer, follicular aspiration, and  
614 transvaginal oocyte collection and recovery on livestock.

615 (7) Veterinarians may delegate to unlicensed assistants the provision of the following  
616 veterinary medical services under the supervision of the veterinarian:

617 (a) Basic diagnostic studies, including routine radiographs, nonsurgical specimen  
618 collection, and laboratory testing procedures.

619 (b) Monitoring and reporting to the veterinarian changes in the condition of a hospitalized  
620 animal patient.

621 (c) Dispensing prescription drugs pursuant to the written order of the veterinarian.

622 (8) Except as provided under s. 95.21, Stats., veterinarians may delegate to unlicensed  
623 assistants the provision of the following veterinary medical services under the supervision of the  
624 veterinarian when the veterinarian is personally present on the premises where the services are  
625 provided:

626 (a) Nonsurgical veterinary treatment of animal diseases and conditions, including  
627 administration of vaccines, and administration of sedatives and presurgical medications.

628 (b) Observations and findings related to animal diseases and conditions to be utilized by a  
629 veterinarian in establishing a diagnosis or prognosis, including the drawing of blood for diagnostic  
630 purposes.

631 (c) Dental prophylaxis.

632 (d) Nutritional evaluation and counseling.

633 (e) Placement of intravenous catheters.

634 (9) Notwithstanding subs. (1) to (8), a veterinary student, certified veterinary technician  
635 or unlicensed assistant employed by a veterinarian may, under the supervision of the veterinarian  
636 and pursuant to mutually acceptable written protocols, perform evaluative and treatment  
637 procedures necessary to provide an appropriate response to life-threatening emergency situations  
638 for the purpose of stabilizing the patient pending further treatment.

639 **VE 1.46 Veterinary consulting.** (1) A consulting veterinarian or other consultant may not  
640 do any of the following:

641 (a) Visit the patient or client or communicate directly with the client without the knowledge  
642 of the attending veterinarian.

643 (b) Take charge of a case or problem without the consent of the attending veterinarian and  
644 the client.

645 Note: The VCPR, as defined in s. 89.02 (8), Stats., remains with the attending veterinarian.

646 (2) Subs. (1) does not apply to other veterinarians or relief veterinarians licensed by the  
647 board, practicing with the attending veterinarian, who have access to, and have reviewed, the  
648 medical history and records of the animal.

649           **VE 1.48 Veterinary referral to a license holder in another profession.** (1) A veterinarian  
650 may make a referral to a client, for treatment of a patient by a license holder in another profession,  
651 using complimentary, alternative, or integrative therapies, as defined in s. VE 1.02 (8), if the  
652 license holder, to whom the client and patient are referred, provides all of the following evidence  
653 to the veterinarian for performing the type of therapy for which the referral is being made:

654           (a) The license holder's current licensing in good standing, with the applicable board  
655 through the department of safety and professional services.

656           (b) The license holder's education, training, and experience in performing the therapy on  
657 an animal.

658           (2) The VCPR, as defined in s. 89.02 (8), Stats., does not extend to the provision of any  
659 complementary, alternative, or integrative therapy performed on a veterinarian's patient, under  
660 either of the following circumstances:

661           (a) The therapy is performed by a license holder in another profession, where the  
662 veterinarian demonstrates meeting the requirements, in sub (1), for making the referral to the  
663 license holder.

664           (b) The veterinarian's client obtains any complimentary, alternative, or integrative therapy  
665 services for a veterinarian's patient without a referral by the veterinarian.

666           **VE 1.50 Veterinary telehealth.**

667           (1) The practice of veterinary medicine takes place where the animal is located at the time  
668 of practice, in accordance with ss. 89.05 (1) and 89.02 (6), Stats.

669           (2) In order to practice veterinary telemedicine in Wisconsin, a veterinarian must be  
670 licensed in Wisconsin and have an established VCPR with the client. A VCPR must be established

671 via an in-person physical exam, or timely medically appropriate visits to the premises on which  
672 the patient is kept. The VCPR may not be established by telehealth technologies.

673 (3) The VCPR, once established, extends to other veterinarians or relief veterinarians  
674 licensed by the board, who are practicing with the attending veterinarian, and who have access to,  
675 and have reviewed, the medical history and records of the animal.

676 (4) Telehealth records must be kept in accordance with this chapter.

677 (5) In accordance with s. 89.02 (8) (c), Stats., an animal owner must be able to easily seek  
678 follow-up care or information from the veterinarian who conducts an encounter while using  
679 telehealth technologies.

680 (6) A veterinarian using telehealth technologies is required to follow all applicable  
681 requirements of this chapter.

682 **VE 1.52 Records.** (1) A veterinarian shall maintain individual patient records on every  
683 patient administered to by the veterinarian other than food and fiber patients and equine patients  
684 for a period of not less than 3 years after the date of the last entry. The veterinarian shall keep  
685 individual client records for equine and food and fiber patients for 3 years after the date of the last  
686 entry. A computerized system may be used for maintaining a record, as required under this section,  
687 if the system is capable of producing a printout of records contained in such system within 48  
688 hours of a request.

689 (2) The individual patient record shall contain clinical information pertaining to patients  
690 other than food and fiber patients and equine patients with sufficient information to justify the  
691 diagnosis and warrant treatment, including information regarding each of the following matters  
692 which apply:

693 (a) Date.

- 694 (b) Client name.
- 695 (c) Patient identification.
- 696 (d) History.
- 697 (e) Complaint.
- 698 (f) Present illness.
- 699 (g) Provisional diagnosis.
- 700 (h) Physical examination findings.
- 701 (i) Record of client's informed consent by signature and date or other specified means.
- 702 (j) Treatment — medical, surgical.
- 703 (k) Vaccinations administered.
- 704 (L) Drugs prescribed, dispensed or administered, including strength or concentration, route  
705 of administration, dosing schedule, number dispensed and number of refills allowed.
- 706 (m) Final diagnosis.
- 707 (n) Consultation, if any.
- 708 (o) Clinical laboratory reports.
- 709 (p) Radiographic reports.
- 710 (q) Necropsy findings.
- 711 (r) Identification of the veterinarian providing the care.
- 712 (3) The client record for food and fiber patients shall contain at least the following  
713 information which apply:
- 714 (a) Date.
- 715 (b) Client name.
- 716 (c) Type of call.

- 717 (d) Individual or herd diagnosis.
- 718 (e) Record of client's informed consent by signature and date or other specified means.
- 719 (f) Treatment and drugs used including amounts of drugs administered and method of  
720 administration.
- 721 (g) Drugs dispensed including dosing schedule and number dispensed.
- 722 (h) Meat or milk withholdings.
- 723 (i) Clinical laboratory reports.
- 724 (j) Identification of the veterinarian providing the care.
- 725 (4) The client record for equine patients shall contain at least the following information  
726 which applies:
- 727 (a) Date.
- 728 (b) Client name.
- 729 (c) Patient identification.
- 730 (d) History.
- 731 (e) Physical examination findings.
- 732 (f) Diagnosis.
- 733 (g) Record of client's informed consent by signature and date or other specified means.
- 734 (h) Treatment-medical, surgical.
- 735 (i) Treatment and drugs used including amount of drugs administered and method of  
736 administration.
- 737 (j) Drugs dispensed including dosing schedule and number dispensed.
- 738 (k) Clinical laboratory reports.
- 739 (L) Radiographic reports.



740 (m) Necropsy findings.

741 (n) Identification of the veterinarian providing the care.

742 (5) A veterinarian shall provide access to health care records in accordance with s. 89.075,  
743 Stats.

744 **VE 1.54 Change of name and address.** Every veterinarian shall notify the board of a  
745 change of name or address within 30 days.

746 **VE 1.56 Display of license.** Each veterinarian shall display a current license in a manner  
747 conspicuous to the public view, and shall at all times have evidence of licensure available for  
748 inspection when practicing at a remote location.

749 **VE 1.58 Unprofessional conduct.** Unprofessional conduct by a veterinarian is  
750 prohibited. Unprofessional conduct includes:

751 (1) Unprofessional conduct under s. 89.07 (1), Stats.

752 (2) Conduct in the practice of veterinary medicine which evidences a lack of knowledge  
753 or ability to apply professional principles or skills.

754 (3) Fraud, gross negligence or deception in the practice of veterinary medicine.

755 (4) Being convicted of a crime the circumstances of which substantially relate to the  
756 practice of veterinary medicine.

757 (5) Violating or aiding and abetting the violation of any law or administrative rule or  
758 regulation substantially related to the practice of veterinary medicine.

759 (6) Advertising in a manner which is false, fraudulent, misleading or deceptive, or  
760 knowingly maintaining a professional association with another veterinarian or veterinary firm that  
761 advertises in a manner which is false, fraudulent, misleading or deceptive.

762 (7) Having a veterinary license or federal veterinary accreditation limited, suspended or  
763 revoked, or having been subject to any other discipline or restriction.

764 (8) Practicing or attempting to practice, while the veterinarian has a physical or mental  
765 impairment, including impairment related to drugs or alcohol which is reasonably related to the  
766 applicant's ability to adequately undertake the practice of veterinary medicine in a manner  
767 consistent with the safety of a patient or the public.

768 (9) The personal use, misuse, or sale, other than for medical treatment of patients, of the  
769 drugs listed in the U.S. Controlled Substances Act of 1979, as amended, or ch. 961, Stats., except  
770 personal use of drugs prescribed by a physician for individual use by the veterinarian.

771 (10) Prescribing, ordering, dispensing, administering, supplying or giving of any  
772 amphetamine, its salts, isomers and salts of its isomers or related sympathomimetic amine drug  
773 designated as a Schedule II drug in ch. 961, Stats., except for the treatment of narcolepsy or  
774 hyperkinesis in animals who do not respond to other methods of treatment, or for clinical research  
775 of these compounds as approved by the board. A written description of the intended research  
776 project proposed shall be filed with the board prior to conducting the research.

777 (11) Prescribing or dispensing veterinary prescription drugs to a client without following  
778 the requirements in s. 89.068 (1) (c), Stats.

779 (12) Dispensing any veterinary prescription drugs to a person unless the person requests  
780 fulfillment of a prescription meeting the requirements of s. 89.068(1) (b), Stats.

781 (13) Failure to include on the label of a prescription drug the generic or brand name of the  
782 drug dispensed, the name and address of the clinic or veterinarian dispensing the drug, the  
783 directions for use and caution statements required by law. In case of companion animals, the  
784 prescription shall bear the name or identification of the patient.

785 (14) Prescribing, ordering, dispensing, administering, supplying or giving any controlled  
786 substance solely for training or racing purposes and not for a medically sound reason.

787 (15) Allowing a veterinary student to treat a patient without the veterinarian giving  
788 supervision.

789 (16) Failure of the veterinarian to advise the client that the person assisting is a veterinary  
790 student or unlicensed assistant.

791 (17) Failure to maintain records as required by s. VE 1.52.

792 (18) Refusal, upon request, to cooperate in a timely manner with the board's investigation  
793 of complaints lodged against the veterinarian. Persons taking longer than 30 days to provide  
794 requested information shall have the burden of demonstrating that they have acted in a "timely  
795 manner."

796 (19) Failure to keep the veterinary facility and all equipment, including mobile units, in a  
797 clean and sanitary condition while practicing as a veterinarian.

798 (20) Failure of a veterinarian to permit the board or its agents to enter and inspect the  
799 veterinarian's practice facilities, vehicle, equipment and records during office hours and other  
800 reasonable hours.

801 (21) Engaging in unsolicited communications to members of the board regarding a matter  
802 under investigation by the board other than to the investigative member of the board.

803 (22) Practicing under an expired license.

804 (23) Exceeding the scope of veterinary practice, as defined in s. 89.02 (6), Stats., by  
805 providing medical treatment to humans or distributing, prescribing or dispensing for human use  
806 prescription drugs, as defined in s. 450.01 (20), Stats., or any drug labelled for veterinary or animal  
807 use only.

808 (24) Falsely certifying to the board under s. VE 1.30 (5) that the veterinarian:

809 (a) Has completed the 30 hours of continuing education required under s. VE 1.30 (1).

810 (b) Is exempt under s. VE 1.30 (2) from having to complete the 30 hours of continuing  
811 education required under s. VE 1.30 (1).

812 (25) Failure to inform a client prior to treatment of the diagnostic and treatment options  
813 consistent with the veterinary profession's standard of care and the associated benefits and risks of  
814 those options.

815 (26) Failure to release a patient's medical records as required by s. 89.075, Stats.

816 (27) Advertising a specialty or claiming to be a specialist when not a diplomate of a  
817 veterinary specialty organization recognized by the AVMA American Board of Veterinary  
818 Specialties or by a foreign veterinary specialty organization which, in the opinion of the board, is  
819 equivalent to an AVMA American Board of Veterinary Specialists recognized veterinary specialty  
820 organization.

821 (28) Failure to provide copies of or information from veterinary records, with or without  
822 the client's consent, to the board or to public health, animal health, animal welfare, wildlife or  
823 agriculture authorities, employed by federal, state, or local governmental agencies who have a  
824 legal or regulatory interest in the contents of said records for the protection of animal or public  
825 health.

826 **VE 1.60 Board action.** The board may reprimand the licensee or deny, suspend, limit or  
827 revoke a veterinary license or permit under this chapter for cause, including any of the following:

828 (1) Filing an incomplete or fraudulent application, or misrepresenting any information on  
829 an application.

830 (2) Violating this chapter or ch. 89, Stats.

|     |   |
|-----|---|
| 831 | <b>SECTION 3.</b> Chapter VE 2 is created to read:                      |
| 832 | <b>Chapter VE 2 Veterinary Technicians</b>                              |
| 833 | Subchapter I – Authority and Definitions                                |
| 834 | VE 2.01 Authority   |
| 835 | VE 2.02 Definitions   |
| 836 | Subchapter II – Certification   |
| 837 | VE 2.04 Certification   |
| 838 | VE 2.06 Fees for service members, former service members, their spouses |
| 839 | VE 2.08 Passing scores  |
| 840 | VE 2.10 Administrative fees   |
| 841 | VE 2.12 Renewal of certification  |
| 842 | VE 2.14 Continuing education; requirements                              |
| 843 | VE 2.16 Continuing education; programs and courses                      |
| 844 | Subchapter III – Standards of Practice and Unprofessional Conduct       |
| 845 | VE 2.18 Prohibited acts   |
| 846 | VE 2.20 Change of name and address                                      |
| 847 | VE 2.22 Display of certificate  |
| 848 | VE 2.24 Standards of practice   |
| 849 | VE 2.26 Unprofessional conduct  |
| 850 | VE 2.28 Board action  |
| 851 | <b>Subchapter I – Authority and Definitions</b>                         |

852           **VE 2.01 Authority.** The rules in this chapter are adopted by the veterinary examining  
853 board pursuant to the authority delegated by ss. 15.08 (5), 89.03 (1), 89.03 (2), and 227.11 (2),  
854 Stats.

855           **VE 2.02 Definitions.**

856           (1) “Accredited college or university” means an educational institution that is accredited  
857 by a regional or national accrediting agency recognized by the U.S. Department of Education.

858           (2) “Advertising” means to give notice by any means, including but not limited to any  
859 circular, card, notice, telephone book listing, magazine, newspaper or other printed material or any  
860 electronic medium.

861           (3) “AVMA” means the American veterinary medical association.

862           (4) “Board” means the veterinary examining board.

863           Note: The board office is located at 2811 Agriculture Drive, P.O. Box 8911, Madison,  
864 Wisconsin 53708–8911.

865           (5) “Board approved technical school or college” means a technical school or college which  
866 the board approves.

867           Note: The board shall consider for approval all schools which are accredited or approved  
868 by the American veterinary medical association.

869           (6) “Certificate” means a document issued to a person by the board, after the person has  
870 met the requirements of s. 89.06 (3), Stats., signifying that the person has met the statutory  
871 requirements to practice veterinary technology in Wisconsin.

872           (7) “Client” means the person who owns or who has primary responsibility for the care of  
873 a patient.

874           (8) “Department” means the department of agriculture, trade and consumer protection.

875 (9) “Gross negligence” has the meaning set forth at s. VE 1.02 (18).

876 (10) “Patient” means an animal that is examined or treated by a veterinarian.

877 (11) “Surgery” has the meaning set forth at s. VE 1.02 (27).

878 (12) “VTNE” means the veterinary technician national exam.

879 **Subchapter II – Certification**

880 **VE 2.04 Certification.** (1) The board may issue a certificate to practice as a veterinary  
881 technician to an applicant who does all of the following:

882 (a) Submits an application form provided by the board which includes the applicant's  
883 notarized signature.

884 Note: Applications are available upon request to the board office located at 2811  
885 Agriculture Drive, P.O. Box 8911, Madison, WI 53708-8911 or at the website at  
886 [www.datcp.wi.gov](http://www.datcp.wi.gov).

887 (b) Meets the age and training requirements of s. 89.06 (3), Stats.

888 (c) Pays one of the following nonrefundable fees as applicable:

889 1. \$115 for an applicant who has never been credentialed in Wisconsin or another  
890 jurisdiction.

891 2. \$185 for an applicant who has previously been credentialed in Wisconsin or another  
892 jurisdiction.

893 (d) Has successfully completed both the VTNE and an examination on state laws and rules  
894 related to the practice of veterinary technology, the results of which shall be submitted directly to  
895 the board by the department's office of examinations or the interstate reporting services.

896 (e) Provides verification of licensure records and status which has been sent directly to the  
897 board by every state or country in which the applicant has ever held a license or certificate to  
898 practice veterinary technology.

899 Note: The board accepts the classification of “veterinary nurse” in other jurisdictions as  
900 equivalent to “veterinary technician.”

901 (f) Does not have a conviction record or pending criminal charge relating to an offense the  
902 circumstances of which substantially relate to the practice of veterinary technology. An applicant  
903 who has a conviction record or pending criminal charge shall request appropriate authorities to  
904 provide information about the record or charge directly to the board in sufficient specificity to  
905 enable the board to make a determination.

906 (g) Provides all supporting documents in English.

907 (2) The board shall review its records to determine eligibility of the applicant. Within 30  
908 business days of determining an applicant is eligible for certification, the board shall issue a  
909 certificate to the applicant.

910 (3) The board the board shall inquire as to whether the applicant is competent to practice  
911 as a veterinary technician in this state and shall impose any reasonable conditions on instatement  
912 of the certificate, including reexamination, as the board deems appropriate, if any of the following  
913 apply:

914 (a) The applicant has not previously been certified in any jurisdiction and passed the VTNE  
915 more than 5 years ago.

916 (b) The applicant was previously certified in Wisconsin or another jurisdiction and has not  
917 been certified in any jurisdiction for more than 5 years.

918 (c) The applicant has prior discipline or litigation in another jurisdiction.



919 (d) The applicant has pending discipline or litigation in any jurisdiction.

920 **VE 2.06 Fees for service members, former services members, their spouses.** A person  
921 applying for a reciprocal credential under s. 89.073, Stats., shall pay one of the following  
922 nonrefundable fees as applicable:

923 (1) \$40 for a service member or former service member.

924 (2) \$141 for a spouse as defined by s. 89.073 (1) (c), Stats..

925 **VE 2.08 Passing scores.** (1) The passing score for veterinary technician applicants on the  
926 written national examination shall be based on the board's determination of the level of  
927 examination performance required for minimum acceptable competence in the profession. The  
928 board shall make the determination after consultation with subject matter experts who have  
929 reviewed a representative sample of the examination questions and available candidate  
930 performance statistics, and shall set the passing score for the examination at that point that  
931 represents minimum acceptable competence in the profession. The board may accept the  
932 recommendation of the national examination provider.

933 (2) The passing score for an examination on state laws and rules related to the practice of  
934 veterinary technology shall be based on the board's determination of the level of examination  
935 performance required for minimum acceptable competence in the profession. The board shall make  
936 the determination after consultation with subject matter experts who have reviewed a  
937 representative sample of the examination questions and available candidate performance statistics,  
938 and shall set the passing score for the examination at that point that represents minimum acceptable  
939 competence in the profession.

940 **VE 2.10 Administrative fees.** (1) A person requesting a printed license shall pay a  
941 nonrefundable fee of \$10.

942 (2) A person requesting verification of licensure to other states shall pay a nonrefundable  
943 fee of \$10.

944 **VE 2.12 Renewal of certification.** A certificate expires if not renewed by January 1 of  
945 even-numbered years. A certificate holder who allows the certificate to expire may apply to the  
946 board for renewal of the certificate as follows:

947 (1) If the certificate holder applies for renewal of the certificate less than 5 years after its  
948 expiration, the certificate shall be renewed upon payment of the renewal fee and fulfillment of 15  
949 hours of continuing education required under s. VE 2.14.

950 (2) If the certificate holder applies for renewal of the certificate 5 or more years after its  
951 expiration, in addition to requiring the certificate holder to pay the renewal fees, and to fulfill the  
952 continuing education hours required under s. VE 2.14, the board shall inquire as to whether the  
953 applicant is competent to practice as a veterinary technician in this state and shall impose any  
954 reasonable conditions on renewal of the certificate including reexamination, as the board deems  
955 appropriate. An applicant under this subsection is presumed to be competent to practice as a  
956 veterinary technician in this state if at the time of application for renewal the applicant holds a full  
957 unexpired certificate issued by a similar licensing board of another state or territory of the United  
958 States or of a foreign country or province whose standards, in the opinion of the board, are  
959 equivalent to or higher than the requirements for certification in this state. Notwithstanding any  
960 presumptions of competency under this subsection, the board shall require each applicant under  
961 this subsection to pass the examination specified under s. VE 2.04 (2).

962 (3) The certificate holder shall pay a nonrefundable renewal fee of \$160.

963 (4) A certificate holder who submits a certificate renewal after January 1 of even numbered  
964 years shall pay, in addition to the renewal fee under sub. (3), a nonrefundable late fee of \$25.

965           **VE 2.14 Continuing education; requirements.** (1) (a) Except as provided in subs. (2) and  
966 (3), a veterinary technician shall complete at least 15 hours of continuing education pertinent to  
967 veterinary medicine or veterinary technology in each biennial renewal period. The 15 hours of  
968 continuing education shall include all of the following:

969           1. At least 10 hours of continuing education that relates to scientific topics pertinent to  
970 veterinary medicine.

971           (b) All 15 continuing education hours required in this subsection shall be documented. A  
972 minimum of 12 hours of continuing education shall be documented by an approved continuing  
973 education provider.

974           (c) A continuing education hour shall consist of 50 minutes of contact time.

