

Ohio Veterinary Medical Licensing Board Newsletter

Mid-2019 Edition

Current Board Members

Cindy Kidd, DVM

President
Jackson, OH
Term: 8/8/12-12/31/20

Matthew Verbsky, DVM

Vice-President
West Liberty, OH
Term: 1/8/19-12/31/2021

Dianne “Annie” Jones, RVT

Secretary
Ostrander, OH
Term: 3/12/15-12/31/21

Craig Miesse, DVM

Celina, OH
Term: 4/24/17-12/31/19

Nancy O’Connor, DVM

Akron, OH
Term: 2/19/16-12/31/21

Kim Riker-Brown, DVM

Toledo, OH
Term: 7/13/15-12/31/19

Vacant

Public Member

Board meetings are open to the public to listen to discussion on Agenda items.

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Compliance Inspections

A Compliance inspection consists of a physical inspection of a veterinary hospital/clinic. The inspection occurs after a certified letter has been sent to the owner of the veterinary facility giving them five-days notice as required by Section 4741.26 ORC. Included in the letter is the [Rule 4741-1-03](#) of the Ohio Administrative Code which details the physical requirements for a stationary facility. Mobile veterinary units are also subject to inspection ([Rule 4741-1-08 OAC](#)). Additionally, the actual compliance inspection form/checklist that the investigator uses can be found on the board web site. As a result, there should not be any surprises when the investigator arrives. The investigator will also look at the drug stock to determine if there are expired drugs comingled with the current drugs and the review of the controlled substance logs.

In 2015, the Board determined that they would need to increase the number of compliance inspections performed as permitted within the allotted budget. There are approximately 1050 veterinary facilities in Ohio. The exact number is unknown because the Board does not license veterinary facilities owned by veterinarians.

Additionally, in March, 2015 the Board members passed a motion to deem AAHA accredited veterinary facilities as appropriately inspected and therefore will not have to undergo another compliance inspection by the Board unless there is a written complaint submitted. There are approximately 120 veterinary facilities that are AAHA accredited in the State of Ohio.

During this fiscal year (July, 2018 to June 30, 2019), there have been 165 compliance inspections performed so far. Of those, there were 23 facilities with deficiencies found by the inspector, mostly for expired drugs co-mingled with the current supply. Typically, following an inspection with a deficiency, the facility owner will receive a 30-day correction letter and must submit an affidavit which details how the deficiency has been corrected and what measures have been taken to achieve compliance in the future. Additionally, the letter serves as a five day notice in the event another compliance inspection needs to be performed as a follow-up.

If the deficiency continues, the Board opens a complaint file and issues a Notice of Opportunity for a Hearing which involves the adjudication process.

Amended Continuing Education Rule 4741-1-11 OAC

In keeping with the national standards of the American Association of Veterinary State Boards, Rule 4741-1-11 of the Ohio Administrative Code (OAC) was amended to change the terms “scientific” to “medical” and “non-scientific” to “non-medical” continuing education hours. There is no change in the number of hours that is required for renewal. [30 hours for veterinarians and 10 hours for registered veterinary technicians.]

Of those required continuing education hours for renewal, there is a limit on the number of internet, web-based continuing education hours. Six hours maximum is permitted toward continuing education hours. The online hours can be medical, nonmedical or a combination of both. Please review Rule 4741-1-11 OAC found on the Board’s web site under Law and Rules.

Please note that those licensees renewing for the first time after graduation are exempt from the requirements for continuing education to renew their license.

Reminder: In an **emergency** situation, a licensee may submit a written request for a “one-lifetime” waiver from CE during renewal for Board member approval. If approved, the hours must be made up and submitted at the next biennial renewal.

Ohio Veterinary Medical Licensing Board
Position Statement
On
Telemedicine/Telehealth

Purpose:

Telemedicine/Telehealth (Telehealth) encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and educational services. Telehealth is not specifically addressed in the Ohio Veterinary Medical Practice Act. As a result, the Ohio Veterinary Medical Licensing Board (Board) has developed this Position Statement to address questions related to the practice of Veterinary Telehealth in the State of Ohio based on current law and regulations.

Position:

A veterinarian using telehealth technologies must take appropriate steps to establish a valid Veterinary-Client-Patient Relationship (VCPR) and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presented. The Board recognizes that telehealth technologies, in lieu of hands-on medical care, may be useful in some situations where a VCPR has already been established. The Veterinarian must employ sound professional judgment to determine whether using Telehealth is suitable each time veterinary services are provided and only furnish medical advice or treatment via Telemedicine when it is medically appropriate.

