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MEMORANDUM

DATE	January 30, 2020
то	Veterinary Medical Board
FROM	Jessica Sieferman, Executive Officer
SUBJECT	Agenda Item 13C. Proposed Amendments to Model Regulations Regarding Scope of Practice for Veterinary Technicians and Veterinary Technologists

On October 31, 2019, the American Association of Veterinary State Boards (AAVSB) distributed proposed Model Regulations Regarding Scope of Practice for Veterinary Technologists for voting at the 2020 Annual Meeting.

AAVSB reiterates that "[j]ust like the Practice Act Model (PAM), these new model regulation documents (once finalized) will be used by AAVSB Member Boards to reference when drafting or editing their own regulations regarding these timely topics. Use of these documents is a valuable resource for Member Boards but is completely optional and non-binding."

With that said, AAVSB guidelines are referred to often and can make differing regulations more challenging. As an example, the Board expressed extreme concern over the AAVSB's recent changes to the PAM related to Telemedicine, and the Board's regulations differed from AAVSB. The Board received public comment accusing the Board of not using a national standard when it comes to telemedicine.

If the Board has concerns with the model regulations, it is extremely important to make those concerns known to the AAVSB.

Feedback is due to the AAVSB by February 20, 2020.

Action Requested:

Please review the attached <u>DRAFT - Model Regulations - Veterinary Technician Scope of Practice.pdf</u>, determine if the Board should raise any concerns, and direct the 2020 Annual Meeting delegates how to vote (for or against).

Attachments:

1. AAVSB's Model Regulations Regarding Scope of Practice for Veterinary Technicians and Veterinary Technologists



MODEL REGULATIONS – SCOPE OF PRACTICE FOR VETERINARY TECHNICIANS AND VETERINARY **TECHNOLOGISTS**

As recommended by the AAVSB Regulatory Policy Task Force in August 2019

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Introduction

These Model Regulations are meant to support the statutory language that can be found in the AAVSB Practice Act Model (PAM). Each model regulation from the AAVSB is presented separately for ease of use for the AAVSB Member Boards to utilize as a model in developing regulations or rules specific to targeted topics. The AAVSB Regulatory Policy Task Force will continue to develop Model Regulations to address pressing issues in the regulation of Veterinary Medicine.

Revisions

Created 2019

Structure and Format

The AAVSB Model Regulations have been structured to allow Member Boards to develop new regulations or rules within their jurisdiction to address the specific language that can be found in the jurisdiction's existing statute or bylaws. It has been formatted to include the model language with corresponding commentary. To provide the rationale and thought processes behind the Model Regulations, readers are encouraged to read the commentary as well as the Regulation to receive a complete perspective. Commentary follows each section if appropriate.

Scope of Practice for Veterinary Technicians and Veterinary Technologists

Commentary

Section 106. Practice of Veterinary Technology in the AAVSB Practice Act Model (PAM) encourages The Board to promulgate regulations establishing Animal health care tasks and an appropriate degree of Supervision required for those tasks that may be performed only by a Veterinary Technician or a Veterinarian.

Definitions.

Veterinary Technician means an individual who is duly licensed to practice Veterinary Technology under the provisions of this Act and has received an associate degree or its equivalent from a college level program accredited by the American Veterinary Medical Association – Committee on Veterinary Technology Education & Activities.

Veterinary Technologist means an individual who is duly licensed to practice Veterinary Technology under the provisions of this Act and is a graduate of a four-year baccalaureate program accredited by the American Veterinary Medical Association – Committee on Veterinary Technology Education & Activities.

Commentary

Definitions.

As there has been statute changes in at least one jurisdiction to recognize the education difference between a Veterinary Technician and a Veterinary Technologist, the AAVSB believes it will be helpful for Boards to define the distinction.

Model Regulation.

A Veterinary Technician or Veterinary Technologist may be allowed to perform the following acts under the direction, supervision, and responsibility of a licensed Veterinarian, who has established the Veterinarian-Client-Patient Relationship (VCPR). All Licensees will comply with the record keeping rule established by the Board. The Veterinarian shall be responsible for determining the competency of the Licensee to perform allowable Animal healthcare tasks.

Allowable Animal Healthcare Tasks.

(a) Immediate Supervision

1) Surgical assistance to a Veterinarian

(b) Direct Supervision

- (1) General anesthesia and sedation, maintenance and recovery
- (2) Endotracheal intubation
- (3) Regional anesthesia, including paravertebral blocks, epidurals, local blocks
- (4) Dental procedures including, but not limited to:
 - a. The removal of calculus, soft deposits, plaque, and stains;
 - b. The smoothing, filing, and polishing of teeth
- (5) Euthanasia
- (6) Collection, preparation, and administration of blood or blood components for transfusion purposes
- (7) Placement of, including but not limited to, gastric, nasogastric, nasoesophageal, chest, and abdominal tubes
- (8) Ear flushing with pressure or suction
- (9) Application of casts or splints for the temporary immobilization of fractures
- (10) Fluid aspiration from a body cavity or organ (i.e., cystocentesis)
- (11) Suturing an existing surgical skin incision or
- (12) Suturing a gingival incision
- (13) Placement of epidural, osseous, and nasal catheters
- (14) Administration of chemotherapy
- (15) Administration of radiation therapy

(c) Indirect Supervision

- (1) Administration, preparation, and application of treatments, including but not limited to, drugs, medications, controlled substances, enemas, biological and immunological agents, unless prohibited by government regulation
- (2) Intravenous and intra-arterial catheterizations

- (3) Imaging including, but not limited to, radiography, ultrasonography, computed tomography, magnetic resonance imaging, and fluoroscopy and the administration of radio-opaque agents/materials
- (4) Collection of blood except when in conflict with government regulations, (i.e., Coggins)
- (5) Collection and preparation of cellular, or microbiological samples by skin scrapings, impressions, or other non- surgical methods except when in conflict with government regulations
- (6) Collection of urine by free catch, expression, catheterization (unobstructed) and insertion of an indwelling urinary catheter
- (7) Monitoring including, but not limited to, EKG, blood pressure, and blood oxygen saturation
- (8) Clinical laboratory test procedures
- (9) Handling and disposal of biohazardous waste materials
- (10) Implantation of a subcutaneous identification chip
- (11) Laser Therapy
- (12) Animal Rehabilitation Therapies
- (13) Ocular tonometry, Schirmer tear test, and fluorescein stain application
- (14) Suture removal

Commentary

Indirect Supervision

Jurisdictions may want to have a special exception to allow a Veterinary Technician or Veterinary Technologist to conduct pregnancy examination of food animals, with or without diagnostic equipment, rectal palpation, and artificial insemination. Jurisdictions may also want to exclude Veterinary Technicians and Veterinary Technologists from performing these duties at livestock auctions due to the lack of a VCPR and abundance of governmental regulatory requirements (i.e., interstate health certificates).

The AAVSB Regulatory Policy Task Force also suggests that the definition for Indirect Supervision be revised in the AAVSB Practice Act Model to the following: **Indirect Supervision** means a Supervising Veterinarian need not be physically on the Premises but has given either written or oral instructions for the treatment of the Patient and is readily available for communication either in person or through use of electronic information and communication technology