975           (2) Subsection (1) does not apply to an applicant who applies to renew a certificate that  
976 expires on the first expiration date after the initial issuance of the certificate.

977           (3) The board may waive the requirements under sub. (1) if it finds that exceptional  
978 circumstances, such as prolonged illness, disability, or other similar circumstances, have prevented  
979 an applicant from meeting the requirements.

980           (4) Continuing education hours shall be completed during the preceding 2-year certification  
981 period.

982           (5) To obtain credit for completion of continuing education hours, a certificate holder shall,  
983 at the time of each renewal, sign a statement saying that he or she has completed, during the  
984 preceding 2-year certification period, the continuing education programs required under sub. (1).

985           (6) A veterinary technician who fails to complete the continuing education requirements  
986 by the renewal date shall not practice as a veterinary technician until his or her certificate is  
987 renewed.

988 (7) For auditing purposes, every veterinary technician shall maintain records of continuing  
989 education hours for at least 5 years from the date the certification statement required under sub (5)  
990 is signed. The board may audit for compliance by requiring a veterinary technician to submit  
991 evidence of compliance to the board for the biennium immediately preceding the biennium in  
992 which the audit is performed. Documentation of completion of continuing education hours shall  
993 include one of the following:

- 994 (a) A certificate of attendance from an approved course provider.
- 995 (b) A grade report or transcript from an accredited college or university.
- 996 (c) A copy of a published work authored or co-authored by the licensee.
- 997 (d) A copy of a meeting syllabus, announcement, abstract or proceeding for a presentation.
- 998 (f) A signed document from an internship or residency institution certifying enrollment in  
999 a program.

1000 **VE 2.16 Continuing education; programs and courses.** (1) CRITERIA FOR  
1001 PROGRAMS AND COURSE APPROVAL. To be approved, a continuing education program or  
1002 course shall meet the following criteria:

- 1003 (a) The subject matter of the program or course shall be pertinent to veterinary technology.
- 1004 (b) The program or course sponsor agrees to record registration and furnish a certificate of  
1005 attendance to each participant.

1006 (2) UNRELATED SUBJECT MATTER. If a continuing education course includes subject  
1007 matter that is not pertinent to veterinary technology, only those portions of the course that relate  
1008 to veterinary technology will qualify as continuing education under this chapter.

1009 (3) MODALITIES AND METHODS OF DELIVERY. Modalities and methods of delivery  
1010 of continuing education programs acceptable to the board include one or more of the following:

1011 (a) Attendance at a scientific workshop, seminar, or laboratory demonstration pertinent to  
1012 veterinary technology.

1013 (b) Enrollment in graduate or other college level courses pertinent to veterinary technology.  
1014 Credit for qualified courses will be approved on the basis of multiplying each college credit hour  
1015 by 10.

1016 (c) Enrollment in an internship, residency or certification program approved by a veterinary  
1017 specialty organization recognized by the AVMA or in an AVMA accredited veterinary school.

1018 (d) Authorship or co-authorship of a published work, such as review articles, abstracts,  
1019 presentations, proceedings, book chapters, and web-based continuing education materials shall be  
1020 approved for 5 hours each.

1021 (e) A peer reviewed publication shall be approved for 5 hours.

1022 (f) Development and presentation of research findings, scientific workshops, seminars or  
1023 laboratory demonstrations pertinent to veterinary technology shall be approved for 5 contact hours  
1024 each.

1025 (g) Up to 8 hours per biennium shall be granted for a combination of continuing education  
1026 hours completed under pars. (d) to (f), provided the continuing education is published or presented  
1027 under the auspices of a provider approved under sub. (4).

1028 (h) On-line, video, audio, correspondence courses, or other interactive distance learning  
1029 courses pertinent to veterinary technology, or to employment as a veterinary technician.

1030 (4) APPROVED PROGRAM PROVIDERS. Subject to compliance with the requirements  
1031 set forth in subs. (1) to (3), the board shall approve attendance at and completion of one or more  
1032 continuing education programs approved by any one of the following approved program providers  
1033 as fulfilling the continuing education hours required under this chapter:

1034 (a) A national, regional, state, or local veterinary medical or veterinary technician  
1035 association.

1036 (b) A federal or state agency.

1037 (c) An accredited college or university.

1038 (d) An association listed in the AVMA or the National Association of Veterinary  
1039 Technicians in America directory.

1040 (e) An AVMA accredited veterinary school or veterinary technician program.

1041 (f) A program approved by the American Association of Veterinary State Boards through  
1042 its Registry of Approved Continuing Education approval program.

1043 (g) A foreign veterinary medical or veterinary technician association, an accredited college  
1044 or university, or a governmental agency that is, as determined by the board comparable to a  
1045 program provider listed under pars. (a) to (f).

1046 **Subchapter III – Standards of Practice and Unprofessional Conduct**

1047 **VE 2.18 Prohibited acts.** The following acts are limited to veterinarians and therefore  
1048 prohibited for veterinary technicians:

1049 (1) Diagnosis and prognosis of animal diseases and conditions.

1050 (2) Prescribing of drugs, medicines, treatments and appliances.

1051 (3) Performing surgery.

1052 **VE 2.20 Change of name and address.** Every veterinary technician shall notify the board  
1053 of a change of name or address within 30 days.

1054 **VE 2.22 Display of certificate.** Each veterinary technician shall display a current  
1055 certificate in a manner conspicuous to the public view.

1056           **VE 2.24 Standards of practice.** (1) Veterinary technicians may perform delegated  
1057 veterinary acts as set forth under s. VE 1.44 (4), (5), (6), and (9).

1058           (2) In the performance of delegated veterinary acts a veterinary technician shall:

1059           (a) Accept only those delegated veterinary acts for which there are mutually approved  
1060 protocols, written standing orders or verbal directions.

1061           (b) Accept only those delegated veterinary acts for which the veterinary technician is  
1062 competent to perform based on education, training or experience.

1063           (c) Consult with a veterinarian in cases where the veterinary technician knows or should  
1064 know a delegated veterinary act may harm a patient.

1065           **VE 2.26 Unprofessional conduct.** The following acts constitute unprofessional conduct  
1066 by a veterinary technician and are prohibited:

1067           (1) Unprofessional conduct under s. 89.07 (1), Stats.

1068           (2) Performing as a veterinary technician unless supervised as specified under s. VE 1.44  
1069 (4), (5), (6), and (9).

1070           (3) Misrepresentation in obtaining a veterinary technician certificate or in performing as a  
1071 veterinary technician.

1072           (4) Conduct in the practice of veterinary technology which evidences a lack of knowledge  
1073 or ability to apply professional principles or skills.

1074           (5) Gross negligence while performing as a veterinary technician.

1075           (6) The personal use, misuse or sale other than for medical treatment of patients, of drugs  
1076 listed in the U.S. controlled substances act of 1970, as amended, or ch. 961, Stats., other than drugs  
1077 prescribed by a physician for use by the veterinary technician.

1078 (7) Practicing or attempting to practice while the veterinary technician has a physical or  
1079 mental impairment, including impairment related to drugs or alcohol, which is reasonably related  
1080 to the applicant's ability to adequately undertake the practice of veterinary technology in a manner  
1081 consistent with the safety of a patient or the public.

1082 (8) Being convicted of a crime the circumstances of which substantially relate to the  
1083 practice of veterinary technology.

1084 (9) Violating or aiding and abetting the violation of any law or administrative rule  
1085 substantially related to the practice of veterinary technology.

1086 (10) Having a veterinary technician certificate limited, suspended or revoked or subject to  
1087 any other disciplinary action in another state or U.S. jurisdiction.

1088 (11) Accepting fees for animal health care services from a client.

1089 (12) Practicing under an expired certificate.

1090 (13) Falsely certifying to the board under s. VE 2.14 (5) that the veterinary technician:

1091 (a) Has completed the 15 hours of continuing education required under s. VE 2.14 (1).

1092 (b) Is exempt under s. VE 2.14 (2) from having to complete the 15 hours of continuing  
1093 education required under s. VE 2.14 (1).

1094 (14) Advertising a specialty or claiming to be a specialist when not recognized as such by  
1095 a veterinary technician specialty academy recognized by the National Association of Veterinary  
1096 Technicians in America or by a foreign veterinary technician specialty academy which, in the  
1097 opinion of the board, is equivalent to a National Association of Veterinary Technicians in America  
1098 recognized veterinary technician specialty academy.

1099 **VE 2.28 Board action.** The board may reprimand the certificate holder or deny, suspend,  
1100 limit or revoke a certification under this chapter for cause, including any of the following:



1101 (1) Filing an incomplete or fraudulent application, or misrepresenting any information on  
1102 an application.

1103 (2) Violating this chapter or ch. 89, Stats.

1104 **SECTION 4.** Chapter VE 3 is created to read:

1105 **Chapter VE 3 Complaint Procedures**

1106 Subchapter I – Authority and Definitions

1107 3.01 Authority

1108 3.02 Definitions

1109 Subchapter II – Procedures for Informal Complaints

1110 3.04 Scope; kinds of proceedings

1111 3.06 Receiving informal complaints

1112 3.08 Screening

1113 3.10 Unlicensed persons

1114 3.12 Negotiated settlement

1115 3.14 Issuing an administrative warning

1116 3.16 Contents of an administrative warning

1117 3.18 Review of an administrative warning

1118 3.20 Administrative warning review procedures

1119 3.22 Review record

1120 Subchapter III – Procedures for Disciplinary Proceedings

1121 3.24 Scope

1122 3.26 Commencement of disciplinary proceedings

1123 3.28 Pleadings to be captioned

|      |   |
|------|---|
| 1124 | 3.30 Complaint  |
| 1125 | 3.32 Service and filing of complaint                    |
| 1126 | 3.34 Answer   |
| 1127 | 3.36 Administrative law judge                           |
| 1128 | 3.38 Settlements  |
| 1129 | 3.40 Conduct of hearing                                 |
| 1130 | 3.42 Witness fees and costs                             |
| 1131 | 3.44 Record of proceedings, transcripts                 |
| 1132 | 3.46 Proposed decision                                  |
| 1133 | 3.48 Assessment of costs                                |
| 1134 | 3.50 Service of proposed decision                       |
| 1135 | 3.52 Final decision and order                           |
| 1136 | Subchapter IV – Summary Suspensions and Limitations     |
| 1137 | 3.54 Scope  |
| 1138 | 3.56 Petition for summary suspension or limitation      |
| 1139 | 3.58 Notice of petition to respondent                   |
| 1140 | 3.60 Issuance of summary suspension or limitation order |
| 1141 | 3.62 Contents of summary suspension or limitation order |
| 1142 | 3.64 Service of summary suspension or limitation order  |
| 1143 | 3.66 Hearing to show cause                              |
| 1144 | 3.68 Delegation   |
| 1145 | 3.70 Commencement of disciplinary proceeding            |
| 1146 | Subchapter V – Administrative Injunctions               |

|      |   |
|------|---|
| 1147 | 3.72 Scope; kinds of proceedings            |
| 1148 | 3.74 Pleadings to be captioned              |
| 1149 | 3.76 Petition for administrative injunction |
| 1150 | 3.78 Service and filing of petition         |
| 1151 | 3.80 Answer                                 |
| 1152 | 3.82 Administrative law judge               |
| 1153 | 3.84 Settlements                            |
| 1154 | 3.86 Conduct of public hearing              |
| 1155 | 3.88 Witness fees and costs                 |
| 1156 | 3.90 Record of proceedings, transcripts     |
| 1157 | 3.92 Decision                               |
| 1158 | 3.94 Service of decision                    |
| 1159 | 3.96 Final decision and order               |

1160 **Subchapter I – Authority and Definitions**

1161 **3.01 Authority.** The rules in this chapter are adopted by the veterinary examining board  
 1162 pursuant to the authority in ss. 89.03 (1), 227.11 (2) (a) and 227.51 (3), Stats.

1163 **3.02 Definitions.** In this chapter:

1164 (1) “Administrative injunction” means a special order enjoining a person from the  
 1165 continuation of a practice or use of a title without a credential required under ch. 89, Stats.

1166 (2) “Administrative law judge” means the administrative law judge assigned by the  
 1167 division to hear a disciplinary proceeding or summary suspension or limitation appeal, on behalf  
 1168 of the board, or an administrative injunction proceeding on behalf of the department.

1169 (3) “Board” means the veterinary examining board.

1170 (4) "Case advisor" means a member of the board assigned to assist disciplinary counsel in  
1171 an investigation of an informal complaint about a credential holder.

1172 (5) "Complainant" means the person who signs a complaint.

1173 (6) "Complaint" means the formal charging of violations against a credential holder in a  
1174 disciplinary proceeding.

1175 (7) "Court-ordered injunction" means a judgment and order by a court of competent  
1176 jurisdiction enjoining a person from the continuation of a practice or use of a title without a  
1177 credential required under ch. 89, Stats.

1178 (8) "Credential" means a license, certification, or permit that is issued under ch. 89, Stats.

1179 (9) "Credential holder" means an individual holding any license, permit, or certificate  
1180 granted by the board, or having any right to renew a license, permit, or certificate granted by the  
1181 board.

1182 (10) "Department" means the department of agriculture, trade and consumer protection.

1183 (11) "Department counsel" means the department attorney assigned an informal complaint  
1184 against any person who may be continuing a practice or use of a title without a credential required  
1185 under ch. 89, Stats.

1186 (12) "DHA" means the division of hearings and appeals in the department of  
1187 administration.

1188 (13) "Division" means the division of animal health in the department.

1189 (14) "Disciplinary counsel" means the department attorney assigned an informal complaint  
1190 against a credential holder.

1191 (15) "Disciplinary proceeding" means an administrative proceeding against a credential  
1192 holder for any alleged violations of law constituting misconduct.

1193 (16) "Informal complaint" means any written information submitted to the board or  
1194 department by any person, which alleges facts that, if true, warrant action including an  
1195 administrative warning, discipline, or an injunction.

1196 (17) "Minor violation" means all of the following:

1197 (a) No significant harm was caused by misconduct of the credential holder.

1198 (b) Continued practice by the credential holder presents no immediate danger to the public.

1199 (c) If prosecuted, the likely result of prosecution would be a reprimand or a limitation  
1200 requiring the credential holder to obtain additional education.

1201 (d) The complaint does not warrant use of prosecutorial resources.

1202 (18) "Misconduct" means a violation of a statute, rule, or regulation related to the  
1203 profession or other conduct for which discipline may be imposed under ch. 89, Stats.

1204 (19) "Office" means the office of legal counsel in the department.

1205 (20) "Petition" means a petition for summary license suspension or limitation or a special  
1206 order for an administrative injunction.

1207 (21) "Petitioner" means the disciplinary or department counsel.

1208 (22) "Respondent" means a credential holder who is charged in a disciplinary proceeding  
1209 or a person who is charged in an administrative injunction proceeding.

1210 (23) "Screening" means preliminary review of complaints to determine the disposition of  
1211 any informal complaints.

1212 (24) "Screening committee" means the committee of the board that meets with disciplinary  
1213 counsel to determine the disposition of any informal complaints.

1214 (25) "Special order" means an administrative order issued by the department enforced  
1215 against a named or identified person.

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## Subchapter II – Procedures for Informal Complaints

**3.04 Scope; kinds of proceedings.** This subchapter governs procedures for investigating and disposing of informal complaints against credential holders and unlicensed entities before the board and persons before the department.

**3.06 Receiving informal complaints.** All informal complaints received shall be referred to the office for filing, screening and, if necessary, investigation.

**3.08 Screening.** Screening for complaints against license holders shall be done by the board’s screening committee, in consultation with the disciplinary counsel. Considerations in screening include, but are not limited to:

- (1) Whether the person complained against is licensed.
- (2) Whether the matter alleged is a violation of any statute, rule, regulation, or standard of practice.
- (3) Whether the matter alleged, if taken as a whole, is either:
  - (a) Not a violation, so that the matter may be closed;
  - (b) A minor violation, so that the matter may be disposed of with an administrative warning; or
  - (c) Requires further investigation by disciplinary counsel, with assistance by a case advisor and department staff as assigned.

**3.10 Unlicensed persons.** Department staff shall investigate complaints, and may consult with the board, concerning any complaint against a person who may be engaged in the practice of veterinary medicine without holding a credential.

**3.12 Negotiated settlement.** (1) WHEN INITIATED. At the discretion of the disciplinary counsel, in consultation with the case advisor in assigned matters, or department counsel,

1239 negotiations for settlement may be held prior to the commencement of a disciplinary or unlicensed  
1240 practice proceeding. Where the informal complaint investigation reveals undisputed or clearly  
1241 ascertainable facts, from documents received, resolution through negotiations is encouraged.

1242 (2) LIMITATION. Negotiations for settlement shall not be held without the consent of the  
1243 credential holder or unlicensed person. No agreement reached between the parties through  
1244 negotiations, which imposes discipline upon a credential holder, shall be effective or binding until  
1245 the parties stipulate to the agreement in writing, signed by the credential holder and any  
1246 representative and disciplinary counsel, for approval by the board in a signed final order.

1247 (3) ORAL STATEMENTS IN NEGOTIATIONS. Oral statements made during negotiations shall  
1248 not be introduced into or made part of the record in a disciplinary proceeding.

1249 **3.14 Issuing an administrative warning.** In lieu of commencing disciplinary proceedings  
1250 under subch. III or injunction proceedings under subch. IV, the board or department may issue an  
1251 administrative warning, after making all of the following findings:

1252 (1) That there is specific evidence of misconduct by the credential holder or unlicensed  
1253 person.

1254 (2) That the misconduct is a minor violation of a statute or rule related to the profession  
1255 or other conduct for which discipline or an administrative injunction may be imposed.

1256 (3) That issuance of an administrative warning will adequately protect the public.

1257 **3.16 Contents of an administrative warning.**

1258 (1) An administrative warning shall be issued in writing, shall state the findings required  
1259 by s. VE 3.12, and include a notice of appeal rights under s. VE 3.16.

1260 (2) An administrative warning may be issued to a credential holder or unlicensed person  
1261 by mailing the administrative warning to the last address provided to the department. Service by

1262 mail is complete on the date of mailing. The warning may also be issued by email, if the credential  
1263 holder or unlicensed person has given permission to send all notices to a specified email address.  
1264 Service by email is complete upon sending.

1265 **3.18 Review of an administrative warning.** A credential holder who has been issued an  
1266 administrative warning may make a request in writing for the board to review its issuance within  
1267 20 days after the date of mailing or emailing. The request shall be in writing and set forth:

1268 (1) The credential holder's name and address.

1269 (2) The reason for requesting a review.

1270 **3.20 Administrative warning review procedures.** The procedures for an administrative  
1271 warning review are:

1272 (1) Within 45 calendar days of receipt of a request for review, the board shall notify the  
1273 credential holder of the time and place of the review.

1274 (2) No discovery is permitted. A credential holder may inspect records under s. 19.35,  
1275 Stats., the public records law.

1276 (3) The board shall preside over the appeal and the review shall be electronically recorded.

1277 (4) The board shall provide the credential holder with an opportunity to make a personal  
1278 appearance before it and present a statement. The board may request the disciplinary counsel to  
1279 appear and present a statement on issues raised by the credential holder. The board may establish  
1280 a time limit for making a presentation. Unless otherwise determined by the disciplinary authority,  
1281 the time for making a personal appearance shall be 20 minutes.

1282 (5) If the credential holder fails to appear for a review, or withdraws the request for a  
1283 review, the disciplinary authority may note the failure to appear in the minutes and leave the  
1284 administrative warning in effect without further action.



1285 (6) The board may adjourn into closed session to deliberate on the request for review. Any  
1286 action taken by the board following deliberation shall be made in open session. The board shall  
1287 send the final decision of its review to the credential holder.

1288 **3.22 Review record.** The credential holder may request a copy of the recorded review at  
1289 no cost.

1290 **Subchapter III – Procedures for Disciplinary Proceedings**

1291 **3.24 Scope.** This subchapter governs procedures in all disciplinary proceedings against  
1292 credential holders before the board.

1293 **3.26 Commencement of disciplinary proceedings.** Disciplinary proceedings commence  
1294 when a complaint is served upon the respondent.

1295 **3.28 Pleadings to be captioned.** All pleadings, notices, orders, and other papers filed in  
1296 disciplinary proceedings shall be captioned: "BEFORE THE WISCONSIN VETERINARY  
1297 EXAMINING BOARD" and shall be entitled: "IN THE MATTER OF DISCIPLINARY  
1298 PROCEEDINGS AGAINST \_\_\_\_\_, RESPONDENT."

1299 **3.30 Complaint.** The disciplinary counsel may make a complaint upon information and  
1300 belief and it shall contain:

1301 (1) The name and address of the licensee complained against and the name and address of  
1302 the complainant.

1303 (2) A short statement in plain language of the cause for disciplinary action identifying with  
1304 reasonable particularity the transaction, occurrence or event out of which the cause arises and  
1305 specifying the statute, rule or other standard alleged to have been violated.

1306 (3) A request in essentially the following form: "Wherefore, the complainant demands that  
1307 the board hear evidence relevant to matters alleged in this complaint, determine and impose the  
1308 discipline warranted, and assess the costs of the proceeding against the respondent."

1309 (4) The signature of the complainant.

1310 **3.32 Service and filing of complaint.**

1311 (1) The complaint and other papers may be served on a respondent by mailing a copy of  
1312 the paper to the respondent at the last known address of the respondent, by any procedure described  
1313 in s. 801.14 (2), Stats., or by electronic transmission if agreed to by the respondent or respondent's  
1314 authorized representative. Service by mail is complete upon mailing.

1315 (2) Any paper required to be filed with the board may be mailed to the board's office and,  
1316 if an administrative law judge has been designated to preside in the matter, to the administrative  
1317 law judge and shall be deemed filed on the date of the postmark. Materials submitted by personal  
1318 service or by inter-departmental mail shall be considered filed on the date they are received at the  
1319 board's office or by the administrative law judge. Papers required to be filed may instead be filed  
1320 and served by electronic mail or facsimile transmission. For materials transmitted by electronic  
1321 mail, the filing date shall be the date that the electronic mail was sent. For materials transmitted  
1322 by facsimile, the date received shall determine the date of filing.