VCPR

In accordance with Revised Code 4741.04, a veterinary client patient relationship serves as the basis for interaction between veterinarians, their clients and their patients. A veterinary-client-patient relationship exists when all of the following conditions have been met:

- A veterinarian assumes responsibility for making clinical judgment regarding the health of a patient and the need for medical treatment, medical services or both for the patient, and the client has agreed to follow the veterinarians' instructions regarding the patient.
- The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. In order to demonstrate that the veterinarian has sufficient knowledge, the veterinarian shall have seen the patient recently and also shall be acquainted personally with the keeping and care of the patient either by examining the patient or by making medically appropriate timely visits to the premises where the patient is kept.
- The veterinarian is readily available for follow-up evaluation, or had arranged for emergency coverage, in the event the patient suffers adverse reactions to the treatment regimen or the treatment regimen fails.

Telemedicine is a reasonable option for patients who lack regular access to veterinary care. It enhances opportunities to access emergency or specialty veterinary expertise in geographic areas where no other options are available. The location of the patient determines the location of the practice of medicine. The Veterinarian must be licensed in the State of Ohio to treat a patient in the State of Ohio.

The veterinarian must obtain Informed Consent from the Client and identify him or herself and the licensure status when performing Telehealth. Evidence of the permission by the Client to use telehealth technologies must be maintained in the medical record. Medical records must contain sufficient information for continued veterinary medical care in accordance with Rule 4741-1-21 of the Ohio Administrative Code.

Prescribing medications requires a VCPR and is at the professional discretion of the Veterinarian. The indication, appropriateness, and safety considerations for each prescription issued in association with Telehealth services must be evaluated by the Veterinarian in accordance with Ohio Pharmacy laws and standards of care.

Veterinarian consultation:

There is one exception in the law to the VCPR requirement. RC 4741.20(H) permits a Colleague to Colleague consultation. Revised Code 4741.20 provides exemptions to the Ohio Veterinary Practice Act. R.C. 4741.20(H) permits a veterinary consultation when consulting with a licensed veterinarian, on the condition that the service performed by the veterinary consultant is limited to the consultation and under all circumstance, the responsibility for the care and treatment of the patient remains with the veterinarian who holds a current license in this state and who is providing treatment, or consultation as to treatment, to the patient.

Board approved January 9, 2019



Renewals—Limited Licenses

Limited Veterinary licenses expire on July 1, 2019. Which means that any licensee, according to the Veterinary Practice Act, who is practicing on an expired license is in violation of the law. Late fees are assessed immediately after the expiration date of July 1st and a stiffer penalty is applied after August 1st. After this renewal cycle, all Limited License renewal communications will be sent via email notification.

Please provide any changes of address in writing to the Board office by email, fax or via mail ASAP to make sure that you receive your renewal information in a timely manner. Renewal information with username and password were mailed out in April 2019. After this renewal cycle, future renewal notification will occur via email only. Instructions for the new system were included in the mailing and on the Board's web site. No paper applications or checks will be accepted.

Once you log in to eLicense for the first time, you will be asked to enter the following information: Email Address (the one on file with the Board), Security code, Social Security Number, and Date of Birth.

A few pointers for the new ELicensing system:

- The new system does not work well in Explorer. Google Chrome, Safari or Firefox are recommended.
- You will need to have all of your documents available (i.e. CE, court documents, military active duty forms) to upload onto your computer so that they can be submitted into the system.
- If you begin to enter data, and need to leave the system, you can save the data and return to complete.
- Your application will not be submitted to the Board office until payment is made via VISA or MasterCard only. If you do not have a charge card, you can obtain a pre-paid payment card but make sure you have added the \$3.50 transaction fee to the pre-paid Visa card.
- You will have three options to submit continuing education: write it out, upload a document, or email to the Board.
- You can change your address in the system at any time.
- Computers are necessary to transact with the licensing system and complete the renewal of your Board license. Computers are available at local libraries, Senior Citizen Centers, and Community Centers. (For initial licenses, you must be able to upload documents. The only document that will not be uploaded is the Criminal Background Check results which come directly to the Board from BCII.)
- Veterinarians can request another wall certificate through the Options link of the new system. (RVTs will receive an emailed certificate upon licensure that can be printed out but cannot request another wall certificate)
- You can request a Letter of Good Standing through the Options link of the new system.
- If you have forgotten your password, you can obtain through the system.
- Please note that the system will lock you out for 30 minutes if you attempt to log in after three unsuccessful attempts.

