



MEMORANDUM

DATE	July 9, 2021
TO	Veterinary Medical Board (Board)
FROM	Kristi Pawlowski, RVT, Chair Multidisciplinary Advisory Committee (MDC)
SUBJECT	Agenda Item 5.B. Recommendations Regarding Veterinarian-Client-Patient Relationship (VCPR) and Development of Frequently Asked Questions

Background

In October 2020, the Board reviewed their regulatory proposal regarding sections 2032.15 and 2032.25, article 4, division 20, title 16 of the California Code of Regulations (CCR) regarding the VCPR in the absence of client communication and written prescriptions in the absence of the originally prescribing veterinarian.

While reviewing the proposed regulations, some inconsistencies were identified regarding medical recordkeeping, access to medical records, and veterinarians working from different locations. It appeared the regulatory proposal could result in some confusion for Board staff, consumers, and the profession in providing accurate responses regarding secondary veterinarians at multiple premises having access to original electronic medical records being able to refill a prescription on behalf of the client without establishing a new VCPR.

During the October 2020 meeting, Board members presented more questions regarding the VCPR and electronic medical records. Dr. Mark Nunez raised a question regarding global medical records used across large veterinary practices. For example, if a patient moves from Chicago to Los Angeles, does the doctor have to establish a new VCPR before prescribing since the doctor has access to the animal patient’s medical records?

During public comment, Dr. Sullivan explained the original intent of amending CCR section 2032.15 to address shift changes at emergency hospitals when a veterinarian on the next shift assumes care for the animal patient. The original veterinarian established the VCPR with the animal patient, and the second shift veterinarian would be allowed to utilize the original VCPR with the animal patient without establishing a new VCPR, as long as the second shift veterinarian does not change the diagnosis or the treatment. The diagnosis and treatment would have to be performed at the same location where the medical records are kept.

Dr. Sullivan then explained the intent of amending CCR section 2032.25 to close a potential loophole that could have allowed a client to transfer medical records to a new veterinarian at a new premises and refill a prescription without the new veterinarian establishing a VCPR. The amendments to CCR section 2032.25 would require the medical records to be at the veterinary premises, so the VCPR cannot be transferred to another premises; otherwise, a client could ask for medical records to be transferred to a different location and request a prescription refill, without the new veterinarian examining the animal patient and establishing a new VCPR. Then, CCR section 2032.25, subsection (b), addresses emergency situations where the client and animal patient are traveling; the client would be able to refill a prescription for a short duration until the animal patient returns home to the original prescribing veterinarian for continued treatment.

The Board maintained the original proposed language after further discussion. The VCPR proposal was approved by OAL on February 11, 2021, and made effective on April 1, 2021.

Subsequently, Board staff received several questions regarding the VCPR asking if it was attached to the premises or the veterinarian. Other common questions received by Board staff include veterinarians working within the same premises authorizing refills of prescriptions by another veterinarian, even though the secondary veterinarian is not the originating veterinarian, has not established a VCPR, but has access to the original medical records. Due to the complexity and situational nature of the questions, Board staff is unable to provide specific answers to the profession or consumers.

In January 2021, the Board requested the MDC to potentially draft language to clarify the VCPR language to educate the veterinary profession and consumers, as well as assist Board staff in answering frequently asked questions.

Kristi Pawlowski, RVT, joined Dr. Richard Sullivan to form the VCPR Subcommittee (Subcommittee) as the VCPR language was closely related to the existing Telemedicine Subcommittee they were currently discussing. The Subcommittee had several meetings to discuss and thoroughly review questions commonly submitted to the Board. Since staff is asked situational questions and staff are unable to provide an interpretation of the law, it was important for the Subcommittee to provide precise responses to these commonly asked questions.

One question asked was if a veterinarian could perform laboratory tests on an animal patient without first establishing a VCPR. The Subcommittee was able to clarify a VCPR was not required to perform laboratory tests. Rather, a VCPR is required if the veterinarian is administering, prescribing, dispensing or furnishing a drug, medicine, appliance or treatment to the animal patient (except for wild or unowned animals). Part of establishing a VCPR is obtaining sufficient knowledge of the animal(s), which includes through laboratory testing, to initiate at least a general or preliminary diagnosis of the medical condition. (CCR, tit. 16, § 2032.1, subs. (a), (b)(2).)

MDC Review and Recommendation

Based on the questions the Board has received to date, the Subcommittee proposed, and the MDC approved, a list of frequently asked questions, attached, regarding the VCPR. The MDC believes submitting these FAQs to the Board for approval at this time would be appropriate, while continuing to gather additional commonly asked questions.

Action Requested

The MDC requests the Board approve the Frequently Asked Questions Regarding the Veterinarian-Client-Patient Relationship (VCPR) for posting to the Board's website and dissemination through various outreach efforts.