1323 **3.34 Answer.**

1324 (1) An answer to a complaint shall state in short and plain terms the defenses to each cause  
1325 asserted and shall admit or deny the allegations upon which the complainant relies. If the  
1326 respondent is without knowledge or information sufficient to form a belief as to the truth of the  
1327 allegation, the respondent shall so state and this has the effect of a denial. Denials shall fairly meet  
1328 the substance of the allegations denied. The respondent shall make denials as specific denials of

1329 designated allegations or paragraphs but if the respondent intends in good faith to deny only a part  
1330 or a qualification of an allegation, the respondent shall specify so much of it as true and material  
1331 and shall deny only the remainder.

1332 (2) The respondent shall set forth affirmatively in the answer any matter constituting an  
1333 affirmative defense.

1334 (3) Allegations in a complaint are admitted when not denied in the answer.

1335 (4) An answer to a complaint shall be filed within 20 days from the date of service of the  
1336 complaint.

1337 **3.36 Administrative law judge.**

1338 (1) DESIGNATION. The board may request DHA assign an administrative law judge to  
1339 preside over any disciplinary proceeding.

1340 (2) AUTHORITY AND DUTIES. An administrative law judge may, on behalf of the board, do  
1341 all of the following:

1342 (a) Gain permission from parties for service of all documents to be via electronic  
1343 transmission, or other means if necessary.

1344 (b) Require parties to clarify positions or issues.

1345 (c) Hold prehearing conferences and issue memoranda for the record, summarizing all  
1346 actions taken and agreements reached.

1347 (d) Make procedural rulings and issue scheduling orders, including for motions, date, time  
1348 and location of hearing, discovery, identification of witnesses and evidence for hearing,  
1349 stipulations by the parties for hearing and other matters aiding in the orderly disposition of the  
1350 proceedings.

1351 (e) Hold motion hearings and make rulings on said motions.

- 1352 (f) Adjourn or postpone proceedings.
- 1353 (g) Grant continuances or extensions of time.
- 1354 (h) Issue subpoenas to compel witness attendance and document production.
- 1355 (i) Regulate discovery proceedings, and issue orders to compel or limit discovery.
- 1356 (j) Select the location of the hearing.
- 1357 (k) Preside over hearings and regulate the course of hearings.
- 1358 (L) Administer oaths and affirmations.
- 1359 (m) Make evidentiary rulings and receive relevant evidence.
- 1360 (n) Impose sanctions on disobedient parties.
- 1361 (o) Require or permit the parties to file written briefs and arguments.
- 1362 (p) Supervise the required creation of a stenographic or electronic record of the portion of
- 1363 the proceedings conducted under the auspices of the administrative law judge.
- 1364 (q) If required, order and supervise the preparation of a written transcript of proceedings
- 1365 conducted before the administrative law judge.
- 1366 (r) Issue proposed decisions.
- 1367 (2) Limits on authority. The administrative law judge may not exercise any authority
- 1368 reserved to the board.
- 1369 (3) Impartiality.
- 1370 (a) An administrative law judge shall withdraw from a contested case if the administrative
- 1371 law judge determines that there is a conflict of interest or other circumstance which prevents the
- 1372 administrative law judge from acting impartially, or which creates an undue appearance of bias.

1373 (b) If an administrative law judge receives an ex parte communication which violates s.  
1374 227.50 (1), Stats., the administrative law judge shall deal with the ex parte communication as  
1375 provided in s. 227.50 (2), Stats.

1376 **3.38 Settlements.** At any point in a proceeding, the parties may agree to settle the case.  
1377 Parties wishing to settle a case shall file both a written stipulation, signed by the respondent and  
1378 any representative and disciplinary counsel, setting forth the agreed terms of settlement, and a  
1379 proposed final order disposing of the case, for approval by the board. No stipulation disposing of  
1380 a complaint shall be effective or binding in any respect until approved by the board in a signed  
1381 final order.

1382 **3.40 Conduct of hearing.**

1383 (1) RECORD. An electronic or stenographic recording shall be made of all hearings in  
1384 which the testimony of a witness is offered as evidence.

1385 (2) EVIDENCE. The respondent shall have the right to appear in person or by counsel, and  
1386 both parties have the right to call, examine, and cross-examine witnesses and to introduce evidence  
1387 into the record.

1388 (3) A hearing, or any portion of a hearing, may be held by telephone or video-conference if the  
1389 administrative law judge determines that this method is justified for the convenience of any party or witness,  
1390 and that no party is unfairly prejudiced by this method. The party calling a witness to testify by telephone  
1391 or video-conference shall notify the administrative law judge before the hearing to allow for making the  
1392 necessary arrangements and is responsible for providing the witness with a complete set of numbered copies  
1393 of all exhibits.

1394 (3) BRIEFS. The administrative law judge may require or permit the filing of briefs.

1395 (4) MOTIONS. All motions, except those made at hearing, shall be in writing, filed by the  
1396 date set by the administrative law judge, and a copy served upon the opposing party. If no date is  
1397 set by the administrative law judge all motions shall be filed 10 business days before hearing.

1398 (5) SUMMARY JUDGMENT. The parties may use the summary judgment procedure provided  
1399 in s. 802.08, Stats.

1400 (6) ADJOURNMENTS. The administrative law judge may, for good cause, grant  
1401 continuances, adjournments and extensions of time.

1402 (7) SUBPOENAS.

1403 (a) Subpoenas for the attendance of any witness at a hearing in the proceeding may be  
1404 issued in accordance with s. 885.01, Stats. Service shall be made in the manner provided in  
1405 s. 805.07 (5), Stats. A subpoena may command the person to whom it is directed to produce the  
1406 books, papers, documents, or tangible things designated therein.

1407 (b) An administrative law judge may issue protective orders according to the provision the  
1408 provisions of s. 805.07, Stats.

1409 **3.42 Witness fees and costs.** Witnesses subpoenaed at the request of the disciplinary  
1410 counsel shall be entitled to compensation from the state for attendance and travel as provided  
1411 in ch. 885, Stats.

1412 **3.44 Record of proceedings, transcripts.**

1413 **(1) RECORD OF ORAL PROCEEDINGS.** Oral proceedings in a disciplinary proceeding shall  
1414 be electronically recorded unless the administrative law judge determines that a stenographic  
1415 record is required.

1416           **(2) ELECTRONIC RECORDING; COPIES.** If an oral proceeding in a contested case is  
1417 electronically recorded, a copy of the recording shall be furnished at cost to any party who requests  
1418 a copy.

1419           **(3) STENOGRAPHIC RECORDING; COPIES.** (a) If a stenographic recording is made, the  
1420 reporting service who records the proceeding may charge a fee for an original transcription and  
1421 for copies. Fees are identified in the state operational purchasing bulletin for reporting services  
1422 and fees allowed to be charged.

1423           Note: Purchasing bulletins may be obtained through the State Bureau of Procurement, PO  
1424 Box 7867, Madison WI 53707-7867, call (800) 482-7813 or email doawispro@wisconsin.gov.

1425           (b) A person who is without means and who requires a transcript for appeal or other  
1426 reasonable purposes shall be furnished with a transcript without charge upon the filing of a petition  
1427 of indigency signed under oath.

1428           **3.46 Proposed decision.** The administrative law judge shall prepare a proposed decision  
1429 for consideration by the board. The proposed decision shall include proposed findings of fact,  
1430 conclusions of law, and a final order, with a signed opinion explaining the proposed decision.

1431           **3.48 Assessment of costs.**

1432           (1) The proposed decision shall include a recommendation whether all or part of the costs  
1433 of the proceeding shall be assessed against the respondent.

1434           (2) If a respondent objects to the recommendation that costs be assessed, objections to the  
1435 assessment of costs shall be filed at the same time as other objections to the proposed decision.

1436           (3) When costs are imposed, the administrative law judge shall file a supporting affidavit  
1437 with the proposed decision, listing costs incurred to be paid by the respondent. Within 20 days, the  
1438 disciplinary counsel shall file a supporting affidavit showing costs incurred. The respondent shall

1439 file any objection to the affidavits within 15 days after service of the disciplinary counsel's  
1440 affidavit.

1441 **3.50 Service of proposed decision.** The administrative law judge shall deliver the  
1442 proposed decision, with a copy of the record including the electronic recording of the proceedings,  
1443 to the board. The administrative law judge shall serve the proposed decision on the parties, in the  
1444 manner agreed to by the parties. Each proposed decision shall contain a notice providing each  
1445 party, adversely affected by the proposed decision, with an opportunity to file objections and  
1446 written argument with the board. A party adversely affected by a proposed decision shall have 20  
1447 days from the date of service of the proposed decision to file objections and argument.

1448 Note: Objections may be electronically filed at [datcpveb@wisconsin.gov](mailto:datcpveb@wisconsin.gov) or mailed to the  
1449 Wisconsin Veterinary Examining Board, PO Box 8911, Madison, WI 53708-8911.

1450 **3.52 Final decision and order.** After the time expires for filing all objections to the  
1451 proposed decision and order, including assessment of costs, the board shall meet to make a final  
1452 decision and order in a disciplinary proceeding. The final decision and order shall include a  
1453 determination whether all or part of the costs of the proceeding shall be assessed against the  
1454 respondent. If the final decision varies from the administrative law judge's proposed decision, the  
1455 final decision shall explain the reasons for all variations.

#### 1456 **Subchapter IV – Summary Suspensions and Limitations**

1457 **3.54 Scope.** This subchapter governs procedures in all summary suspension or limitation  
1458 proceedings against credential holders before the board.

#### 1459 **3.56 Petition for summary suspension or limitation.**

1460 (1) The disciplinary counsel shall petition the board for a summary suspension or  
1461 limitation. The petition shall state the name and credential status of the respondent, and an assertion



1462 of the facts establishing that the respondent has engaged in or is likely to engage in conduct such  
1463 that the public health, safety or welfare imperatively requires summary suspension or limitation of  
1464 the respondent's credential.

1465 (2) The petitioner shall sign the petition upon oath and make the petition upon information  
1466 and belief or by affidavit of another person with knowledge of the necessary facts to sustain the  
1467 petition.

1468 **3.58 Notice of petition to respondent.** Prior to presenting the petition, the petitioner shall  
1469 give notice to the respondent and respondent's authorized representative of the time and place when  
1470 the petition will be presented to the board. Notice may be given by mailing a copy of the petition  
1471 and notice to the last-known address of the respondent as indicated in the records of the board,  
1472 pursuant to s. 227.44 (1), Stats. Notice by mail is complete upon mailing. Notice may also be given  
1473 by electronic transmission if agreed to by the respondent or authorized representative.

1474 **3.60 Issuance of summary suspension or limitation order.**

1475 (1) If the board finds that notice has been given under s. VE 3.58 and finds probable cause  
1476 to believe that the respondent has engaged in or is likely to engage in conduct such that the public  
1477 health, safety or welfare imperatively requires emergency suspension or limitation of the  
1478 respondent's license, the board may issue an order for summary suspension or limitation. The order  
1479 may be issued at any time prior to or subsequent to the commencement of a disciplinary proceeding  
1480 under s. VE 3.26.

1481 (2) The petitioner may establish probable cause under sub. (1), by affidavit or other  
1482 evidence.

1483 (3) The summary suspension or limitation order shall be effective upon service, under s.  
1484 VE 3.62, or upon actual notice of the summary suspension or limitation order to the respondent or

1485 respondent's attorney, whichever is sooner. The order shall continue through the effective date of  
1486 the final decision and order made in the disciplinary proceeding against the respondent, unless the  
1487 credential is restored or the limitation is lifted under s. VE 3.64 or the disciplinary proceeding is  
1488 otherwise terminated.

1489 **3.62 Contents of summary suspension or limitation order.** The summary suspension or  
1490 limitation order shall include all of the following:

1491 (1) The manner in which the respondent or the respondent's attorney was notified of the  
1492 petition for summary suspension or limitation.

1493 (2) The identification of all witnesses providing evidence at the time the petition for  
1494 summary suspension or limitation was presented and identification of the evidence used as a basis  
1495 for the decision to issue the summary suspension or limitation order.

1496 (3) A finding that the public health, safety or welfare imperatively requires emergency  
1497 suspension or limitation of the respondent's credential.

1498 (4) A statement that the suspension or limitation order is in effect and continues until the  
1499 effective date of a final order and decision in the disciplinary proceeding against the respondent,  
1500 unless otherwise ordered by the board.

1501 (5) A statement of the respondent's right to request a hearing at any time to show cause  
1502 why the summary suspension or limitation order should not be continued, with the board's office  
1503 mailing address or email address where a request for hearing may be filed.

1504 (6) A statement that the hearing to show cause shall be scheduled for hearing on a date  
1505 within 20 days of receipt by the board of respondent's request for hearing, unless a later time is  
1506 requested by or agreed to by the respondent.

1507           **3.64 Service of summary suspension or limitation order.** An order of summary  
1508 suspension or limitation shall be served upon the respondent by mail or by email if agreed to by  
1509 respondent or respondent’s attorney.

1510           **3.66 Hearing to show cause.**

1511           (1) A hearing to show cause shall be scheduled for a date no later than 20 days after the  
1512 filing of the request for hearing with the board, unless a later time is requested by or agreed to by  
1513 the respondent.

1514           (2) Unless the parties otherwise agree, no discovery is permitted, except for the taking and  
1515 preservation of evidence as provided in ch. 804, Stats., with respect to witnesses described in  
1516 s. 227.45 (7) (a) to (d), Stats. A respondent may inspect records under s. 19.35, Stats., the public  
1517 records law.

1518           (3) At the hearing to show cause, the disciplinary counsel may call, examine and cross-  
1519 examine witnesses, or present other evidence in order sustain its burden to show, by a  
1520 preponderance of the evidence, why the summary suspension or limitation order should be  
1521 continued. The respondent may testify, call, examine and cross-examine witnesses, and offer other  
1522 evidence to rebut disciplinary counsel’s showing.

1523           (4) Immediately upon conclusion of the hearing to show cause the board shall make  
1524 findings and an order on the record. If it is determined that the summary suspension or limitation  
1525 order should not be continued, the suspended credential shall be immediately restored, and any  
1526 limitation shall be lifted.

1527           **3.68 Delegation.**

1528           (1) The board may delegate authority to preside over and rule in a hearing to show cause  
1529 to an administrative law judge employed by the division.

1530 (2) A delegation of authority under subs. (1) may be continuing.

1531 **3.70 Commencement of disciplinary proceeding.**

1532 (1) A complaint, under s. VE 3.26, commencing a disciplinary proceeding against the  
1533 respondent shall be issued no later than 20 days following the issuance of the summary suspension  
1534 or limitation order or the suspension or limitation shall lapse at the end of the tenth day. The formal  
1535 disciplinary proceeding shall be determined promptly.

1536 (2) If at any time the disciplinary proceeding is not advancing with reasonable promptness,  
1537 the respondent may make a motion to the administrative law judge for an order granting relief.

1538 (3) If it is found that the disciplinary proceeding is not advancing with reasonable  
1539 promptness, and the delay is not as a result of the conduct of respondent or respondent's counsel,  
1540 a remedy, as would be just, shall be granted including:

1541 (a) An order immediately terminating the summary suspension or limitation.

1542 (b) An order compelling that the disciplinary proceeding be held and determined by a  
1543 specific date.

1544 **Subchapter V – Administrative Injunctions**

1545 **3.72 Scope; kinds of proceedings.** This subchapter governs procedures for public hearings  
1546 before the department to determine whether a person has engaged in a practice or used a title  
1547 without a credential required under ch. 89, Stats., and issue a special order for an administrative  
1548 injunction

1549 **3.74 Pleadings to be captioned.** All pleadings, notices, orders, and other papers filed in  
1550 an administrative injunction proceeding shall be captioned: “BEFORE THE DEPARTMENT OF  
1551 AGRICULTURE, TRADE AND CONSUMER PROTECTION” and shall be entitled: “IN THE

1552 MATTER OF A PETITION FOR A SPECIAL ORDER TO ENJOIN \_\_\_\_\_,  
1553 RESPONDENT."

1554 **3.76 Petition for administrative injunction.** Department counsel, on behalf of the  
1555 division, may petition for a special order from the department to issue an administrative injunction,  
1556 which shall allege that a person has engaged in a practice or used a title without a credential  
1557 required under ch. 89, Stats. A petition may be made on information and belief and shall contain:

1558 (1) The name and address of the respondent and the name and address of the department  
1559 attorney who is prosecuting the petition.

1560 (2) A short statement in plain language of the basis for the belief that the respondent has  
1561 engaged in a practice or used a title without a credential required under ch. 89, Stats., and  
1562 specifying the statute or rule alleged to have been violated.

1563 (3) A request in essentially the following form: "Wherefore, the petitioner requests that a  
1564 public hearing be held and that the department issue a special order enjoining the person from the  
1565 continuation of the practice or use of the title."

1566 (4) The signature of the petitioner.

1567 **3.78 Service and filing of petition.**

1568 (1) The petition and other papers required to be served on a respondent may be served by  
1569 mailing a copy of the paper to the respondent at the last known address of the respondent, by any  
1570 procedure described in s. 801.14 (2), Stats., or by electronic transmission if agreed to by the  
1571 respondent or respondent's attorney. Service by mail is complete upon mailing.

1572 (2) Any paper required to be filed with the department may be mailed to the department  
1573 secretary's office and, if an administrative law judge has been designated to preside in the matter,

1574 to the administrative law judge and shall be deemed filed on the date of the postmark. Materials  
1575 submitted by personal service or by inter-departmental mail shall be considered filed on the date  
1576 they are received at the department secretary's office or by the administrative law judge. Papers  
1577 required to be filed may instead be filed and served by facsimile transmission or by electronic  
1578 mail. For materials transmitted by facsimile, the date received shall determine the date of filing.  
1579 For materials transmitted by electronic mail, the filing date shall be the date that the electronic  
1580 mail was sent.

1581 **3.80 Answer.**

1582 (1) An answer to a petition shall state in short and plain terms the defenses to each cause  
1583 asserted and shall admit or deny the allegations upon which the complainant relies. If the  
1584 respondent is without knowledge or information sufficient to form a belief as to the truth of the  
1585 allegation, the respondent shall so state and this has the effect of a denial. Denials shall fairly meet  
1586 the substance of the allegations denied. The respondent shall make denials as specific denials of  
1587 designated allegations or paragraphs but if the respondent intends in good faith to deny only a part  
1588 or a qualification of an allegation, the respondent shall specify so much of it as true and material  
1589 and shall deny only the remainder.

1590 (2) The respondent shall set forth affirmatively in the answer any matter constituting an  
1591 affirmative defense.

1592 (3) Allegations in a petition are admitted when not denied in the answer.

1593 (4) An answer to a petition shall be filed within 20 days from the date of service of the  
1594 petition.

1595 **3.82 Administrative law judge.**

1596 (1) DESIGNATION. The department may request DHA assign an administrative law judge  
1597 to preside over any administrative injunction proceeding.

1598 (2) AUTHORITY AND DUTIES. An administrative law judge may, on behalf of the  
1599 department, do all of the following:

1600 (a) Gain permission from parties for service of all documents to be via electronic  
1601 transmission, or other means if necessary.

1602 (b) Require parties to clarify positions or issues.

1603 (c) Hold prehearing conferences and issue memoranda for the record, summarizing all  
1604 actions taken and agreements reached.

1605 (d) Make procedural rulings and issue scheduling orders, including for motions, date, time  
1606 and location of hearing, discovery, identification of witnesses and evidence for hearing,  
1607 stipulations by the parties for hearing and other matters aiding in the orderly disposition of the  
1608 proceedings.

1609 (e) Hold motion hearings.

1610 (f) Adjourn or postpone proceedings.

1611 (g) Grant continuances or extensions of time.

1612 (h) Issue subpoenas to compel the witness attendance and document production.

1613 (i) Regulate discovery proceedings, and issue orders to compel or limit discovery.

1614 (j) Select the location of the hearing.

1615 (k) Preside over hearings and regulate the course of hearings.

1616 (L) Administer oaths and affirmations.

1617 (m) Make evidentiary rulings and receive relevant evidence.

1618 (n) Impose sanctions on disobedient parties.

1619 (o) Require or permit the parties to file written briefs and arguments.

1620 (p) Supervise the required creation of a stenographic or electronic record of the portion of  
1621 the proceedings conducted under the auspices of the administrative law judge.

1622 (q) If required, order and supervise the preparation of a written transcript of proceedings  
1623 conducted before the administrative law judge.

1624 (r) Issue proposed decisions.

1625 (s) Issue final decisions and orders, if requested by the department.

1626 (2) Limits on authority. The administrative law judge may not exercise any authority  
1627 which is reserved to the department, except as delegated in writing under (1) (s).

1628 (3) Impartiality.

1629 (a) An administrative law judge shall withdraw from a contested case if the administrative  
1630 law judge determines that there is a conflict of interest or other circumstance which prevents the  
1631 administrative law judge from acting impartially, or which creates an undue appearance of bias.

1632 (b) If an administrative law judge receives an ex parte communication which violates s.  
1633 227.50 (1), Stats., the administrative law judge shall deal with the ex parte communication as  
1634 provided in s. 227.50 (2), Stats.

1635 **3.84 Settlements.** At any point in a proceeding, the parties may agree to settle the case.  
1636 Parties wishing to settle a case shall file both a written stipulation, signed by the respondent and  
1637 any representative, and the division representative and department counsel, setting forth the agreed  
1638 terms of settlement, and a proposed final order disposing of the case, for approval by the  
1639 department. No stipulation disposing of a petition filed under this subchapter shall be effective or  
1640 binding in any respect until the final order is approved and signed by the department.

1641 **3.86 Conduct of public hearing.**



1642 (1) RECORD. A stenographic, electronic or other record shall be made of all hearings in  
1643 which the testimony of witnesses is offered as evidence.

1644 (2) EVIDENCE. The respondent shall have the right to appear in person or by counsel, and  
1645 both parties have the right to call, examine, and cross-examine witnesses and to introduce evidence  
1646 into the record.

1647 (3) BRIEFS. The administrative law judge may require or permit the filing of briefs.

1648 (4) MOTIONS. All motions, except those made at hearing, shall be in writing, filed by the  
1649 date set by the administrative law judge, with a copy served upon the opposing party.

1650 (5) SUMMARY JUDGMENT. The parties may use the summary judgment procedure provided  
1651 in s. 802.08, Stats.

1652 (6) ADJOURNMENTS. The administrative law judge may, for good cause, grant  
1653 continuances, adjournments and extensions of time.

1654 (7) SUBPOENAS.

1655 (a) Subpoenas for the attendance of any witness at a hearing in the proceeding may be  
1656 issued in accordance with s. 885.01, Stats. Service shall be made in the manner provided in  
1657 s. 805.07 (5), Stats. A subpoena may command the person to whom it is directed to produce the  
1658 books, papers, documents, or tangible things designated therein.