Licensees will no longer receive a small certificate upon initial licensure or upon renewal of licensure. You will receive an email validating your license/renewal which you should maintain for your records. But it is not necessary to display. Employers and Pharmaceutical companies can validate a license through the Licensure Verification port on the Board's web site. The Licensure Verification will now have the initial licensure date as well as disciplinary action.

Transaction Fee

When passing the state's budget bill on June 30, 2017, the Ohio Legislature authorized a \$3.50 transaction charge for all users of the state's Ohio eLicense system. Therefore, there will be an additional \$3.50 charge to cover the costs associated with the state being able to maintain a secure Ohio eLicense system for license information. The transaction fee will be charged for ALL new applications for licensure and renewal of licenses.



Ohio Board of Pharmacy Updates

From February 2019 E-News:

New Process for Reporting Theft or Significant Loss of Dangerous Drugs

Effective March 1, 2019, rules 4729:5-3-02 and 4729:6-3-02 require all terminal distributors and drug distributors (manufacturers, wholesalers, third-party logistics providers, repackagers and outsourcing facilities) to report the theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs) and drug documents via the Board's online portal. For more information on the new rules and the submission of reports, visit:

www.pharmacy.ohio.gov/theft.

Spring 2019 Rules Update In March and April 2019, new rules governing the operation of Ohio licensed drug distributors* and terminal distributors will take effect. The new rules are part of an ongoing effort of the Board to reorganize its rules into divisions. The Board has published two documents providing an overview of the new rules, which can be accessed using the links below. Drug Distributors (OAC 4729:6): www.pharmacy.ohio.gov/DrugDist2019 NOTE: Rule 4729:6-3-05 (Suspicious order monitoring) went into effect on April 30, 2019. Guidance on this rule was issued the week of February 18, 2019. Terminal Distributors (OAC 4729:5): www.pharmacy.ohio.gov/Terminal2019

**Drug distributor includes the following license types: manufacturer of dangerous drugs, outsourcing facility, third-party logistics provider, repackager of dangerous drugs and wholesale distributor of dangerous drugs (includes broker and virtual wholesaler).*

Veterinary Rules:

The Ohio Board of Pharmacy has developed a separate section of rules that applies to the veterinarian and the veterinary clinics. The following rules were proposed in May, 2018 for comment and were recently filed:

Rule 4729:5-20-01—Definition section for veterinary clinics

Rule 4729:5-20-02—Establishes the requirements for a veterinarian who personally furnishes dangerous drugs.

Rule 4729:5-20-03—Provides the requirements of the responsible person on the license which includes establishing standards for security, control and storage of dangerous drugs and hypodermics. The rule requires a lockable cabinet or other secure storage area to store dangerous drugs and hypodermics, requires performing monthly checks if drugs are refrigerated or frozen and ensuring that multiple use vials are appropriately labeled to ensure that they are not expired or adulterated.

Rule 4729:5-20-04—Provides the requirements for record keeping for veterinary clinics. There is a requirement for maintaining records of personally furnishing dangerous drugs to a client, as well as the other required records.

Clarification by the Board of Pharmacy on Cannabidiol (CBD) Oil

All marijuana products, including CBD oil, can only be dispensed in a licensed Medical Marijuana Control Program dispensary. Those marijuana products will have to comply with the rules and regulations of the program. All products must have a known source, as well as known quantities of active ingredients. Testing procedures will be conducted by testing laboratories licensed by the Ohio Department of Commerce. As the Medical Marijuana Control Program becomes operational, the Board will continue to provide updates through the program's website: <https://www/medicalmarijuana.ohio.gov/>

Until dispensaries are operational, no one, including board licensees, may possess or sell CBD oil or other marijuana related products. Violations can subject a licensee to administrative or criminal action.

Therapeutic Pet Food

If Therapeutic Pet Food does not contain a "dangerous drug" or labeled as such, it does not require a prescription. However, according to the FDA, in the interest of animal safety, dog and cat food diets labeled with therapeutic claims (e.g., renal failure, diabetes) should be available only through licensed veterinarians or through retailers and internet sellers under the direction of a veterinarian. When these products are marketed directly to pet owners, there is a greater potential for product misuse and/or misunderstanding of the role of the product in the disease treatment. (*Guidance for FDA Staff, April, 2016*)