Attachments

1. Frequently Asked Questions Regarding Veterinarian-Client-Patient Relationship (VCPR) (California Code of Regulations (CCR), Title 16, Sections 2032.1, 2032.15, and 2032.25)

**FREQUENTLY ASKED QUESTIONS REGARDING
VETERINARIAN-CLIENT-PATIENT RELATIONSHIP (VCPR)
(California Code of Regulations (CCR), Title 16,
Sections 2032.1, 2032.15, and 2032.25)**

1. *Can a veterinarian prescribe treatment after a previous associate veterinarian, at the same premises, did a wellness exam?*

Answer: No; for a second veterinarian to prescribe treatment of a condition, the condition would have to be diagnosed under the original VCPR. If no condition is diagnosed, a new VCPR would have to be established by the second veterinarian to treat the new condition. (CCR, tit. 16, §§ 2032.1, subs. (b)(2), (3), 2032.15, subs. (a)(3), (4).)

However, if the original veterinarian prescribed medications at the time of the wellness exam, then the second veterinarian (or any veterinarian at the same premises) can continue to refill those prescriptions up to a year without a new exam or VCPR. (CCR, tit. 16, §§ 2032.1, subs. (c), 2032.25, subs. (b)(2).)

2. *If Doctor A initially examined the animal patient and established the VCPR, can Doctor B (within the same premises) treat the patient for additional follow-up and/or treatment without establishing a new VCPR?*

Answer: Yes, Doctor B can treat the animal patient for the condition diagnosed by Doctor A, and no new exam is required to change the treatment plan for that condition. (CCR, tit. 16, § 2032.15.)

However, if Doctor B diagnosis a second (new) condition, treatment of the new condition would require Doctor B to establish a new VCPR. (CCR, tit. 16, §§ 2032.1, subs. (a), (b)(2), (3), 2032.15, subs. (a)(4).)

3. *If Doctor A has established the VCPR with the animal patient, can Doctor B (within the same premises), prescribe a new medication to treat the condition?*

Answer: Yes, Doctor B can prescribe a new medication to treat the same condition diagnosed by Doctor A. To do so, Doctor B must consult the animal patient's medical record or Doctor A (primary veterinarian), communicate the change in treatment to the client, and document the new prescription in the animal patient's medical records. (CCR, tit. 16, §§ 2032.15, subs. (a), (b), 2032.3, subs. (a)(12).)

4. *Doctor A does relief work at "XYZ Emergency Hospital" and establishes a VCPR with the animal patient at that location; Doctor A then sees this same animal patient at Doctor A's original home hospital of "ABC Hospital". Can Doctor A prescribe from "ABC Hospital" for said animal patient without establishing another VCPR?*

Answer: Yes, Doctor A can issue a prescription while working at “ABC Hospital” to treat the animal patient without establishing a new VCPR, as long as the treatment is for the same condition that Doctor A previously diagnosed. (CCR, tit. 16, § 2032.1, subs. (b)(2).) A VCPR is established by the veterinarian and client for treatment of the animal patient; accordingly, the VCPR follows the veterinarian, not the veterinary premises.

Note: Doctor A should ensure that the animal patient’s medical records at “ABC Hospital” includes records of the original examination and diagnosis performed at “XYZ Emergency Hospital”, as well as the prescription issued at “ABC Hospital”. (Business and Professions Code (BPC), § 4855; CCR, tit. 16, § 2032.3, subs. (a).) “XYZ Emergency Hospital” can share originals or copies of the animal patient’s medical records with “ABC Hospital”. (BPC § 4857, subd. (a)(5).)

If Doctor B also works at “ABC Hospital” and has not established a VCPR with said animal patient, but needs to refill a prescription in the absence of Doctor A, as long as the complete animal patient records, including records of Doctor A’s examination and diagnosis performed at “XYZ Emergency Hospital”, are located at “ABC Hospital” and Doctor B has reviewed those records, Doctor B can refill a prescription without a new VCPR. (CCR, tit. 16, § 2032.25, subs. (b)(2).)

5. *Can a veterinarian do laboratory tests on an animal patient where no VCPR is established?*

Answer: Yes; a VCPR is required only if the veterinarian is administering, prescribing, dispensing or furnishing a drug, medicine, appliance, or treatment to the animal patient (except for wild or unowned animals). Part of establishing the VCPR is obtaining sufficient knowledge of the animal(s), which includes through laboratory testing, to initiate at least a general or preliminary diagnosis of the medical condition. (CCR, tit. 16, § 2032.1, subs. (a), (b)(2).)

If the client requests treatment for the animal patient after the laboratory test results are returned, a VCPR, which includes a physical exam, must be established. (CCR, tit. 16, § 2032.1, subs. (a), (b).)