1659 (b) An administrative law judge may issue protective orders according to the provision the  
1660 provisions of s. 805.07, Stats.

1661 **3.88 Witness fees and costs.** Witnesses subpoenaed at the request of the department shall  
1662 be entitled to compensation from the state for attendance and travel as provided in ch. 885, Stats.

1663 **3.90 Record of proceedings, transcripts.**

1664           **(1) RECORD OF ORAL PROCEEDINGS.** Oral proceedings in an administrative injunction  
1665 case shall be electronically recorded unless the administrative law judge determines that a  
1666 stenographic record is necessary.

1667           **(2) ELECTRONIC RECORDING; COPIES.** If an oral proceeding in an administrative injunction  
1668 case is electronically recorded, a copy of the recording shall be furnished at cost to any party who  
1669 requests a copy.

1670           **(3) STENOGRAPHIC RECORDING; COPIES.** (a) If a stenographic recording is made, the  
1671 reporting service who recorded the proceeding may charge a fee for an original transcription and  
1672 for copies. Fees are identified in the state operational purchasing bulletin for reporting services  
1673 and fees allowed to be charged.

1674           (b) A person who is without means and who requires a transcript for appeal or other  
1675 reasonable purposes shall be furnished with a transcript without charge upon the filing of a petition  
1676 of indigency signed under oath.

1677           **3.92 Decision.** The administrative law judge shall prepare a proposed decision for  
1678 consideration by the department or a final decision, if designated as final decision maker. The  
1679 decision, whether proposed or final, shall include findings of fact, conclusions of law, and an order,  
1680 with a signed opinion explaining the decision.

1681           **3.94 Service of decision.** The administrative law judge shall deliver the proposed or final  
1682 decision, with a copy of the record including the electronic recording of the proceedings, to the  
1683 department. The proposed or final decision shall be served by the administrative law judge on the  
1684 parties with a notice providing each party adversely affected by the proposed decision with an  
1685 opportunity to file objections and written argument with respect to the objections to the department  
1686 or to the administrator of DHA, depending on who is the final decision maker. A party adversely

1687 affected by a decision shall have 20 days from the date of service of the proposed decision to file  
1688 objections and argument.

1689 **3.96 Final decision and order.** After the time expires for filing all objections to the  
1690 proposed decision and order, the department or the administrator of DHA shall make a final  
1691 decision and order in the administrative injunction proceeding. If the final decision varies from  
1692 the administrative law judge’s decision, the final decision shall explain the reasons for all  
1693 variations.

1694 **SECTION 5.** Chapter VE 11 is renumbered Ch. VE 4.

1695 **EFFECTIVE DATE.** This rule is effective on the first day of the month commencing after the  
1696 date of publication, as provided under Wis. Stat. s. 227.22 (2) (intro.).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

WISCONSIN VETERINARY EXAMINING BOARD

By \_\_\_\_\_  
Hunter Lang, DVM  
Chair  
Veterinary Examining Board

## Summary of Hearing and Comment Period

Hearings: September 9<sup>th</sup> and 15<sup>th</sup>, 2021

Written comments received through September 29, 2021

The Board received 3 comments at public hearings and 25 written comments. There were 26 total commenters. Of these 26:

- 9 expressed support of the proposed rule. Of these 9:
  - o 9 also specified support of the VCPR definition.
  - o 8 also specified support of the omission of ART in delegation changes.
  - o 1 also expressed opposition to delegation without the veterinarian on the premises.
- 14 expressed opposition to the VCPR definition.
- 1 expressed opposition to the omission of ART in delegation changes.
- 2 did not express a position for/against the proposal.

**Summary of Public Comments  
Statement of Scope SS 064-20  
Chapters VE 1-11  
Permanent Rule Regarding Licensing, Practice Scope, and Standards of Practice for Veterinarians and  
Veterinary Technicians**

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**Statement of Scope Preliminary Public Hearing  
Teleconference, 2:00 pm, August 19, 2020**

| <b>Name/Organization</b>                  | <b>Position</b> | <b>Summary of Comments</b>  |
|---|-----------------|---|
| Chris Stokes, Sanimax                     | For Information | - Asked whether the administration of drugs includes euthanasia drugs.  |
| John Holevoet, Dairy Business Association | Support         | - Excited about the prospect of this rule being undertaken and appreciate the department's work on this matter.<br>- Sees this as an opportunity for telehealth.<br>- Optimistic that the end result will be a rule that provides more flexibility for farmers and veterinarians. |

**Statement of Scope Preliminary Public Comment Period  
Written Comments Received through August 26, 2020**

| <b>Name/Organization</b>   | <b>Position</b> | <b>Summary of Comments</b>  |
|--|-----------------|---|
| Jordan Lamb on behalf of the Wisconsin Veterinary Medical Association (WVMA) | Support         | - Supports the scope to revise and reorganize VE 1-11.<br>- Supports that the scope has been revised to clearly allow the VEB to:<br>(1) develop an administrative rule to address the use of telehealth technologies in the practice of veterinary medicine in Wisconsin and<br>(2) allow the development of an administrative code amendment to address the circumstances under which a veterinarian may dispense a drug for a patient of another veterinarian. |

**Economic Impact Analysis Public Comment Period  
14 Days, Written Comments Received through June 21, 2021**

| <b>Name/Organization</b> | <b>Position</b> | <b>Summary of Comments</b>  |
|--------------------------|-----------------|---|
| Teri Kleist, CVT         |                 | - Noted confusing language regarding veterinary nurse and veterinary technology and suggested to either say veterinary nursing as equivalent to veterinary technology or veterinary nurse is equivalent to a veterinary technician.<br>- Expressed that against the term veterinary nurse as there are still many objections from the national nursing organization regarding that term, and "nurse" does not adequately encompass the vast skills and knowledge base the veterinary technicians have compared to human medical nurses. |

**Preliminary Rule Draft Public Hearing  
In-Person in Madison and Remotely via Zoom and/or Telephone, 11:00 am, September 9, 2021**

| <b>Name/Organization</b>             | <b>Position</b>    | <b>Summary of Comments</b>  |
|--------------------------------------|--------------------|---|
| Michelle Kussow, Sexing Technologies | Oppose Omission of | - Expressed support of veterinary telehealth and incorporating new technology into existing rules |

|  |                           |  |
|--|---------------------------|--|
|  | ART in Delegation Changes | <ul style="list-style-type: none"> <li>- Expressed opposition to the rule not including assisted reproductive technologies (ART) (Performing amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock) in the services allowed to be delegated to a CVT when the veterinarian is available via telehealth within 5 minutes</li> <li>- Expressed that CVTs safely and effectively perform ART under the direct supervision of a veterinarian hundreds of times each week at Sexing Technology facilities</li> <li>- Expressed that the omission of ART will prevent Sexing Technologies from incorporating technology into future operations, have a financial effect on farms, and cause delays to procedures due to the lack of large animal veterinarians</li> <li>- Expressed that human medicine has broadly applied telehealth to existing procedures by modifying the definition of direct supervision generally and not based on individual services</li> </ul> |
|--|---------------------------|--|

**Preliminary Rule Draft Public Hearing**

**In-Person in Madison and Remotely via Zoom and/or Telephone, 4:30 pm, September 15, 2021**

| Name/Organization                         | Position   | Summary of Comments  |
|---|--|--|
| Greg Schueller, DVM, Sunshine Genetics    | Support – Including Not Further Expanding Delegation Changes | <ul style="list-style-type: none"> <li>- Expressed support of the proposed changes</li> <li>- Expressed that the telehealth changes are good and expressed opposition to moving them beyond what is proposed</li> <li>- Expressed that in speaking with the VEB several years ago about some of the procedures to be delegated to CVTs, Dr. Johnson said that it could be a slippery slope</li> <li>- Expressed that further changes would be a part of that slippery slope for the profession</li> </ul>  |
| Susan Krebsbach, DVM, Creature Counseling | Oppose VCPR Definition                                       | <ul style="list-style-type: none"> <li>- Expressed opposition to VCPR not being able to be initially established by telehealth technologies</li> <li>- Expressed that telehealth technologies has been used for creating a human physician patient relationship for years, and expressed that does not understand why the level of care is higher</li> <li>- Asked what happens in cases where you can't do a physical exam because of the aggression displayed by the patient and if a VCPR would not exist then</li> <li>- Expressed disappointed that not taken a more progressive view to reach out and help more animals by taking advantage of what telehealth technologies offer</li> </ul> |

**Preliminary Rule Draft**

**Written Comments Received through September 29, 2021**

| Name/Organization                       | Position                            | Summary of Comments  |
|---|-------------------------------------|--|
| Shawn Hook, DVM, Arbor Ridge Pet Clinic | Support – Including VCPR Definition | <ul style="list-style-type: none"> <li>- Expressed support of the requirement that a VCPR be established via in-person exam or timely visit to the premises, and that a VCPR may not be established via telehealth technologies</li> </ul> |

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|  | and Omission of ART in Delegation Changes        | <ul style="list-style-type: none"> <li>- Expressed support of the rule proposal to not include item h (Performing amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock) in the services allowed to be delegated to a CVT without a veterinarian present on the premises with the ability to communicate with the veterinarian via telehealth</li> </ul>   |
| Robert Shampo, DVM, Cudahy Veterinary Clinic               |  | <ul style="list-style-type: none"> <li>- Expressed that there should be a time limit placed on DVM-CVT communication, but that five minutes is too limiting</li> <li>- Expressed that cats also have a risk of rabies</li> <li>- Expressed that it is restrictive to require the DVM to be physically present for a CVT to give a rabies vaccine</li> <li>- Expressed that a veterinary assistant should be able to provide the rabies vaccine if the veterinarian is present</li> <li>- Expressed that there has been discussion of waiving CE requirements for human medical professionals, and there has not been those discussions for DMVs and CVTs</li> </ul>   |
| Ledy VanKavage, Best Friends Animal Society                | Oppose VCPR Definition                           | <ul style="list-style-type: none"> <li>- Expressed that the definition of VCPR is restrictive and burdensome</li> <li>- Expressed that there is a national shortage of veterinarians, and that 15.8% of counties in the US do not have a veterinary practice</li> <li>- Expressed opposition to the VCPR definition in the proposed rule (option 1) and expressed support of options 2 and 3 as well as Michigan and Washington policies</li> </ul>   |
| Karla Ortman   | Oppose VCPR Definition                           | <ul style="list-style-type: none"> <li>- Expressed that access to veterinary care in northern Wisconsin is challenging and expressed that referral after hours is to a 24-hour clinic over an hour away</li> <li>- Expressed that being able to establish a VCPR via virtual tool would allow more pets to receive care at critical times</li> </ul>  |
| Karen Rabideaux, Eau Claire County Humane Association      | Oppose VCPR Definition                           | <ul style="list-style-type: none"> <li>- Expressed that the definition of VCPR is restrictive</li> <li>- Expressed that veterinarians should have flexibility to use their professional judgement to determine if telemedicine is appropriate</li> </ul>  |
| Michelle Kussow and Gregg BeVier, DVM, Sexing Technologies | Oppose Omission of ART in CVT Delegation Changes | <ul style="list-style-type: none"> <li>- Expressed support of veterinary telehealth and incorporating new technology into existing rules</li> <li>- Expressed opposition to the rule not including assisted reproductive technologies (ART) (Performing amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock) in the services allowed to be delegated to a CVT when the veterinarian is available via telehealth within 5 minutes</li> <li>- Expressed that CVTs safely and effectively perform ART under the direct supervision of a veterinarian hundreds of times each week at Sexing Technology facilities</li> <li>- Expressed that the omission of ART will prevent Sexing Technologies from incorporating technology into future operations, have a financial effect on farms, and cause delays to procedures due to the lack of large animal veterinarians</li> </ul> |

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|  |   | <ul style="list-style-type: none"> <li>- Expressed that human medicine has broadly applied telehealth to existing procedures by modifying the definition of direct supervision generally and not based on individual services</li> </ul>   |
| Alexis Toca                            | Oppose VCPR Definition  | <ul style="list-style-type: none"> <li>- Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters</li> <li>- Expressed support of Michigan and Washington policies</li> </ul>   |
| Linda Buckman                          | Oppose VCPR Definition  | <ul style="list-style-type: none"> <li>- Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters</li> <li>- Expressed support of Michigan and Washington policies</li> </ul>   |
| Maureen Kauffmann, Aladdin Dreams LLC  | Oppose VCPR Definition  | <ul style="list-style-type: none"> <li>- Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters</li> </ul>  |
| Magdalen Stepek, AAHC                  | Oppose VCPR Definition  | <ul style="list-style-type: none"> <li>- Expressed that the VCRP definition is restrictive, related to revenue through on-site visits, and not in the best interest of patients</li> </ul>   |
| Charlotte Burns, OD                    |   | <ul style="list-style-type: none"> <li>- Expressed that veterinarians are more concerned with their pockets than helping both rescued animals and others who are poorly served</li> </ul>  |
| Marca Kassera                          | Oppose VCPR Definition  | <ul style="list-style-type: none"> <li>- Expressed that telecommunicating might make veterinary services more affordable</li> <li>- Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters</li> <li>- Expressed support of Michigan and Washington policies</li> </ul>  |
| Michelle Talhami                       | Oppose VCPR Definition  | <ul style="list-style-type: none"> <li>- Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters</li> <li>- Expressed support of Michigan and Washington policies</li> </ul>   |
| Marti Kingwill                         | Oppose VCPR Definition  | <ul style="list-style-type: none"> <li>- Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters</li> <li>- Expressed support of Michigan and Washington policies</li> </ul>   |
| Cheri Siewert                          | Oppose VCPR Definition  | <ul style="list-style-type: none"> <li>- Expressed that the VCPR definition is restrictive and will negatively impact pet owners, foster care providers, and animal shelters</li> <li>- Expressed support of Michigan and Washington policies</li> </ul>   |
| Greg Schueller, DVM, Sunshine Genetics | Support – Including VCPR Definition and Omission of ART in Delegation Changes | <ul style="list-style-type: none"> <li>- Expressed support of proposed changes relating to telehealth and dispensing of prescriptions</li> <li>- Expressed support that the initial VCPR cannot be established via telehealth and expressed that in-person contact is critical for the long-term care of the patient</li> <li>- Expressed support of limited telehealth procedures to be delegated to a CVT as proposed</li> <li>- Expressed that assisted reproductive (ART) procedures should not be delegated to a CVT at all, that performing them with telehealth would be a step in the wrong direction for the industry, that ART procedures are very tactile in nature, that it is not uncommon to find reproductive abnormalities and pathology that require diagnosis by palpation, and that palpation is critical for the procedures</li> <li>- Expressed support of a veterinarian being able to fill a prescription for another veterinarian under the criteria in the proposed rule</li> </ul> |



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| <p>Melissa A. Haag, DVM,<br/>Lodi Veterinary Care</p>   | <p>Support –<br/>Including<br/>VCPR<br/>Definition<br/>and<br/>Omission of<br/>ART in<br/>Delegation<br/>Changes</p> | <ul style="list-style-type: none"> <li>- Expressed support of proposed changes relating to the use of telehealth in the dispensing of prescriptions by veterinarians</li> <li>- Expressed support that the initial VCPR cannot be established via telehealth, and expressed that while telehealth is an excellent tool for managing very specific cases it does not provide enough background for a broad picture view of a farm in its entirety</li> <li>- Expressed support of limiting the procedures that a veterinarian may delegate to a CVT to the proposed list and requiring that the veterinarian be available via telehealth technology within 5 minutes or be present on the premises</li> <li>- Expressed support of the proposed rule as relates to assisted reproductive (ART) procedures, that ART procedures pose a significant risk for complications that cannot be managed in a timely fashion unless the veterinarian is present on the premises, that ART requires specific tactile manipulations that cannot be visualized in their entirety from the exterior of the animal, that severe complications can have life-threatening and permanent consequences to a previously healthy animal, that the veterinarian needs to be present on the premises to mitigate the risk of permanent damage, and that the required level of care cannot be accomplished via telehealth</li> <li>- Expressed support of language regarding dispensing of prescriptions, and that this is needed in situations where an animal owner is out of town with their animal</li> </ul> |
| <p>Angelique Reynoso,<br/>American Society for the<br/>Prevention of Cruelty to<br/>Animals</p> | <p>Oppose<br/>VCPR<br/>Definition</p>  | <ul style="list-style-type: none"> <li>- Expressed opposition to the VCPR definition that the initial VCPR cannot be established via telehealth</li> <li>- Expressed that the AAVSB practice act model language supports allowing a veterinarian to establish a VCPR through telemedicine, and that human doctors can establish new doctor-patient relationships over telemedicine even for infants and nonverbal children</li> <li>- Expressed that it is unclear how preventing a virtual VCPR for new patients provides a public benefit, and that the education and licensing requirements that veterinarians undertake prepare them to utilize professional judgement in determining whether telemedicine is appropriate in the care of a particular animal or condition</li> <li>- Expressed that dogs and cats needlessly suffer, experience premature death, or are relinquished to animal shelters due to gaps in veterinary access, that one in four pet owners face obstacles in accessing veterinary care, that cost is an overwhelming barrier to veterinary access, that there are veterinary deserts with few or no veterinary services, and that telemedicine is a critical tool for the veterinary community to bridge gaps in care</li> <li>- Expressed that while physical veterinary medical examinations are sometimes critical, responsible use of telemedicine can bring essential care to more animals, and that expanding access to veterinary telemedicine would elevate pet wellness across the geographic and economic spectrum</li> </ul>                    |

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| <p>Jordan K. Lamb, Wisconsin Veterinary Medical Association</p> | <p>Support – Including VCPR Definition and Omission of ART in Delegation Changes</p> | <ul style="list-style-type: none"> <li>- Expressed support for entire rule revision</li> <li>- Expressed support of innovation in the practice of veterinary medicine and that the proper use of telehealth technologies could improve veterinary access in both rural and urban areas</li> <li>- Expressed support of the establishment of initial VCPR with an in-person exam or premises visit</li> <li>- Expressed support of VCPR within scope of statutory definition, that the statutory definition of VCPR under Wis. Stat. s. 89.02 (8) requires that the veterinarian has recently examined the patient or has made medically appropriate and timely visits to the premises on which the patient is kept, that the VEB is granted authority to promulgate rules within the limits established by the statutory authority granted to it by the legislature, that the VEB may not change that change the VCPR definition but may allow the use of telehealth technologies within the scope of the statutory definition</li> <li>- Expressed support of VCPR definition for animal health reasons, that there is a critical difference between providing care to animals and humans because animal patients cannot directly communicate their pain or their symptoms to a veterinarian using language, that a physical exam or visit to the premises provides a more complete understanding of the animal, its medical history, the environment, and the client in order to provide the highest standard of care, and that it is critical to the safe and effective provision of veterinary medicine using telehealth technologies</li> <li>- Expressed that the VCPR language is consistent with federal law, that the FDA does not allow a VCPR to be established through electronic means and does allow it to be maintained through electronic means, and that Wisconsin veterinarians are required under federal law to follow federal VCPR requirements in each applicable circumstance</li> <li>- Expressed support of the limitation of delegation of veterinary services to CVTs using telehealth technologies, that the procedures identified in the draft can be safely supervised by a veterinarian using telehealth, but would oppose expansion of the proposed list</li> <li>- Expressed concern about if assisted reproductive technology procedures were delegated using telehealth technologies, that restriction is most protective of animal health, that diagnosis requires the support of manual palpation, that the risk of complications for these procedures is significant, and that the convenience of using telehealth does not outweigh the risk to the animal</li> <li>- Expressed that there may be business or financial reasons that could make the delegation of these procedures using telehealth appealing to practitioners, clients or businesses but that this argument is inappropriate in this context, that the role of the VEB is to define the safe provision of veterinary care for animals and to protect animal health and not to make the practice of veterinary medicine fast for economical, and cited North Carolina State Board of Dental</li> </ul> |
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|  |  | <p>Examiners, Petitioner v. Federal Trade Commission, 574 U.S. 494 (2015)</p> <ul style="list-style-type: none"> <li>- Expressed that the practice of veterinary medicine should be as broad and expansive as is allowed under Wisconsin law and as is protective of animal health, and that the proposed rule meets both of those criteria</li> <li>- Expressed support of provision regarding veterinarians filling prescriptions for other veterinarians</li> </ul>  |
| <p>Ashley S. Morgan, DVM, CAE, American Veterinary Medical Association</p> | <p>Support – Including VCPR Definition and Omission of ART in Delegation Changes</p> | <ul style="list-style-type: none"> <li>- Expressed support of proposal regarding telehealth technologies</li> <li>- Expressed support of requiring a VCPR to be initially established by either an in-person physical examination or timely and medically appropriate visits to the premises on which the patient is kept, that the language is consistent with the federally defined VCPR, and that the federally defined VCPR is required for any Extralabel Drug Use or when authorizing a Veterinary Feed Directive, and that the proposal is consistent with both AVMA and FDA policies</li> <li>- Expressed support of language regarding services delegated to CVTs</li> <li>- Expressed that an in-person visit by the veterinarian serves to protect patients and clients by assuring that animals have been appropriately evaluated, that eliminating the requirement for an in-person evaluation can present substantial risks including suboptimal diagnosis and treatment, misinterpretation of animals’ clinical signs by owners/caretakers, overprescribing, animal disease risks associated with transport of livestock for which an in-person evaluation was not conducted prior to issuing a Certificate of Veterinary Inspection, public health risks associated with delayed or missed diagnosis of zoonotic disease, and claims of malpractice</li> <li>- Expressed commitment to ensuring access to the convenience and benefits afforded by tools of telehealth, while recognizing that the medical care delivered to patients must continue to be of high quality, and that technological tools used to support electronic veterinary visits are still in their early stages of development and as of yet do not provide the same amount of information as an in-person encounter</li> <li>- Expressed commitment to improving access to veterinary care, that addressing care disparities is not as straightforward as allowing the VCPR to be established electronically, and that barriers to receipt of veterinary care include socioeconomic, geographic, knowledge and demographic/culture based</li> <li>- Expressed that through research the lack of physical proximity and the requirement for an in-person visit do not appear to be the primary barriers to accessing veterinary care, that instead a primary barrier is the lack of recognition of the value of regular veterinary care, and that 35% of pet owners indicated they did not visit the veterinarian because their pet wasn’t sick or injured (ie, they did not recognize the value of preventative care), 23% said that cost was a barrier, and less than 1% indicated there was not a veterinarian in the area who they could physically visit</li> </ul> |

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|   |                                       | <ul style="list-style-type: none"> <li>- Expressed that telemedicine itself is not free of access barriers, that right now only 10% of veterinary clients are using it (8% via telephone only), that surveys on the human health side revealed technological barriers (lack of access to technology, insufficiency of broadband internet, digital literacy)</li> <li>- Expressed that telemedicine is not a clear solution to the problem of cost, that results are mixed as to whether telehealth reduces downstream utilization of health care, that study on the human side resulted no reduction in overall spending for patients</li> <li>- Expressed support of a variety of applications of telehealth, made resources available, and emphasized the value of telehealth in continuity of care and client compliance with recommendations</li> <li>- Provided AVMA informational materials regarding the VCPR and Veterinary Telehealth, including federal requirements for the VCPR</li> </ul>   |
| <p>Megan Nicholson,<br/>Humane Society of the<br/>United States and<br/>Humane Society<br/>Veterinary Medical<br/>Association</p> | <p>Oppose<br/>VCPR<br/>Definition</p> | <ul style="list-style-type: none"> <li>- Expressed opposition to VCPR definition</li> <li>- Expressed that the VCPR definition is likely to create additional barriers for pet owners, particularly in underserved and rural communities, recommends that expressly authorize veterinarians to use telemedicine more broadly and expand the definition of sufficient knowledge to include examinations performed with the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically, and that a broader definition of sufficient knowledge, such as recommended by AAVSB, to allow the establishment of the VCPR through telemedicine services would be more inclusive of traditionally underserved communities and reduce barriers to care</li> <li>- Expressed that telemedicine can provide quality, and potentially lifesaving care, and also improve efficiency and more flexible scheduling options, expressed that telemedicine can provide benefits to pet owners especially those without access to transportation or who are unable to easily leave their homes with their companion animals, and that it was implemented without incident in the largest province in Canada</li> <li>- Expressed that veterinarians have undergone rigorous education and training and should trust their judgement in the practice of veterinary medicine, that in March 2020 the VEB issued a statement reiterating that “there is no statutory or administrative rule that sets a time frame on the frequency of physical exams, or visits to the premises, to maintain a valid VCPR” and further emphasized the importance of using sound judgement based on experience and expertise as to whether a physical examination is necessary based on the medical concern</li> <li>- Expressed that telemedicine can provide critical access to care for in many situations</li> <li>- Expressed support of allowing veterinarians to use their professional judgement to determine whether a patient can be diagnosed and/or treated through telemedicine and recommended requiring</li> </ul> |

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|                                      |   | <p>safeguards in the criteria for establishing a VCPR through electronic means including:</p> <ol style="list-style-type: none"> <li>1. Require the veterinarian to establish a relationship with the client/patient via real-time video (visual) exchange</li> <li>2. Require the veterinarian to give clients the option to alternatively have an in-person visit</li> <li>3. Require the veterinarian to obtain written consent from clients to use telemedicine</li> <li>4. Require the clinic to be available for in-person follow up if needed</li> <li>5. Establish controls/restrictions on writing prescriptions for controlled substances</li> <li>6. Maintain or establish physical examination / in-person veterinary visitation requirements for commercial enterprises, including any entity defined as a “commercial establishment” under Wisconsin Code s. 173.41</li> </ol> <ul style="list-style-type: none"> <li>- Expressed that not advocating for any mandate by the legislature or the Board to require veterinarians to offer telemedicine services</li> <li>- Expressed that tens of millions of pets are living in poverty nationwide with approximately 77% having never seen a veterinarian, that the average cost of a preventative veterinary care visit is estimated at approximately \$250 and emergency visits often running upwards of \$500, and that by expanding telemedicine more families will have access to important veterinary services</li> <li>- Expressed support of amending the rule to permit VCPRs to be established and maintained electronically, to extend the validity of a VCPR beyond the standard twelve-month limit, and to expand the parameters of what veterinarians are permitted to do after a VCPR has been established</li> </ul> |
| Mike Larson, Larson Acres            | Support – Including VCPR Definition and Omission of ART in Delegation Changes | <ul style="list-style-type: none"> <li>- Expressed support for proposed changes relating to telehealth</li> <li>- Expressed support that an initial VCPR cannot be established via telehealth and that delegation via telehealth should be limited</li> <li>- Expressed support that specific assisted reproductive (ART) procedures may not be delegated unless the veterinarian is physically present on the premises, that if something were to go wrong during the procedure there is a value in having a veterinarian there to care for the animal, that relaxing these rules could hurt the perception of the Wisconsin dairy industry by giving the impression that our quality isn’t up to standards, that while delegating ART procedures could save some money up front, the long-term implications outweigh any potential short-term gain, and that we need to continue to set the bar high when it comes to caring for animals and educating the public</li> </ul>   |
| Aaron Proski, DVM, Sunshine Genetics | Support – Including VCPR Definition and Omission of                           | <ul style="list-style-type: none"> <li>- Expressed support of proposed changes relating to telehealth and dispensing of prescriptions</li> <li>- Expressed support that the initial VCPR cannot be established via telehealth and expressed that in-person contact is critical for the long-term care of the patient</li> </ul>  |

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|   | ART in Delegation Changes   | <ul style="list-style-type: none"> <li>- Expressed support of limited telehealth procedures to be delegated to a CVT as proposed</li> <li>- Expressed that assisted reproductive (ART) procedures should not be delegated to a CVT at all, that performing them with telehealth would be a step in the wrong direction for the industry, that ART procedures are very tactile in nature, that it is not uncommon to find reproductive abnormalities and pathology that require diagnosis by palpation, and that palpation is critical for the procedures</li> <li>- Expressed support of a veterinarian being able to fill a prescription for another veterinarian under the criteria in the proposed rule</li> </ul>  |
| John Prosocki, DVM, Wittenberg Embryo Transfer                              | Support – Including VCPR Definition and Omission of ART in Delegation Changes       | <ul style="list-style-type: none"> <li>- Expressed support of proposed changes relating to telehealth and dispensing of prescriptions</li> <li>- Expressed support that the initial VCPR cannot be established via telehealth and expressed that in-person contact is critical for the long-term care of the patient</li> <li>- Expressed support of limited telehealth procedures to be delegated to a CVT as proposed</li> <li>- Expressed that assisted reproductive (ART) procedures should not be delegated to a CVT at all, that performing them with telehealth would be a step in the wrong direction for the industry, that ART procedures are very tactile in nature, that it is not uncommon to find reproductive abnormalities and pathology that require diagnosis by palpation, and that palpation is critical for the procedures</li> <li>- Expressed support of a veterinarian being able to fill a prescription for another veterinarian under the criteria in the proposed rule</li> </ul>   |
| Linda Prosocki, DVM, Wittenberg Veterinary Clinic and Metro Animal Hospital | Support – Including VCPR Definition – But Oppose Delegation Without Vet on Premises | <ul style="list-style-type: none"> <li>- Expressed support of proposed changes relating to telehealth and dispensing of prescriptions</li> <li>- Expressed support that the initial VCPR cannot be established via telehealth, that veterinarians need to assess their patients in-person with a physical exam to have a full knowledge of that pet’s health, that the animal cannot communicate their condition orally, that at times the owner can misinterpret an animal’s condition, and that an initial examination is critical for the long-term care of the patient</li> <li>- Expressed that procedures that can be delegated to a CVT are a valuable benefit to patients and veterinarians, but a veterinarian must be on premises during these procedures, and that being available within 5 minutes when the aorta has been lacerated during a cystocentesis is not acceptable</li> <li>- Expressed support of a veterinarian being able to fill a prescription for another veterinarian under the criteria in the proposed rule</li> </ul> |

**From:** [Shawn Hook DVM](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** Re: VE 1-11 Hearing Draft  
**Date:** Monday, August 2, 2021 3:41:12 PM

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Hello Angela,

Not sure if my feedback was asked for but I will give it for what it is worth. Thank you for the email and your time.

My opinion on matters for

C. Establishing Veterinarian-Client-Patient Relationship (VCPR) - I would be in favor of option #1

I. Delegated Medical Services – CVTs - I would be opposed to h

Take care.

Sincerely,

Shawn Hook DVM

[Arbor Ridge Pet Clinic](#)

[2935 South Fish Hatchery Road Suite #16](#)

[Fitchburg, WI, 53711](#)

[608-274-3880](#)

[fax 608-274-3883](#)

[www.arborridgepetclinic.com](http://www.arborridgepetclinic.com)

On Monday, August 2, 2021, 02:49:05 PM CDT, Fisher, Angela H - DATCP  
<[angela.fisher1@wisconsin.gov](mailto:angela.fisher1@wisconsin.gov)> wrote:

*Veterinary Examining Board members, Telehealth Advisory Committee members, and related industry contacts are blind copied*

Hello,

Please see the links below for the VE 1-11 hearing draft and hearing notice. You are each welcome to submit comments as members of the public, either during the public hearings or through the written comment period. Written comments will be accepted through September 29<sup>th</sup> and can be submitted to [Angela.Fisher1@wisconsin.gov](mailto:Angela.Fisher1@wisconsin.gov).

Hearing Notice: <https://datcp.wi.gov/Documents2/VEPublicHearingNotice.pdf>

Hearing Draft: <https://datcp.wi.gov/Documents2/VERuleHearingDraft.pdf>

Please let me know if you have any questions. Thank you,

Angela Fisher

Program and Policy Analyst, Division of Animal Health

Wisconsin Department of Agriculture, Trade and Consumer Protection

Phone: (608) 224-4890

angela.fisher1@wisconsin.gov

**Please complete this [brief survey](#) to help us improve our customer service. Thank you for your feedback!**



**From:** [Puppy Doc](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** PROPOSED ORDER OF THE STATE OF WISCONSIN VETERINARY EXAMINING BOARD ADOPTING RULES  
**Date:** Tuesday, August 3, 2021 5:32:03 PM

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Hi Angela,

I was just reading the proposed rule changes that were recently emailed. I do have a couple comments to share.

1. There are a couple areas where telemedicine is discussed regarding contact between the DVM and CVT. While I agree there should be a time limit placed in terms of having contact/communication, I fear that 5 minutes is just too limiting. There are far too many life circumstances where the DVM may not be able to respond to a phone call in such a short amount of time. None of the allowable procedures performed by a CVT are that life threatening or urgent.
2. I find it fascinating that we require dogs to be vaccinated for rabies but not cats. Cats are far more likely to be free-ranging and exposed. While an argument can be made that a cat is less likely to survive a rabid exposure, the risk is still there. Additionally, at least in the clinical setting, we are far more likely to be bitten by a cat than a dog.
3. Regarding rabies vaccine - while I can understand the desire to maintain the integrity of the rabies vaccine protocol/administration, I find it completely foolish, restrictive and unfounded to require the DVM to be physically present for a CVT to give a rabies vaccine. We trust them enough to require appropriate training and certification but they aren't to be trusted to give a simple injection just because it happens to be the rabies vaccine? I also feel a veterinary assistant should be able to provide this critical immunization as well. On that level, I can understand the requirement for a DVM to be present but a CVT should have the trust to appropriately vaccinate even if the DVM is not physically present. Additionally, with the nation-wide shortage of practicing DVMs and the ever increasing demand for appointments, allowing assistants to provide such a simple service could be a large benefit to the vaccine status of the pet population. Just my 2 cents worth...

On an unrelated topic... Over the past year plus, there has been much publication/discussion of waiving CE requirements, examination and loosening of licensing requirements for the human medical professionals. I've not seen anything for DVMs and CVTs. With the lack of conferences and such to obtain the needed CE, it's been a bit more difficult to find desirable CE opportunities.

Thanks for "listening" to me.

Robert (Bob) Shampo, DVM  
Cudahy Veterinary Clinic  
Cudahy WI, 53110

**From:** [DATCP Admin Rules](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** RE: Public comment on CR 21-062  
**Date:** Tuesday, August 17, 2021 3:25:37 PM

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Hi Angela,

This comment on VE 1-11 came into our Admin Rules e-mail box.

Julie

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>  
Sent: Tuesday, August 17, 2021 3:22 PM  
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>  
Cc: ledyv@bestfriends.org  
Subject: Public comment on CR 21-062

Name: Ledy VanKavage  
Address: 51 Odom, Collinsville IL 62234  
Email: ledyv@bestfriends.org

Organization: Best Friends Animal Society

Comments: On behalf of our thousands of Best Friends supporters and shelter network partners in Wisconsin we would like to comment on the extremely restrictive and burdensome definition of a veterinary-patient-client-relationship that is being proposed. This antiquated definition prohibits a vcpr from being established by telehealth in any circumstance. Best Friends believes this burdensome regulation will add to the bureaucracy thus detrimentally impact pet owning consumers, foster care providers, and Wisconsin animal shelters. It will cost pet owning consumers money and time.

For physicians, the practice of telemedicine/telehealth is permitted in all 50 states and in the pandemic was used extremely effectively. There is a national shortage of veterinarians, with some rural counties not even having one practicing veterinarian. Many consumers cannot take off work to take their animal to the veterinarian for a minor condition.

Research conducted by Best Friends Animal Society found that 15.8% of counties in the United States, home to 1.5 million households, do not have any veterinarian practice in their community. Many low income individuals and minorities live in these communities. Many low income people lack transportation that would allow them to take their pet to a veterinarian. These "vet deserts" lead owners delaying or forgoing necessary care for their pets. Indeed, that is why the federal government is providing billions of dollars to expand the reach of broadband to rural communities and tribal lands.

The current proposal is much more restrictive than proposal #2 or #3 that the board considered and summarily rejected. Their vote for definition #1 will exacerbate barriers that will prevent many animals from receiving timely and cost effective care. We urge you to adopt the Michigan regulations regarding the vcpr and trust a licensed veterinarian's professional judgement, or to adopt Washington's policies, or to even go with option #2 and option #3 that were presented to the board.

OPTIONS 2 and OPTIONS 3

- Option 2: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client prior to treating a patient. A VCPR may be established by utilizing telehealth technologies to examine the patient as medically appropriate to the circumstance.

- Option 3: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client prior to treating a patient. To establish a VCPR the veterinarian must meet the

requirements of Wis. Stat. s. 89.02 (8). A licensed veterinarian may satisfy the exam requirement under Wis. Stat. s. 89.02

(8) (b) for the establishment of the VCPR via telehealth technologies through the use of instrumentation and diagnostic equipment where images and medical records are able to be transmitted electronically or a physical in person exam.

Washington's policy statement allows veterinarians to practice telemedicine without first establishing an in-person VCPR if, in the professional judgement of the practitioner, establishing a VCPR remotely is appropriate.

Michigan has reasonable requirements.

Michigan recently promulgated a new rule related to the practice of veterinary medicine using telehealth technologies, which became effective April 15, 2021. The Michigan rules now require:

- Disclosure of the identity and contact information of the veterinarian providing telehealth services. Licensing information shall be provided upon request.
- Ensure that the technology method and equipment used to provide telehealth services complies with all current privacy-protection laws.
- Employ sound professional judgement to determine whether using telehealth is an appropriate method for delivering medical advice or treatment to the animal patient.
- Have sufficient knowledge of the animal patient to render telehealth services demonstrating by satisfying one of the following:
  - o Have recently examined the animal patient in-person or have obtained current knowledge of the animal patient through the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically.
  - o Have conducted medically appropriate and timely visits to the premises where the group of animal patients is kept.
- Act within the scope of practice.
- Exercise the same standard of care applicable to traditional, in-person veterinary care service.
- Be readily available

Given the veterinarian shortage, and the financial crisis brought on by the pandemic, we need to help veterinarians practice more efficiently and reduce the burden on veterinarians AND consumers.

The real fiscal impact of this proposal and the access to veterinary care throughout Wisconsin needs to be considered, which this analysis fails to adequately consider.

Thank you for your consideration.

Sincerely,

Ledy VanKavage, Sr. Legislative Attorney

**From:** [DATCP Admin Rules](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** FW: Public comment on CR 21-062  
**Date:** Wednesday, August 18, 2021 10:59:38 AM

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Another comment for you.

Julie

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>  
Sent: Wednesday, August 18, 2021 10:27 AM  
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>  
Cc: karlawithako@gmail.com  
Subject: Public comment on CR 21-062

Name: Karla Ortman  
Address: 5218 River Rd, Rhinelander Wi 54501  
Email: karlawithako@gmail.com

Organization:

Comments: I live in northern Wisconsin where access to veterinary care is challenging. Existing veterinary clinics in area towns are extremely busy and most have eliminated after hours emergency service. Referral after hours is to a 24 hour clinic more than a one hour drive away for people in my region. Many pet owners do not have an established relationship with a vet and this should not be judged!! People still love their pets and deserve to have the ability to get care for their pet when needed. Being able to establish a patient client relationship via a virtual tool would allow more pets to receive the care they need at critical times. Please modify the rules to further decrease unnecessary suffering. Thank you.

**From:** [DATCP Admin Rules](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** FW: Public comment on CR 21-062  
**Date:** Tuesday, September 7, 2021 6:53:01 AM

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Hi Angela,

Just passing this on to you.

Julie

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>  
Sent: Friday, September 3, 2021 3:15 PM  
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>  
Cc: karen@eccha.org  
Subject: Public comment on CR 21-062

Name: Karen Rabideaux  
Address: 1424 Piedmont Road, Eau Claire WI 54703  
Email: karen@eccha.org

Organization: Eau Claire County Humane Association

Comments: The proposed definition of veterinarian-client-patient-relationship (VCPR) is rather restrictive considering our state will most likely be facing Covid-19 related restrictions this fall/winter. Allowing veterinarians the flexibility to use their professional judgment in determining if telemedicine is appropriate, and if so, whether to establish an in-person VCPR first could mean saving a pet's life especially in more rural areas. These are professionals that are licensed and regulated by the state and they are already granted the leeway to act in accordance with their training and best practices. Allowing the flexibility to choose the most appropriate delivery model for services to the community should be permitted and municipalities should work with their elected officials to advocate for necessary changes to the laws and regulations when these services are hindered or prohibited. Considering the challenges we will be facing over the next few years, each veterinary practice should have the option to utilize telemedicine as they see fit without an established VCPR in order to help pets in need.

If telemedicine is already permissible in your state, municipalities should implement these services into

**From:** [michelle\\_capgroupwi.com](mailto:michelle_capgroupwi.com)  
**To:** [Fisher, Angela H - DATCP](#)  
**Cc:** [Gregg Bevier](#)  
**Subject:** RE: testimony on CR 21-062  
**Date:** Thursday, September 9, 2021 2:04:03 PM  
**Attachments:** [Testimony VEB telehealth final.pdf](#)

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**CAUTION: This email originated from outside the organization.  
Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Hi Angela,

My apologies, there was an error in the previous testimony I had sent. Please use this version for the public record.  
Thank you!

Michelle

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**From:** michelle\_capgroupwi.com  
**Sent:** Thursday, September 9, 2021 11:24 AM  
**To:** Angela.Fisher1@wisconsin.gov  
**Subject:** testimony on CR 21-062

Hi Angela,

Thanks for the opportunity to testify this morning.  
Attached are the comments prepared by Dr. BeVier.

Thank you!

Michelle



Michelle Kussow  
The Capitol Group  
10 W. Mifflin Street, Suite 205  
Madison, WI 53703  
Direct: 608.210.3304

Cell: 608.225.7477



Testimony CR 21-062  
Gregg BeVier DVM, MBA, Chief Operating Officer  
September 9, 2021

My name is Dr. Gregg BeVier, I am providing comments on CR- 21-062 on behalf of Sexing Technologies, which provides livestock reproduction and other services for cattle, horses, deer and swine. We are considered a worldwide leader in sexed semen and embryo production and currently have 251 employees in Wisconsin in 6 locations around the state. I serve as the COO for Sexing Technologies, but I am also a veterinarian and hold a license in four states.

Sexing Technologies supports veterinary telehealth and commends the Wisconsin Veterinary Examining Board for incorporating this new technology into the existing rules. As you are aware, the AVMA has recently included telehealth in the Model Veterinary Practice Act. However, we are opposed to the proposed rule because as written, it fences out our company, farms and many other agricultural businesses that could also benefit from using telehealth technologies.

The proposed rule, in part, allows a veterinarian to use telehealth technologies when delegating procedures to a certified veterinary technician (CVT) when the veterinarian is available to communicate via telehealth within five minutes. Under the current administrative code, there are eight services that could be performed by CVTs under the direct supervision of a veterinarian. The proposed rule allows for telehealth for all of these services with the exception of administering anesthesia, dental prophylaxis and performing assisted reproductive techniques (amniocentesis, embryo collection and transfer, follicular aspiration and transvaginal oocyte collection and recovery on livestock).

Of specific interest to Sexing Technologies are the assisted reproductive techniques used frequently in agricultural genetics and in our breeding programs. The VEB recently made changes to Chapter VE-7 to allow veterinarians to delegate agricultural reproductive services to CVTs. The decision has allowed CVTs to safely and effectively perform these techniques under the direct supervision of a veterinarian, which they do hundreds of times each week at our facilities. The proposed rule, and not allowing telehealth for specific services, undermines the premise of telehealth and the ability of



CVT's, but also demonstrates a lack of knowledge and understanding of the modern livestock breeding industry.

This omission will have a significant effect on Sexing Technologies by preventing us from incorporating technology into our future operations in the State of Wisconsin. It will also have a financial effect on Wisconsin farms. Many farms use assisted reproductive techniques to genetically improve their livestock. The rule, as proposed, would require that both a veterinarian and a CVT are present at a farm or business during these procedures. Not only is this not necessary, but it costs a significant amount of money and also delays many procedures due to the lack of large animal veterinarians.

We would like to encourage the VEB to think forward and apply telehealth technologies globally to better veterinary medicine. On the health side, Wisconsin and other states have broadly applied telehealth to existing health procedures by modifying the definition of direct supervision generally to providing services "using real-time, interactive audio-video technology" and not based on individual services.

To conclude, we are asking the VEB to revise the proposed rule and broadly apply telehealth technologies for all services allowed with direct supervision. We hope the VEB can view telehealth as we do, as a way to provide veterinarians with more tools to improve the overall care of our animals.

**From:** [DATCP Admin Rules](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** FW: Public comment on CR 21-062  
**Date:** Monday, September 13, 2021 2:22:45 PM

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Here is another comment on CR 21-062 from our Admin Rules e-mail.

Julie

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>  
Sent: Monday, September 13, 2021 2:14 PM  
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>  
Cc: akb12311@gmail.com  
Subject: Public comment on CR 21-062

Name: Alexis Toca  
Address: W4367 North Lake Shore Dr, Williams Bay WI 53191  
Email: akb12311@gmail.com

Organization:

Comments: Please reconsider the proposed definition of a veterinary-client-patient-relationship. The currently restrictive language will negatively impact pet owners, foster care providers, and Wisconsin animal shelters. Both Michigan and Washington state have more reasonable policies that could be implemented instead. Thank you.

**From:** [DATCP Admin Rules](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** FW: Public comment on CR 21-062  
**Date:** Monday, September 13, 2021 3:18:35 PM

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Another comment came in today on CR 21-062.

Julie

-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>  
Sent: Monday, September 13, 2021 3:17 PM  
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>  
Cc: lindalou@wi.rr.com  
Subject: Public comment on CR 21-062

Name: Linda Buckman  
Address: 2056 S 30th St, Milwaukee WI 53215  
Email: lindalou@wi.rr.com

Organization:

Comments: Please reconsider the proposed definition of a veterinary-client-patient-relationship. The currently restrictive language will negatively impact pet owners, foster care providers, and Wisconsin animal shelters. Both Michigan and Washington state have more reasonable policies that could be implemented instead. Thank you.

**From:** [DATCP Admin Rules](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** FW: Public comment on CR 21-062  
**Date:** Tuesday, September 14, 2021 6:59:46 AM

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-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>  
Sent: Monday, September 13, 2021 7:15 PM  
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>  
Cc: aladdindreams@aol.com  
Subject: Public comment on CR 21-062

Name: Maureen Kauffmann  
Address: 37424 128TH ST, TWIN LAKES WI 53181-9246  
Email: aladdindreams@aol.com

Organization: Aladdin Dreams, LLC

Comments: Please reconsider the proposed definition of a veterinary-client-patient relationship. The current language is restrictive and will negatively impact pet owners, pet foster care providers, and animal shelters in Wisconsin. Please insure that animals in Wisconsin always have access to the best care possible, whether in-person or via virtual means.

**From:** [DATCP Admin Rules](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** FW: Public comment on CR 21-062  
**Date:** Tuesday, September 14, 2021 6:59:51 AM

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-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>  
Sent: Monday, September 13, 2021 5:01 PM  
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>  
Cc: magdalen.steppek@aurora.org  
Subject: Public comment on CR 21-062

Name: Magdalen Stepek  
Address: 15680 Brentwood Drive, Brookfield WI 53005  
Email: magdalen.steppek@aurora.org

Organization: AAHC

Comments: I think that restricting and limiting ability to establish patient provider relationship between a veterinarian and an animal is not only prohibitive but it implies that the industry is highly controlled by the private sector in order to increase revenue through on-site visit. With access being limited I think it's a great idea to relax the restrictions and allow for veterinarians to establish care with their patients through video visits. Not doing so it's selfish and not in the best of interest of the patients.

**From:** [DATCP Admin Rules](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** FW: Public comment on CR 21-062  
**Date:** Tuesday, September 14, 2021 6:59:58 AM

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-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>  
Sent: Monday, September 13, 2021 4:35 PM  
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>  
Cc: charlotte.burns@att.net  
Subject: Public comment on CR 21-062

Name: Charlotte Burns  
Address: 5920 Encore Drive , Dallas TX 75240  
Email: charlotte.burns@att.net

Organization: Charlotte Burns, O.D.

Comments: Hello,

I have been doing dog and cat rescue for many years. I am sad to see that the veterinarians are more concerned with their pockets than helping both rescued animals and others who are poorly served in the state of Wisconsin.

**From:** [DATCP Admin Rules](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** FW: Public comment on CR 21-062  
**Date:** Wednesday, September 15, 2021 6:53:31 AM

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-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>  
Sent: Tuesday, September 14, 2021 4:14 PM  
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>  
Cc: bigmarker@yahoo.com  
Subject: Public comment on CR 21-062

Name: Marca Kassera  
Address: N5892 County Road J, Ellsworth WI 54011  
Email: bigmarker@yahoo.com

Organization:

Comments: Dear Veterinary Examining Board:

Please reconsider the proposed definition of a veterinary-client-patient-relationship. In so doing, telecommunicating through the Internet could be an option for pet owners, and it might make veterinary services more affordable. The currently restrictive language will negatively impact pet owners, foster care providers, and Wisconsin animal shelters. Both Michigan and Washington have more reasonable policies that could be implemented instead. Please help out pet owners and their pets!! Thank you.

**From:** [DATCP Admin Rules](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** FW: Public comment on CR 21-062  
**Date:** Wednesday, September 15, 2021 6:53:39 AM

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-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>  
Sent: Tuesday, September 14, 2021 3:31 PM  
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>  
Cc: talhamim888@gmail.com  
Subject: Public comment on CR 21-062

Name: Michelle Talhami  
Address: 4476 N. Woodburn Street, Shorewood WI 53211  
Email: talhamim888@gmail.com

Organization:

Comments: Please reconsider the proposed definition of a veterinary-client-patient-relationship. The currently restrictive language will negatively impact pet owners, foster care providers, and Wisconsin animal shelters. Both Michigan and Washington state have more reasonable policies that could be implemented instead. Thank you.



**From:** [DATCP Admin Rules](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** FW: Public comment on CR 21-062  
**Date:** Monday, September 20, 2021 6:57:58 AM

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-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>  
Sent: Sunday, September 19, 2021 11:43 PM  
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>  
Cc: marti@babypassiondoula.com  
Subject: Public comment on CR 21-062

Name: Marti Kingwill  
Address: 10704 Lakeshore Drive, Pleasant Prairie WI 53158  
Email: marti@babypassiondoula.com

Organization:

Comments: Please reconsider the proposed definition of a veterinary-client-patient-relationship. The currently restrictive language will negatively impact pet owners, foster care providers, and Wisconsin animal shelters. Both Michigan and Washington state have more reasonable policies that could be implemented instead. Thank you.

**From:** [DATCP Admin Rules](#)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** FW: Public comment on CR 21-062  
**Date:** Monday, September 20, 2021 1:00:37 PM

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-----Original Message-----

From: Software-Notification@legis.wisconsin.gov <Software-Notification@legis.wisconsin.gov>  
Sent: Monday, September 20, 2021 12:57 PM  
To: DATCP Admin Rules <datcpadminrules@wisconsin.gov>  
Cc: cheri.siewert@gmail.com  
Subject: Public comment on CR 21-062

Name: Cheri Siewert  
Address: 1119 S 16th Ave, Wausau WI 54401-5708  
Email: cheri.siewert@gmail.com

Organization:

Comments: Please reconsider the proposed definition of a veterinary-client-patient-relationship. The currently restrictive language will negatively impact pet owners, foster care providers, and Wisconsin animal shelters. Both Michigan and Washington state have more reasonable policies that could be implemented instead. Thank you.

September 18, 2021

VIA email to [Angela.Fisher1@wisconsin.gov](mailto:Angela.Fisher1@wisconsin.gov)

Division of Animal Health

Department of Agriculture, Trade and Consumer Protection (DATCP)

P.O. Box 8911, Madison, WI 53708-8911

RE: Comments on CR 21-062, *relating to* veterinarians and veterinary technicians

Dear Ms. Fisher:

My name is Greg Schueller and I am from Fort Atkinson, Wisconsin. I am a veterinarian. I am writing to you to express my support for the Veterinary Examining Board's (VEB's) proposed changes to VE 1-11 relating to the use of telehealth in the practice of veterinary medicine and the dispensing of prescriptions by veterinarians.

I am an owner and president of Sunshine Genetics Inc in Whitewater, WI. We have a clientele from WI as well as outside of the state and conduct international export work on animals that are under our care.

I am in support that an initial VCPR cannot be established via telehealth. Veterinarians are able to assess their patients through not only visual exams, but also palpations. The in person contact and connection that is established at the time of an examination is critical for the long-term care of the patient as well as the relationship between the client and veterinarian.

I do support limited telehealth procedures to be able to be delegated to a CVT as proposed in the telehealth draft legislation. With limitations on the availability of veterinarians, especially in rural parts of our state, our profession is best served by delegating these technical procedures to technicians that are trained and licensed to perform them.

I personally perform ART procedures of ovum pick up (OPU) and in vivo embryo recovery (flushing) on farm as well as at our facility in Whitewater, WI. I feel very strongly that we should not have allowed these procedures to be delegated to a CVT at all, but since this has already been passed, there is apparently no going back. However, allowing these procedures to be performed by telehealth is an additional giant step in the wrong direction for our industry. Of particular concern is that ART procedures are very tactile in nature. Yes, there is an ultrasound image that is visual, but that is only part of the equation. It is not uncommon to find reproductive abnormalities and pathology that require a diagnosis by palpation. Cattle are large animals and the pathology that is common is large in size as well. The ultrasound machine can image small detail, but it is impossible to diagnose ovarian adhesions, ovarian or uterine abscess or lymphosarcoma without palpation to name just a few. One cannot palpate via telehealth and palpation is critical for our procedures.

I do support a veterinarian being able to fill a prescription for another veterinarian under the criteria listed.

Thank you for considering this request.

Greg Schueller DVM  
President Sunshine Genetics Inc  
American Embro Transfer Association BOD  
W7782 US Hwy 12  
Whitewater, WI 53190  
(262)473-8905 office  
(920)650-5005 cell



**Lodi Veterinary Care™**  
CLINIC · MOBILE · EMERGENCY

September 28, 2021

Dear Ms. Fischer:

My name is Dr. Melissa Haag and I am from Dane, Wisconsin. I am writing to you to express my support for the Veterinary Examining Board's (VEB's) proposed changes to VE 1-11 relating to the use of telehealth in the practice of veterinary medicine and the dispensing of prescriptions by veterinarians.

I am a livestock veterinarian working for Lodi Veterinary Care in Lodi, Wisconsin. Our practice is a mixed animal practice that is divided into three divisions: Livestock, Equine, and Companion Animal. Our main clinic location is in Lodi and we have two satellite locations in DeForest and Portage, Wisconsin. Our veterinary team includes 27 doctors as well as a support staff payroll that includes over 120 veterinary team members. Within the livestock division, I primarily work with cattle, pigs, sheep, goats, llamas, and alpacas and their owners. Our clients have farm sizes that range from a few animals to dairy farms milking over 5,000 cows. Our clients are progressive and continually seek the very best care that veterinary medicine has to offer. We provide on-farm services as well as seeing patients on an in-hospital basis. Our relationships with our clients require constant and consistent action between the animals on farm and our veterinary team. As technology grows and continues to improve the fluidity with which we can accomplish veterinary care, I believe that telehealth is vital to improving remote access and the continuity of patient care. For example, many of our animals are raised in group housing settings. During the course of a disease outbreak, many animals may be affected, and the individual animal response to treatment may change. After an initial on-farm examination, a treatment protocol is outlined. As the animals progress through the disease process, new or emerging symptoms may progress or resolve. Telehealth allows me to stay in constant contact with my producers as we evaluate patient changes. The coverage radius that livestock veterinarians must travel to access patients is ever-increasing as farms continue to condense. Pictures, videos, and real-time video interaction allow me to evaluate individual animal response to treatment and we can re-evaluate treatment plans quickly while the farmer waits for me to be able to physically re-visit the farm.

I support that the initial VCPR cannot be established by telehealth. Every farm experiences different challenges based on their management systems and environment. This information is vital to providing the very best in patient care. While telehealth is an excellent tool for managing very specific cases, it does not provide enough background for a broad picture view of a farm in its entirety. For this reason, I believe a veterinarian needs to establish the initial VCPR by physically being present on the premise.



**Lodi Veterinary Care™**  
CLINIC · MOBILE · EMERGENCY

I support the rule that limits the procedures that a veterinarian may delegate to a CVT to a specific list and requires that the veterinarian be available via telehealth technology within 5 minutes or be present on the premises. This restriction is important because there is a manpower need for CVTs to be able to initiate specific services. This increases efficiency and allows for a greater number of patients to receive care. However, we must remain cognizant that at all times, we are protective of animal health and we do not sacrifice optimum patient care in the name of efficiency. Boundaries and respective guidelines will help to keep these practices within a safe margin.

I support that restricted delegation be maintained as it specifically relates to assisted reproductive procedures. These procedures may not be delegated unless the veterinarian is physically present on the premises. I support this provision and I support current law. These ART procedures pose a significant risk for complications that cannot be managed in a timely fashion unless the veterinarian is present on the premises. ART procedures involve the use of large gauge needles puncturing specific structures located within an animal. The veterinarian or CVT performing these ultrasound guided procedures require advanced training in order to safely execute these ART procedures. This is because the practice of ART requires specific tactile manipulations that cannot be visualized in their entirety from the exterior of the animal. I have seen and treated animals that have been negatively affected by complications directly relating to ART manipulations including but not limited to: hemorrhage, permanently damaged reproductive tracts, and permanent damage to the rectal area of an animal leading to scarring, fecal incontinence, and nerve damage. These are severe complications that can have life-threatening and permanent consequences to a previously healthy animal. During the ART procedure, should a CVT encounter an unexpected complication, a veterinarian needs to be present to perform a rectal and internal exam on the animal to help mitigate the risk of permanent damage. This required level of care cannot be accomplished via a telehealth consult from a computer screen.

I support the dispensing of prescriptions. I support allowing a veterinarian to dispense (fill) a prescription for any person as long as that person requests filling of that prescription, either by bringing the prescription directly to the dispensing veterinarian or by agreeing that their prescribing veterinarian may transmit the prescription to the dispensing veterinarian. This is needed to assist in situations where an animal owner is out of town with their animal, away from their veterinarian, but they request that a local veterinarian fill their animal's prescription for them.

Thank you for considering this request.

Melissa A. Haag, DVM  
[drhaag@lodivet.com](mailto:drhaag@lodivet.com)  
608-212-4431



Government  
Relations

September 29, 2021

Angela Fisher, Program and Policy Analyst  
Wisconsin Veterinary Examining Board  
Division of Animal Health, Department of Agriculture, Trade and Consumer Protection  
P.O. Box 8911  
Madison, WI 53708-8911  
<sent via email: Angela.Fisher1@Wisconsin.gov>

RE: Proposed Telehealth Regulations CR 21-062 Unnecessarily Restrict Access to Veterinary Telemedicine

Dear Ms. Fisher:

I'm writing on behalf of the American Society for the Prevention of Cruelty to Animals (ASPCA), North America's most longstanding animal welfare organization, and our Wisconsin supporters. We appreciate the opportunity to provide comments to the Wisconsin Veterinary Examining Board (Board) regarding the proposed regulation addressing veterinary telehealth. ASPCA urges the Board to reconsider the proposed telehealth changes in CR 21-062, specifically provisions that will prevent veterinarians from initiating a relationship with clients to offer services to new patients over telemedicine. In an era when the benefits to public health of telemedicine technology are widely recognized, ASPCA supports policy to broaden rather than constrict professional and consumer access to vital, medically appropriate veterinary telemedicine services.<sup>i</sup>

Current Wisconsin state statute defines "Veterinarian-client-patient relationship" to mean "The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the patient's need for medical treatment, and the client has agreed to accept those medical judgments and to follow the related instructions of the veterinarian" and "The veterinarian has sufficient knowledge of the patient to initiate a general or preliminary diagnosis of the medical condition of the patient because the veterinarian has recently examined the patient or has made medically appropriate and timely visits to the premises on which the patient is kept" [Wis. Stat. §89.02 (8) (a) – (b)]. Modern telemedicine technology in a connected world offers veterinarians the ability to examine an animal in a home environment for many medically appropriate, common situations, such as triage, quality of life assessment/palliative/hospice care, management and monitoring of chronic conditions, behavioral consultations, nutritional consultations, initial assessment of certain gastrointestinal and skin conditions, parasites like fleas, ticks, or ear mites, and more.<sup>ii</sup> The current American Association of Veterinary State Boards (AAVSB) practice act model language supports allowing a licensed veterinarian to establish a VCPR through telemedicine,<sup>iii</sup> and human doctors throughout the country can establish new doctor-patient relationships over telemedicine, even for infants and nonverbal children.<sup>iv</sup> However, CR 21-062 would foreclose this option for Wisconsin licensed veterinarians by requiring an in-person examination to establish a legal veterinarian-client-patient relationship (VCPR) and by prohibiting veterinarians from establishing a relationship using telemedicine-- even for routine conditions like fleas and ticks.

The Wisconsin Board's Telehealth Advisory Committee, notably comprised only of veterinary professionals with no consumer representation, raised some of these salient issues in their discussions.<sup>v</sup> During the COVID-19 pandemic, governments relaxed longstanding state and federal rules restricting telemedicine, and to our knowledge no U.S. or Canadian jurisdiction reports problems with harm to pets from telemedicine. As such, it remains unclear how preventing a virtual VCPR for new patients provides a public benefit that outweighs the benefits for licensed, practicing veterinarians who wish to offer these services to new patients and for consumers eager to obtain greater access to veterinary telemedicine. For these reasons, relevant legal challenges should give pause to reconsider restricting

telemedicine in this manner.<sup>vi</sup> The rigorous education and Board-sanctioned licensing requirements that Wisconsin veterinarians undertake to become licensed in the state prepare them to utilize professional judgement in determining whether the use of telemedicine is appropriate in the care of a particular animal or a particular condition.

The ASPCA believes that pets and people belong together; that financial circumstances alone are not a reliable indication of the capacity to love and care for a companion animal; and that strong bonds between people and pets make for stronger communities. Unfortunately, every year thousands of dogs and cats needlessly suffer, experience premature death, or are relinquished to animal shelters due to gaps in veterinary access. The Access to Veterinary Care Coalition (AVCC),<sup>vii</sup> formed in 2016 and committed to better understanding and addressing barriers to veterinary care, conducted a national study that found one in four pet owners face obstacles in accessing veterinary care, with the “overwhelming barrier for all groups of pet owners” being “financial for all types of care (80.0% for preventative care, 73.8% for sick care, and 55.7% for emergency care).”<sup>viii</sup> A 2011 study published in the *Journal of the American Veterinary Medical Association* found that cost of care was cited frequently as an obstacle to veterinary care.<sup>ix</sup> While finances are a primary obstacle for all pet owners seeking veterinary care, many people live in underserved urban or rural, remote areas or “veterinary deserts” with few or no veterinary services. Especially when combined, these factors can force families to make difficult decisions to forgo basic preventative care, as well as the urgent medical needs of their pets.<sup>x</sup> Poverty, medical emergencies, lack of mobility, and geographic isolation can force even the most devoted pet owner to make dire choices. Access to telemedicine can help address these challenges and others, such as preventing unnecessary time off work for pet owners and ameliorating difficulties bringing pets to the clinic for seniors, disabled individuals, and those without transportation.<sup>xi</sup> The ASPCA believes that telemedicine is a critical tool for the veterinary community to bridge these gaps in care.

As we are coming out of this time of national crisis where social distancing has been required to protect public health, personal protective equipment has been scarce, and animals have continued to be in need, ASPCA supports the reduction of unnecessary legal barriers to veterinary telemedicine, something that has already been embraced in human medicine and corresponding public policy increasingly over the past three decades.<sup>xii</sup> While physical veterinary medical examinations are of course sometimes critical, responsible use of telemedicine can bring essential care to more animals. Because expanding access to veterinary telemedicine holds great promise for elevating pet wellness across the geographic and economic spectrum, the state should not adopt a regulation to restrict veterinarians from utilizing telemedicine to serve new patients and clients. Thank you for affording us the opportunity to comment on the pending regulation addressing veterinary telemedicine in Wisconsin.

Sincerely,



Senior Manager, State Legislation  
Government Relations  
American Society for the Prevention of Cruelty to Animals (ASPCA)

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<sup>i</sup> “ASPCA Statement of Support for Veterinary Telemedicine During the COVID-19 Pandemic.” 8 April 2020.

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<sup>ii</sup> See, for example: Veterinary Virtual Care Association. “Best Practices: Evaluation and Treatment of Patients.” June 2020. Accessed online September 10, 2021 at [https://vvca.org/wp-content/uploads/2020/08/BP-Evaluation-and-Treatment\\_min.pdf](https://vvca.org/wp-content/uploads/2020/08/BP-Evaluation-and-Treatment_min.pdf)

<sup>iii</sup> American Association of State Veterinary Boards. “AAVSB Recommended Guidelines for the Appropriate Use of Telehealth Technologies in the Practice of Veterinary Medicine.” [https://vvca.org/wp-content/uploads/2020/08/Guidelines-for-TelehealthAAVSB2020\\_4\\_10\\_min.pdf](https://vvca.org/wp-content/uploads/2020/08/Guidelines-for-TelehealthAAVSB2020_4_10_min.pdf)



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<sup>iv</sup> AMA's 2018 "50-state survey: Establishment of a patient-physician relationship via telemedicine," finds that "all states allow a physician to establish a relationship with a new patient over telemedicine." See <https://www.ama-assn.org/system/files/2018-10/ama-chart-telemedicine-patient-physician-relationship.pdf>. See also Curfman MD, MBA, FAAP, et al. "Telehealth: Improving Access to and Quality of Pediatric Health Care." *Pediatrics* Vol. 148. No 3 September 2021. American Academy of Pediatrics. <https://pediatrics.aappublications.org/content/pediatrics/early/2021/08/27/peds.2021-053129.full.pdf>

<sup>v</sup> <https://datcp.wi.gov/Documents2/20210304TelehealthMinutes.pdf>

<sup>vi</sup> See: *North Carolina State Board of Dental Examiners, Petitioner v. Federal Trade Commission*, 135 S. Ct. 1101, Feb. 25, 2015. *Teladoc, Inc. v. Texas Medical Board*, No. 1:15-CV-00343.

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*Hines v. Quillivan*, 982 F.3d 266 (5<sup>th</sup> Cir. 2020)

*San Francisco Society for the Prevention of Cruelty to Animals; et al. v. Jessica Sieferman*, 2:21-cv-00786-TLN-KJN (E.D. Cal. filed May 3, 2021).

<sup>vii</sup> See <https://pphe.utk.edu/access-to-veterinary-care-coalition-avcc/>

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<sup>xi</sup> Some of these findings have been consistent with research related to human medicine. See COVID-19 Healthcare Coalition Telehealth Impact Study Work Group. "COVID-19 telehealth impact study." Available at <https://c19hcc.org/telehealth>

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September 29, 2021

VIA EMAIL ONLY TO [Angela.Fisher1@wisconsin.gov](mailto:Angela.Fisher1@wisconsin.gov)

Ms. Angela Fisher  
Division of Animal Health  
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RE: Support for Proposed Repeal and Recreation of Wis. Admin. Code s. VE 1-11, Relating to Veterinarians and Veterinary Technicians – CR 21-062

Dear Ms. Fisher,

I write on behalf of the Wisconsin Veterinary Medical Association (WVMA) to express our **support** for the proposed repeal and recreation of Wis. Admin. Code s. VE 1-11 in CR 21-062. We support the entire rule revision but provide additional specific comments on several critical provisions below.

**WVMA Supports Innovation in the Practice of Veterinary Medicine.** The WVMA believes that the practice of veterinary medicine must evolve and adapt as innovative technologies emerge. We believe that the use of telehealth technologies within proper parameters can support innovation and advancements in animal health. Our members learned that increasing ways to serve patients was critical during the pandemic. We believe that proper use of telehealth technologies could improve veterinary healthcare access in both rural and urban areas in Wisconsin.

**WVMA Supports the Establishment of Initial VCPR with In-Person Exam or Premises Visit.** The statutory definition of “veterinarian-client-patient relationship” (VCPR) provides the basis for the provision of veterinary medical services. In Wisconsin, VCPR is defined under statute, Wis. Stat. s. 89.02(8), as the following:

“(8) “Veterinarian-client-patient relationship” means a relationship between a veterinarian, a client and the patient in which all of the following apply:

(a) The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the patient's need for medical treatment, and the client has agreed to accept those medical judgments and to follow the related instructions of the veterinarian.

(b) The veterinarian has sufficient knowledge of the patient to initiate a general or preliminary diagnosis of the medical condition of the patient ***because the veterinarian has recently examined the patient or has made medically appropriate and timely visits to the premises on which the patient is kept.***

(c) The veterinarian is readily available for follow-up treatment of the patient if the patient has an adverse reaction to veterinary treatment.” (*Emphasis added.*)

The Wisconsin Veterinary Examining Board (VEB) is granted the authority to promulgate administrative rules within the limits established by the statutory authority granted to it by the legislature. The VEB is authorized to promulgate rules that allow the provision of veterinary medicine using telemedicine technologies, but the authority to promulgate those rules is limited by statutory parameters. In other words, the legislature has prescribed a definition of VCPR. The VEB may not change that definition but may allow the use of telehealth technologies *within* the scope of the definition that is provided in the statute.

In addition, we also support the establishment of the initial VCPR as proposed in the draft rule for animal health reasons. We understand that some want to draw equal parallels between human medicine that is provided using telehealth technologies and veterinary medicine provided using telehealth technologies. However, there is a critical difference between providing care to animals and providing care to humans: animal patients cannot directly communicate their pain or their symptoms to a veterinarian using language.

Veterinary professionals rely on physical exams and reports from animal owners in order to diagnosis and treat animal patients. A physical exam or visit to the premises provides the veterinarian with a more complete understanding of the animal, its medical history, its environment, and the client in order to provide the highest standard of care. As such, we believe that an initial physical exam of an animal or timely visit to the premises (*i.e.*, farm) is critical to the safe and effective provision of veterinary medicine using telehealth technologies.

Finally, the VCPR language used by the VEB in the proposed rule is also consistent with federal law. The Federal Food, Drug and Cosmetic Act requires that veterinarians practice within the federally defined VCPR for any Extra Label Drug Use or when authorizing a Veterinary Feed Directive. *See* 21 USC § 360b(a)(4)(A) and 21 USC § 360b(a)(5) and 21 CFR § 558.6(b)(1)(iii). The FDA does not allow a VCPR to be *established* through electronic means. The FDA does allow a VCPR to be *maintained* through electronic means. Wisconsin veterinarians are required under federal law to follow the federal VCPR requirements in each applicable circumstance.

Accordingly, we strongly support the provision in proposed VE 1.50(2), which provides, “In order to practice veterinary telemedicine in Wisconsin, a veterinarian must be licensed in Wisconsin and have an established VCPR with the client. A VCPR must be established via an in-person physical exam, or timely medically appropriate visits to the premises on which the patient is kept. The VCPR may not be established by telehealth technologies.”

**WVMA Supports the Limitation on Delegation of Veterinary Services to Certified Veterinary Technicians Using Telehealth Technologies.** The proposed rule provides specific authorization for certain veterinary services that may be delegated by a licensed veterinarian to a certified veterinary technician using telehealth technologies. *See* proposed VE 1.44(5). Similarly, the proposed rule prohibits the use of telehealth technologies as a way to delegate specific

veterinary medical services. *See* proposed 1.44(6). The WVMA supports both of these proposed provisions.

We believe that the procedures identified by the VEB as permissible to be delegated using telehealth technologies can be safely supervised by a veterinarian using telehealth. However, the WVMA would oppose any expansion of this list.

Of particular concern would be the ability to delegate assisted reproductive technology procedures using telehealth technologies. Under current law a veterinarian may delegate amniocentesis, embryo collection and transfer, follicular aspiration, and transvaginal oocyte collection and recovery on livestock to a certified veterinary technician *only if* the veterinarian is personally present on the premises where these services are provided. *See* Wis. Admin. Code § VE 1.44(6). We support current law and the proposed restriction on the use of telehealth for these and the other restricted veterinary procedures because we believe that restriction is most protective of animal health. While these procedures can be ultrasound-guided, there is limited scope to be able to visualize what is happening on the inside of the animal. Diagnosis requires the support of manual palpation and “feel.” As such, the only reliable supervision of these procedures is with a veterinarian present to verify the diagnosis. The risk of complications from these procedures is significant. Therefore, we do not believe that the convenience of using telehealth outweighs that risk to the animal.

We understand that there may be business or financial reasons that could make the delegation of these procedures using telehealth appealing to practitioners, clients or businesses. But this argument is inappropriate in this context. The role of the VEB is to define the safe provision of veterinary care in Wisconsin for animals and to protect animal health, not to make the practice of veterinary medicine fast, easy or economical. *See North Carolina State Board of Dental Examiners, Petitioner v. Federal Trade Commission*, 574 U.S. 494 (2015).

We further understand that some may believe the use of telehealth technologies in veterinary medicine should be as broad and expansive as possible. We agree. The use of telehealth in the practice of veterinary medicine should be as broad and as expansive as is allowed under Wisconsin law and as is protective of animal health. We believe that the proposed rule meets both of those criteria as drafted.

**WVMA Supports Provision Allowing Veterinarians Filling Prescriptions for Other Veterinarians.** The draft rule clarifies that a veterinarian may legally fill and dispense prescriptions for other veterinarians as long as certain requirements are met. A veterinarian may, under this rule, dispense (fill) a prescription for any person as long as that person requests filling of that prescription, either by bringing the prescription directly to the dispensing veterinarian or by agreeing that their prescribing veterinarian may transmit the prescription to the dispensing veterinarian. *See* Proposed VE 1.58(12) and Wis. Stat. s. 89.068(1). In addition, the prescription itself must include all the information required by statute. The WVMA supports this clarification.



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Thank you for allowing us to provide comments on this important rule revision. If you have any questions regarding these comments, please contact me directly at (608) 252-9358 or [jkl@dewittllp.com](mailto:jkl@dewittllp.com).

Sincerely,

Jordan Lamb  
Legislative Counsel, WVMA

cc. Jo-ell Carson, Executive Director, WVMA (*via email only*)  
WVMA Board of Directors (*via email only*)



September 28, 2021

Angela Fisher, Program and Policy Analyst  
Division of Animal Health  
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Via Angela.Fisher1@wisconsin.gov

**Re: Support for Proposed Repeal and Recreation of Wis. Admin. Code s. VE 1-11, Relating to Veterinarians and Veterinary Technicians**

Dear Ms. Fisher:

On behalf of our nation's veterinarians, who are dedicated to promoting and protecting animal health and welfare and public health, we're joining the Wisconsin Veterinary Medical Association in support of the proposed revisions to rules regarding use of telehealth technologies.

The AVMA believes having a veterinarian-client-patient relationship (VCPR) in place is critical whenever practicing veterinary medicine, irrespective of whether the veterinarian is practicing in person or remotely via tools of telehealth, including telemedicine. We support language in proposed VE 1.50 that requires a VCPR to be initially established by either an in-person physical examination or timely and medically appropriate visits to the premises on which the patient(s) is(are) kept. This language is also consistent with the federally defined VCPR. The Federal Food, Drug and Cosmetic Act requires that veterinarians conduct their practice within the federally defined VCPR for any Extralabel Drug Use (ELDU), or when authorizing a Veterinary Feed Directive (VFD, 21 USC § 360b(a)(4)(A) and 21 USC § 360b(a)(5), [requiring a federal VCPR for ELDU]; 21 CFR §558.6(b)(1)(ii), [requiring a federal VCPR as minimum for VFD authorization]). *See attachment below.*

With respect to veterinary telemedicine, the AVMA believes telemedicine encounters should only be conducted within an existing VCPR, and that establishing that VCPR should require an in-person examination of individual patients, or regular premise visits for groups of animals, with the exception of advice given in an emergency until the patient can be seen by a veterinarian. Language stating that a VCPR may not be established by telehealth technologies in proposed VE 1.50 is consistent with both AVMA and FDA policies.

Regarding proposed VE 1.44 (5), we support the language clearly describing which medical services may be delegated to certified veterinary technicians and under what conditions this may be done.

An in-person visit by the veterinarian serves to protect patients and clients by assuring that animals have been appropriately evaluated (e.g., physical examination/timely and medically appropriate visit, results of any necessary diagnostic tests) and that a treatment plan has been formulated that reflects the results of the information gained during that evaluation. Eliminating the requirement for an in-person evaluation can present substantial risks for patients, clients, and practices. These include insufficient information leading to suboptimal diagnosis and treatment, misinterpretation of animals' clinical signs

by owners/caretakers, overprescribing, animal disease risks associated with transport of livestock for which an in-person evaluation was not conducted prior to issuing a Certificate of Veterinary Inspection (CVI), public health risks associated with delayed or missed diagnosis of zoonotic disease, and claims of malpractice.

The AVMA is committed to ensuring access to the convenience and benefits afforded by tools of telehealth, while recognizing that the medical care we deliver to our patients must continue to be of high quality. The technological tools used to support electronic veterinary visits and to assess patients remotely are still in their early stages of development and, as yet, do not provide the same amount and/or quality of information available to the veterinarian who has direct familiarity with their patients and those patients' owners by virtue of an in-person encounter. In response to those who suggest that requiring an in-person VCPR stifles innovation, a consistent lesson from research on innovation is that the most useful, practical, and impactful products are produced when innovation is focused on meeting a required outcome; in this case, tools and approaches that result in the same or better quality of information obtained during an in-person veterinary evaluation. Better understanding and respect for the type, quality, and value of information obtained via an in-person veterinary visit will support innovation and the delivery of high quality and useful tools that support not only the conduct of telehealth, but the good patient outcomes resulting from their application.

AVMA is likewise committed to improving access to veterinary care. Some have suggested that allowing the VCPR to be established electronically is a simple and immediate solution to this challenge. Unfortunately, addressing care disparities isn't that straightforward. Barriers to receipt of veterinary care include those that are socioeconomic, geographic, knowledge and demographic/culture based. They are not mutually exclusive, and all contribute to the complexity of getting veterinary care to the animals that need it.

We've learned, through research<sup>1</sup> conducted by the AVMA's Economics Division, that lack of physical proximity to a veterinarian and the requirement for an in-person visit do *not* appear to be the primary barriers to accessing veterinary care. Instead, a primary barrier is lack of recognition of the *value* of regular veterinary care. For example, thirty-five percent of pet owners indicated they did not visit the veterinarian because their pet wasn't sick or injured (i.e., they do not recognize the value of preventive care) and 23% said that cost was a barrier. Less than 1% of respondents indicated there was not a veterinarian in the area who they could physically visit.

Telemedicine, itself, is not free of access barriers, although it appears needing an in-person visit to establish the medical relationship so that telemedicine can then be used to maintain it is not the primary one. Right now, only about 13% of human patients appear to be using telemedicine to access health care<sup>2</sup> and less than 10% of veterinary clients are using it (8% via telephone only). While data are lacking on the veterinary side, questions posed to more than 1500 providers of human health care revealed technological barriers (e.g., lack of access to technology, insufficiency of broadband internet, digital literacy) and a preference for in-person visits as the reasons most of their patients were not accessing care through telemedicine.<sup>3</sup> Licensing and requirements around establishing a physician-patient relationship were not identified as key barriers by either physicians or patients. Use of telemedicine for both human and veterinary patients reflects a population that is mostly female, white, living in an urban or suburban area, and financially well positioned.<sup>3,4,5,6</sup>

Use of telemedicine is also not a clear solution to the problem of cost. While telemedicine visits *may* individually be less expensive than in-person visits (how veterinarians charge for these visits is quite

variable), results are mixed as to whether telehealth reduces downstream utilization of health care (i.e., use of telemedicine commonly results in additional visits, referrals, and procedures). Once again, data are currently lacking on the veterinary side, but one of the few available studies on the human side found that telemedicine resulted in no reduction in overall spending for patients.<sup>7</sup>

As a strong supporter of a variety of applications of telehealth, including but not limited to telemedicine, the AVMA has made resources available to veterinarians to support those opportunities ([avma.org/Telehealth](http://avma.org/Telehealth)) and has emphasized the value of telehealth in supporting continuity of care and client compliance with recommendations. We have developed and provided definitions around telehealth's components to support clarity in conversation and regulation; actively encouraged its use in helping to triage patients; urged its integration into case management, including opportunities for improved patient monitoring and client education; and provided extensive resources to support its thoughtful adoption. Among the resources available at [www.avma.org/Telehealth](http://www.avma.org/Telehealth) are the comprehensive *AVMA Guidelines for the Use of Telehealth in Veterinary Practice* and the *AAHA/AVMA Telehealth Guidelines for Small-Animal Practice*. While supporting the use of telemedicine we also have been careful to ensure that veterinarians understand their professional obligations to their patients and clients, as well as their legal obligations under state and federal law.

Thank you for your consideration. We look forward to continuing to work together to promote animal health, animal welfare, and public health in Wisconsin.

#### **About the AVMA**

The AVMA is the nation's leading representative of the veterinary profession, speaking for more than 98,000 member veterinarians across the United States who care passionately about protecting animal health, animal welfare and human health. Informed by its members' unique scientific training and knowledge, the AVMA advocates for policies that advance the practice of veterinary medicine and support the crucial work of veterinarians nationwide.

Sincerely,

A handwritten signature in black ink that reads "Janet D. Donlin DVM, CAE". The signature is written in a cursive style.

Janet D. Donlin, DVM, CAE  
Executive Vice President and CEO

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<sup>1</sup> 2017-2018 AVMA pet ownership and demographics sourcebook. Available at <https://ebusiness.avma.org/ProductCatalog/product.aspx?ID=1529>. Accessed September 26, 2021.

<sup>2</sup> Trilliant Health. Report: 2021 trends shaping the post-pandemic health economy. Available at <https://pages.trillianthealth.com/2021-trends-shaping-the-post-pandemic-health-economy>. Accessed September 26, 2021.

<sup>3</sup> COVID-19 Healthcare Coalition Telehealth Impact Study Work Group. COVID-19 telehealth impact study. Available at <https://c19hcc.org/telehealth/>. Accessed September 26, 2021.

<sup>4</sup> Eberly LA, Kallan MJ, Julien HM, et al. Patient characteristics associated with telemedicine access for primary and specialty ambulatory care during the COVID-19 pandemic. *JAMA Network Open* 2020;3(12):e2031640.



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- <sup>5</sup> Roca RY, McCarthy RJ. Impact of telemedicine on the traditional veterinarian-client-patient relationship. *Topics in Comp Ani Med* 2019;37, 100359. Available at <https://www.sciencedirect.com/science/article/abs/pii/S1938973619300960?via%3Dihub>. Accessed September 26, 2021/
- <sup>6</sup> Patel SY, Mehrotra A, Huskamp HA, et al. Variation in telemedicine use and outpatient care during the COVID-19 pandemic in the United States. *Health Affairs* 2021;40(2):349.
- <sup>7</sup> Ashwood JS, Mehrotra A, Cowling D, et al. Direct-to-consumer telehealth may increase access to care but does not decrease spending. *Health Affairs (Project Hope)* 2017;36:485.

# Veterinarian-Client-Patient Relationship and Veterinary Telemedicine

## KEY POINTS

- An in-person examination or timely visits to the premise where the animal or animals are kept are critical to ensuring a veterinarian has sufficient knowledge to initiate a general or preliminary diagnosis.
- Without the initial in-person exam, there is an increased likelihood for misdiagnosis and ineffective treatment, including incorrect prescribing of medications.

### Cornerstone of care: What is a VCPR?

The [Veterinarian-Client-Patient Relationship](#) (VCPR) is fundamental to veterinary practice. A VCPR exists when a veterinarian knows the patient and client sufficiently well to be able to diagnose and treat the animal's medical condition(s). It involves agreement between the veterinarian and the client that the veterinarian will provide the patient with medical care; making medical judgments; advising the client about the benefits and risks of different treatment options; overseeing treatment, compliance, and outcome; keeping a written record of the care provided; and helping the client know how to get emergency care if the need should arise.

### Why is the VCPR so important?

- 1) It's mandated by law in the vast majority of states. For a veterinarian to diagnose and treat an animal, or prescribe or dispense medications, a VCPR must be in effect that meets requirements under the state's Veterinary Practice Act.
- 2) A federal VCPR, which requires an in-person physical examination and cannot be established through telemedicine, must be in place to:
  - Use any FDA-approved human drugs;

- Use FDA-approved animal drugs in any manner that differs from their approved labeling;
  - Use compounded drugs;
  - Authorize a Veterinary Feed Directive (VFD); and
  - Use certain USDA-approved biologics. FDA requires an in-person examination for these common activities because this degree of oversight is critical to ensure that medications, including antimicrobials, are used judiciously and to protect the quality and safety of the nation's food supply.
- 3) It's key to the ethical practice of veterinary medicine. The AVMA's [Principles of Veterinary Medical Ethics](#) requires a VCPR be established in-person for a veterinarian to treat an animal, including prescribing medication. A veterinarian must be familiar with the animal, its medical history, and the client to provide the best possible care.

### Poorly established VCPR increases likelihood of mistakes

It is very challenging to diagnose and treat without a physical exam and diagnostic testing. For instance, dermatologic conditions such as bacterial infections, fungal infections (including ringworm, which is contagious to humans), scabies (also contagious to humans), and allergic conditions can all look extremely similar on a photograph.

Behavioral issues are also difficult to treat solely via telemedicine. The first sign that an animal is experiencing a physical medical issue may be a change in behavior. Possible causes include neurologic/brain conditions, exposure to toxins, circulatory issues, endocrine diseases, and—very commonly—pain. If a physical cause

exists and is not identified and treated, the behavioral issue is unlikely to be resolved and the animal suffers due to the unresolved physical issue(s). Identification of the physical issue(s) requires a physical examination, as well as appropriate diagnostics.

Misdiagnosing diseases leads to inappropriate and delayed treatment, animal suffering, and client dissatisfaction. Additionally, achieving clear communication can be more challenging during telemedicine encounters than during an in-person visit. The result is not only poor patient outcomes, but also increased liability for veterinarians. Insufficient information leading to less than optimal recommendations, lack of clear communication, and a loss of trust underlie many, if not most, malpractice claims.

### **Telehealth is a tool in the toolbox**

While veterinary telemedicine holds great promise for improving continuity of care and strengthening the relationship between veterinarians and their clients, the evaluation of telemedicine as a tool and its use in veterinary medicine is in its early stages. There currently is substantive variability in technological access, capability, and support—particularly in many of the underserved areas we are attempting to reach—and almost no research has been conducted in veterinary medicine on comparative health outcomes.

Veterinary telemedicine appears to be most effective and safest—for patients, clients, and veterinarians/veterinary practices—when used to maintain a VCPR that has already been established via an in-person consultation.

### **Access to care issues**

Access to veterinary care is impacted by socioeconomic, geographic, knowledge, and demographic/culture barriers. Access to care issues can be adequately and appropriately addressed through emergency provisions in

veterinary practice acts/regulations/board policy, through appropriate supervision of veterinary paraprofessionals, and by placing thoughtful parameters around the use of specialist consultants. It is not necessary to allow the establishment of an electronic VCPR.

### **Human healthcare is not an appropriate model**

It is inappropriate to apply definitions of telehealth and telehealth frameworks designed for human medical care to veterinary care. Veterinarians treat a multitude of species, including food animals, with an even greater number of diseases and conditions. Failure to identify, properly diagnose, and contain a high-consequence disease (e.g., African swine fever, foot-and-mouth disease) can lead to significant adverse economic and (in the case of zoonotic disease) public health impacts.

### **Where does the AVMA stand?**

We believe that establishing a VCPR should require an in-person examination of individual patients, or regular premise visits for groups of animals, with the exception of advice given in an emergency until the patient can be seen by a veterinarian.

We believe that having a VCPR in place is a critical aspect of practicing veterinary medicine and that veterinary telemedicine encounters should only be conducted within an existing VCPR.

We strongly support the use of telehealth, including telemedicine within an established VCPR. We also agree that certain aspects of telehealth, such as general, non-patient specific advice; educational information; and teletriage, may be delivered without an already established VCPR.

# Federal requirements for the veterinarian-client-patient relationship

## THE BASICS

The federal government regulates veterinary medicine and animal drugs very differently than it does human health care and drugs intended for human use. This is, in part, because veterinarians are key to maintaining a healthy, safe, and wholesome food supply and because they also play an important role in overseeing the judicious use of antimicrobials in animals. One important difference between human and veterinary medicine is that the U.S. Food and Drug Administration (FDA) has authority under the federal Food, Drug and Cosmetic Act (FDCA) over the **use** of animal drugs and human drugs by veterinarians, and the authority to define how a veterinarian-client-patient relationship (VCPR) is established for certain uses of animal and human drugs.<sup>1</sup> For these uses, FDA has authority to require the keeping of veterinary medical records and to access them at any reasonable time to verify and copy them.<sup>2</sup> Use of animal and human drugs by veterinarians that violates the federal VCPR parameters set forth in the FDCA and its implementing regulations results in the drug being statutorily deemed unsafe for the use and, if in animal feed, the feed is statutorily deemed adulterated.<sup>3</sup>

The USDA, which regulates veterinary biological products, also has promulgated rules defining a VCPR using the same language as the FDA.<sup>4</sup>

## APPLICATION OF THE FEDERAL VCPR

The federal VCPR applies to any use of an FDA-approved human drug in animals, including over-the-counter (OTC) human drugs.<sup>5</sup> It applies to any use of an FDA-approved animal drug in any manner that differs from its approved labeling (Extra Label Drug Use<sup>6</sup>), such as a different frequency of administration, different dose, different medical indication for its use, different route of administration, or use in a different species.<sup>7</sup> It also applies to the use of compounded drugs by veterinarians<sup>8</sup> and a veterinarian's authorization of a veterinary feed directive (VFD).<sup>9</sup> All of these are very common occurrences in the day-to-day practice of veterinary medicine.

Establishing the federal VCPR requires a physical examination of the animal or timely and medically appropriate visits to the premises where animals are kept. The FDA does **not** allow the VCPR to be **established** through electronic means.<sup>10</sup> FDA does allow the VCPR to be **maintained** electronically through telemedicine.<sup>11</sup> Veterinarians must comply with the federal VCPR in each of the circumstances in which it applies, irrespective of whether state law defines it differently.

The federal VCPR also applies in two important, but more limited, circumstances under USDA authorities. Veterinarians who manufacture biological products for use in their patients must do so within the context of the federal VCPR.<sup>12</sup> Veterinarians also must have established a federal VCPR when using prescription platform product biologics, which are a new category of biotechnology vaccines.<sup>13</sup>

*Continued on next page*

## CONFLICTING STATE AND FEDERAL VCPR DEFINITIONS AND TELEMEDICINE

- Conflicting state and federal VCPR definitions (e.g., states allowing the VCPR to be established electronically) would cause significant confusion. The FDA and USDA have used the same regulatory definition to avoid such confusion.
- Veterinarians must comply with the federal VCPR requirements where they apply, regardless whether state laws are more lax. Activities where the federal VCPR applies are extremely common in day-to-day veterinary practice.
- State law and regulations relating to the establishment of a VCPR that conflict with federal law would also cause telemedicine encounters to be frustrating for many veterinary clients. A veterinarian who has not already established a VCPR that complies with federal requirements (i.e., by conducting an in-person examination/visit) could not even recommend the use of an FDA-approved human OTC product for an animal without violating federal law.
- There are many valuable uses of telemedicine within the parameters of a federal VCPR.

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1. 21 USC 360b; 21 CFR Part 530
  2. 21 CFR 530.5
  3. 21 USC 360b(a)(1), (2), (4) & (5); 21 USC 342(a)
  4. 9 CFR 107.1(a)(1)
  5. 21 USC 360b(a)(5); 21 CFR 530.2; 21 CFR 530.3(a)
  6. <https://www.fda.gov/animal-veterinary/resources-you/ins-and-outs-extra-label-drug-use-animals-resource-veterinarians>
  7. 21 USC 360b(a)(4); 21 CFR 530.2; 21 CFR 530.3(a)
  8. <https://www.fda.gov/animal-veterinary/resources-you/ins-and-outs-extra-label-drug-use-animals-resource-veterinarians#compounding>; FDA Draft Guidance for Industry #256
  9. 21 CFR 558.6(b)
  10. FDA letter to the American Veterinary Medical Association, April 6, 2017 – “Therefore, for the purposes of the federal definition, a VCPR cannot be established solely through telemedicine (e.g., photos, videos, or other electronic means that do not involve examination of the animal(s) or timely visits to the premises).”; During the pandemic FDA announced they will **temporarily** suspend enforcement of the federal VCPR physical exam and premises visit requirements. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/cvm-gfi-269-enforcement-policy-regarding-federal-vcpr-requirements-facilitate-veterinary>. In this announcement FDA reiterated that under normal circumstances - “Given that the Federal VCPR definition requires animal examination and/or medically appropriate and timely visits to the premises where the animal(s) are kept, the Federal VCPR definition cannot be met solely through telemedicine.”
  11. *Id.* “The regulations do not specifically address the use of telemedicine to maintain an established VCPR. However, based upon the language of the VCPR definition provided above, nothing would prohibit the use of telemedicine (e.g., use of photos, videos, or other electronic means that may be considered virtual) to allow the veterinarian to keep informed and able to make medical judgments regarding the health of the animal(s) and the need for medical treatment between periodic examinations of the animal(s) and/or timely visits to the premises where the animal(s) are being kept.”
  12. 9 CFR 107.1(a)
  13. USDA Veterinary Services Memorandum 800.214



**THE HUMANE SOCIETY  
OF THE UNITED STATES**



September 29, 2021

Dr. Hunter Lang and Members of the Wisconsin Veterinary Examining Board  
Wisconsin Department of Agriculture, Trade and Consumer Protection  
Veterinary Examining Board  
P.O. Box 8911  
Madison, WI 53708-8911

***RE: Joint HSUS/HSVMA comments on proposed changes to amend Wisconsin Administrative Code Chapters VE 1-11***

Dear Dr. Lang and Members of the Veterinary Examining Board:

On behalf of our Wisconsin supporters, the Humane Society of the United States (HSUS) and the Humane Society Veterinary Medical Association (HSVMA) write to express our opposition to the proposed rulemaking related to veterinarian-client-patient relationships (“VCPRs”). HSUS and HSVMA work tirelessly to protect companion animals, and their guardians, from laws and practices that impede equitable access to animal health care services and resources. We collectively represent tens of thousands of supporters in Wisconsin, and we work closely with the veterinary community to promote sound and effective animal welfare legislation and policy.

As written, the proposed change that seeks to amend the criteria by which a VCPR may be established to specifically exclude telehealth technologies is likely to create additional barriers for Wisconsin pet owners—particularly those in underserved and rural communities—to accessing animal health care resources which, in turn, will exacerbate the inability of some owners to access veterinary care. Instead of tightening restrictions in this way, we recommend the Board expressly authorize licensed Wisconsin veterinarians to use telemedicine more broadly and expand the definition of sufficient knowledge to include examinations performed with the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; or through medically appropriate and timely visits to the premises at which the animal or group of animals are kept.<sup>1</sup> A broader definition of sufficient knowledge, such as that recommended by the American Association of Veterinary State Boards (AAVSB), allowing veterinary practices to establish or maintain a VCPR through telemedicine services would be more inclusive of communities that have traditionally been underserved and would further reduce barriers to veterinary care.

Veterinarians who offer telemedicine can not only provide quality, and potentially lifesaving care, but can also improve efficiency within their practices and offer more flexible scheduling options to clients. Veterinary telemedicine can provide numerous benefits to pet owners—especially those without access

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<sup>1</sup> “American Association of State Veterinary Board’s Recommended Guidelines for the Appropriate Use of Telehealth Technologies in Veterinary Medical Practice,” American Association of State Veterinary Board, (2018), <https://www.aavsb.org/Download?url=s/zvw7kz187dic8zu/Guidelines%20for%20Telehealth.pdf>.

to transportation or who are unable to easily leave their homes with their companion animals. It is an effective method for providing animal wellness services equitably and it has been implemented without incident in the largest province in Canada, home to 15 million people. To ensure success, the Ontario Veterinary Medical Association regularly administers surveys in the field and since Ontario legalized the creation of a VCPR via telemedicine in 2018, the College of Veterinarians, Ontario has received no complaints regarding a veterinarian using telemedicine.<sup>2</sup>

Veterinarians have undergone rigorous education and training, and we should trust their judgement in their practice of veterinary medicine. While we acknowledge that a legitimate need exists for routine veterinary consultation and treatment of non-emergent issues for pets, allowing virtual care means that more pet owners, no matter their circumstances, will be able to access vital services and help assure the health and wellbeing of their companion animals. In March 2020, at the start of the pandemic, the Wisconsin Veterinary Examining Board (VEB) issued a statement reiterating that “there is no statutory or administrative rule that sets a time frame on frequency of physical exams, or visits to the premises, to maintain a valid VCPR” and further emphasized the importance of using sound judgement based on experience and expertise as to whether a physical examination is necessary based on the medical concern. There may be times in the future where it’s critical that veterinarians be able to establish a VCPR by telehealth technologies. The VEB’s March 25<sup>th</sup> VCPR guidance reminds us that we live in unpredictable times and that it is important to remain adaptable and not codify rules that may hamper the ability of veterinarians to use their professional judgement in exigent circumstances.

Examples of situations in which telemedicine can provide critical access to care include for animals who become stressed and/or fractious during transport and examination, managing chronic conditions such as diabetes, weight loss and rehabilitation programs, post-operative surgery rechecks, and when pet caregivers have limited mobility or other transportation challenges. Telemedicine is also well-suited when offering nutritional counseling, behavior consultation and for the supervision of in-home hospice care. Additionally, telemedicine may be used for quickly triaging emergency vs. non-emergency cases, promptly addressing “quick questions” from clients, discussing the appropriateness of prescription refills, and troubleshooting low-risk conditions such as external parasites and minor wounds.

Given these many benefits, we support allowing veterinarians to use their professional judgement to determine whether a patient can be diagnosed and/or treated through telemedicine. However, we also recommend requiring safeguards in the criteria for establishing a VCPR through electronic means, including:

1. Require the veterinarian to establish a relationship with the client/patient via real-time video (visual) exchange.
2. Require the veterinarian to give clients the option to alternatively have an in-person visit.
3. Require the veterinarian to obtain written consent from clients to use telemedicine.
4. Require the clinic to be available for in-person follow up if needed.
5. Establish controls/restrictions on writing prescriptions for controlled substances.

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<sup>2</sup> Cushing, Mark, “The Ontario Experience: Current State of Telemedicine in Ontario,” *Mark Five*, November 18, 2020, <https://vvca.org/the-ontario-experience-current-state-of-telemedicine-in-ontario/>.

6. Maintain or establish physical examination / in-person veterinary visitation requirements for commercial enterprises, including any entity defined as a “commercial establishment” under Wisconsin Code § 173.41.

These provisions will help ensure that all parties are protected, and that their best interests are considered. Most importantly, it will be left to the veterinarians’ discretion as to whether or not they choose to use telemedicine as a tool to reach more people and pets. **We are not advocating for any mandate by the legislature or the Board to require veterinarians to offer telemedicine services.**

Pet companionship should not be reserved solely for those above a certain income threshold. Pets offer joy and comfort to their caregivers, and it has been well-documented that companion animals also provide numerous physical and mental health benefits.<sup>3</sup> However, without adequate access to veterinary services and pet resources, both families and pets suffer, and in many instances, this results in relinquishment which negatively affects all parties involved.

As it stands, tens of millions of pets are living in poverty nationwide with approximately 77% having never seen a veterinarian.<sup>4</sup> New data estimates that as a result of the COVID-19 pandemic, another 4.2 million pets in the U.S. are likely to enter poverty this winter bringing the total to more than 24.4 million companion animals—a 21% increase in the number of animals living in poverty compared to pre-COVID estimations.<sup>5</sup> At least 10% of Wisconsinites, over 590,000 people, live below the poverty line with thousands more hovering just above it and still face severe financial challenges. With the average cost of a preventative veterinary care visit estimated at approximately \$250 and emergency visits often running upwards of \$500,<sup>6</sup> it is unsurprising that families struggling financially often have difficulty accessing pet medical services, especially if their pet becomes unexpectedly sick or injured. By expanding telemedicine, more families will have access to important veterinary services, particularly families living in communities where there are no neighborhood veterinary hospitals, or those that face other challenges in accessing services.

We thank the committee for your attention to this important issue and urge the committee to consider amending the rules to permit VCPRs to be established and maintained electronically, to extend the validity of a VCPR beyond the standard twelve-month limit, and to expand the parameters of what veterinarians are permitted to do after a VCPR has been established. There are a variety of reasons as to why telemedicine could provide critical care to people and their pets, and the outcomes have proven to be lifesaving without causing undue harm to animal patients. These changes will bring greater access to care to Wisconsin pet owners and allow veterinarians to better serve their communities. For these reasons, we respectfully submit these comments.

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<sup>3</sup> “The Power of Pets: Health Benefits of Human-Animal Interactions,” NIH News in Health, February 2018, <https://newsinhealth.nih.gov/2018/02/power-pets>.

<sup>4</sup> “Pets by the numbers,” Humane Society of the United States, accessed December 15, 2020, <https://www.humanesociety.org/resources/pets-numbers>.

<sup>5</sup> “ASPCA Estimates Number of Pets Living in Poverty with Their Owners Could Exceed 24.4 Million Due to COVID-19 Crisis,” ASPCA press release, published August 18, 2020, <https://www.asPCA.org/about-us/press-releases/aspca-estimates-number-pets-living-poverty-their-owners-could-exceed-244#:~:text=NEW%20YORK%20%E2%80%93%20The%20ASPCA%C2%AE,of%20the%20COVID%2D19%20crisis>.

<sup>6</sup> “The True Cost of Getting a Dog,” Rover, last accessed December 15, 2020, <https://www.rover.com/blog/true-cost-of-getting-a-dog/>.



Sincerely,

A handwritten signature in blue ink, appearing to read "Megan Nicholson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Megan Nicholson  
Wisconsin State Director  
Humane Society of the United States

A handwritten signature in blue ink, appearing to read "Susan B. Krebsbach, DVM". The signature is cursive and includes the letters "DVM" at the end.

Susan B. Krebsbach, DVM  
Wisconsin State Representative, Humane Society Veterinary Medical Association and  
Member, WVEB Telehealth Advisory Committee



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September 23, 2021

VIA email to [Angela.Fisher1@wisconsin.gov](mailto:Angela.Fisher1@wisconsin.gov) Division of Animal Health Department of Agriculture, Trade and Consumer Protection (DATCP) P.O. Box 8911, Madison, WI 53708-8911  
RE: Comments on CR 21-062, relating to veterinarians and veterinary technicians

Dear Ms. Fisher:

My name is Mike Larson. I am a dairy farmer and owner of Larson Acres, Inc., from Evansville, Wisconsin. I am writing to you to express my support for the Veterinary Examining Board's (VEB's) proposed changes to VE 1-11 relating to the use of telehealth in the practice of veterinary medicine. For more than 100 years, and spanning five generations, Larson Acres has been committed to producing high-quality milk and providing leadership and advocacy in the areas of animal welfare, environmental sustainability, and community relations. Proper on-farm care for our animals is the first step to achieving those goals.

I support that an initial VCPR cannot be established via telehealth and that delegation via telehealth should be limited. More specifically, I support current law which states that specific assisted reproductive procedures may not be delegated unless the veterinarian is physically present on the premises. If something were to go wrong during one of these procedures, there is value in having a highly skilled and educated veterinarian there to care for the animal.

Additionally, relaxing these rules could hurt the perception of the Wisconsin dairy industry by giving the impression that our quality isn't up to standards. While delegating ART procedures could save some money up front, the long-term implications outweigh any potential short-term gain. We need to continue to set the bar high when it comes to caring for our animals and educating the public.

Thank you for considering this request.

Mike Larson

September 29, 2021

VIA email to [Angela.Fisher1@wisconsin.gov](mailto:Angela.Fisher1@wisconsin.gov)

Division of Animal Health

Department of Agriculture, Trade and Consumer Protection (DATCP)

P.O. Box 8911, Madison, WI 53708-8911

RE: Comments on CR 21-062, *relating to veterinarians and veterinary technicians*

Dear Ms. Fisher:

My name is Aaron Prosocki and I am from Mukwonago, Wisconsin. I am a veterinarian that primarily practices advanced reproductive technologies (ART) and medicine. I am writing to you to express my support for the Veterinary Examining Board's (VEB's) proposed changes to VE 1-11 relating to the use of telehealth in the practice of veterinary medicine and the dispensing of prescriptions by veterinarians.

Myself and a fellow Veterinarian are co-owners of Sunshine Genetics Inc in Whitewater, WI. Our business is well-known around the world for providing a multitude of services; including the exporting of embryos both domestically and internationally, in-vivo embryo collections and freezing, ovum pick-up, and the transferring of embryos. We have a clientele primarily from Wisconsin, a few from neighboring states as well as abroad (mostly in Europe) who rely on us for our professional care of their animals and the ART procedures we perform on them.

I am in support that an initial VCPR cannot be established via telehealth. Veterinarians are able to assess their patients through not only visual exams, but also palpations. The in-person contact and connection that is established at the time of an examination is critical for the long-term care of the patient as well as the relationship between the client and Veterinarian.

I do support limited telehealth procedures to be able to be delegated to a CVT as proposed in the telehealth draft legislation. With limitations on the availability of veterinarians, especially in rural parts of our state, our

profession is best served by delegating these technical procedures to technicians that are trained and licensed to perform them.

I feel very strongly that we should not have allowed these procedures to be delegated to a CVT at all, but since this has already been passed, we must focus on preserving the role of a Veterinarian throughout this process due to the importance for the overall health of our animal patients. Allowing these procedures to be performed by telehealth is simply another giant step in the wrong direction for our industry and the profession. Of particular concern is that ART procedures are very tactile in nature. Yes, there is an ultrasound image that is visual, but that is only part of the equation. It is not uncommon to find reproductive abnormalities and pathology that require a diagnosis by palpation. Diagnosis of anatomic pathologies - ovarian adhesions, ovarian or uterine abscess or lymphosarcoma - via telehealth is simply unable to be accomplished without the professional experience of palpation from a trained Veterinarian and the subsequent medical plan to resolve/treat such pathologies.

I do support a veterinarian being able to fill a prescription for another veterinarian under the criteria listed.

Thank you for considering this request.

Aaron Prososki DVM  
Co-owner, Sunshine Genetics Inc  
W7782 US Hwy 12  
Whitewater, WI 53190  
(262)473-8905 office  
(715)571-5148 cell

**From:** [jlprososki@gmail.com](mailto:jlprososki@gmail.com)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** CR 21-062  
**Date:** Wednesday, September 29, 2021 8:56:55 PM

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September 29, 2021

VIA email to [Angela.Fisher1@wisconsin.gov](mailto:Angela.Fisher1@wisconsin.gov)

Division of Animal Health

Department of Agriculture, Trade and Consumer Protection (DATCP) P.O. Box 8911, Madison, WI 53708-8911

RE: Comments on CR 21-062, relating to veterinarians and veterinary technicians

Dear Ms. Fisher:

My name is John Prososki and I am from Wausau, Wisconsin. I am a Veterinarian that has practiced Veterinary medicine in Wisconsin since 1986. I am writing to you to express my support for the Veterinary Examining Board's (VEB's) proposed changes to VE 1-11 relating to the use of telehealth in the practice of veterinary medicine and the dispensing of prescriptions by veterinarians.

I am the owner of Wittenberg Embryo Transfer in Wausau, Wisconsin. Since the early 2000's, my business has focused solely on the practice of advance reproductive technologies (ART) in the state of Wisconsin, serving a multitude of clients ranging from small registered family farms to large commercial dairies to bull studs/AI companies.

I am in support that an initial VCPR cannot be established via telehealth. Veterinarians are able to assess their patients through not only visual exams, but also palpations. The in-person contact and connection that is established at the time of an examination is critical for the long-term care of the patient as well as the relationship between the client and Veterinarian.

I do support limited telehealth procedures to be able to be delegated to a CVT as proposed in the telehealth draft legislation. With limitations on the availability of veterinarians, especially in rural parts of our state, our profession is best served by delegating these technical procedures to technicians that are trained and licensed to perform them.

I personally perform the ART procedure of in vivo embryo recovery (flushing) as well as transferring of embryos on farm. I feel very strongly that it was a mistake to have allowed these procedures to be delegated to a CVT at all. However, allowing these procedures to be performed by telehealth is an additional major step in the wrong direction for the Veterinary profession/industry. Of particular concern is that ART procedures are very tactile in nature. An ultrasound image is only a small component of the equation and often times is merely a narrow picture of a multi-factorial procedure involving not only the analysis of what is seen, but the palpation of all the unseen structures surrounding said image. It is not uncommon to find reproductive abnormalities and pathology that require a diagnosis by palpation. Cattle are large animals and the pathology that is common is large in size as well. The ultrasound machine can image small detail, but it is impossible to diagnose ovarian adhesions, ovarian or uterine abscess or lymphosarcoma without palpation to name just a few. One cannot palpate via telehealth and palpation is critical for our procedures.

I do support a veterinarian being able to fill a prescription for another veterinarian under the criteria listed.

Thank you for considering this request.

Dr. John Prososki

Wittenberg Embryo Transfer

715-574-4374

[jlprososki@gmail.com](mailto:jlprososki@gmail.com)

**From:** [drlinda87@gmail.com](mailto:drlinda87@gmail.com)  
**To:** [Fisher, Angela H - DATCP](#)  
**Subject:** Comments on CR 21-062  
**Date:** Wednesday, September 29, 2021 9:41:17 PM

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September 29, 2021

VIA email to [Angela.Fisher1@wisconsin.gov](mailto:Angela.Fisher1@wisconsin.gov)

Division of Animal Health

Department of Agriculture, Trade and Consumer Protection (DATCP) P.O. Box 8911, Madison, WI 53708-8911

RE: Comments on CR 21-062, relating to veterinarians and veterinary technicians

Dear Ms. Fisher:

My name is Dr Linda Prosocki and I am from Wausau, Wisconsin. I have been practicing veterinary medicine in Wisconsin since 1987. I am writing to you to express my support for the Veterinary Examining Board's (VEB's) proposed changes to VE 1-11 relating to the use of telehealth in the practice of veterinary medicine and the dispensing of prescriptions by veterinarians.

I am the owner of Wittenberg Veterinary Clinic, Companion Animal in Wittenberg and the Metro Animal Hospital in Weston.

I am in support that an initial VCPR cannot be established via telehealth. Veterinarians need to assess their patients in person with a physical exam to have a full knowledge base of that pet's health. The animal cannot communicate their condition orally. At times the owner can misinterpret an animal's condition. The connection between the animal, the care-taker and the veterinarian that is established at the time of an initial examination is critical for the long-term care of the patient as well as the relationship between the care-taker and veterinarian.

I believe that procedures that can be delegated to a CVT are a valuable benefit to patients and to veterinarians, however I also believe that a veterinarian must be on premises during these procedures. Being available by phone within 5 minutes when the aorta has been lacerated during a cystocentesis is not acceptable.

I do support a veterinarian being able to fill a prescription for another veterinarian under the criteria listed.

Thank you for your consideration.

Dr. Linda Prosocki  
Wittenberg Veterinary Clinic, CA  
Metro Animal Hospital  
[drlinda87@gmail.com](mailto:drlinda87@gmail.com)