



State of Wisconsin
Veterinary Examining Board

Governor Tony Evers
Dr. Hunter Lang, DVM, Chair

Telehealth Advisory Committee

Thursday, April 8, 2021, 9:00AM

Meeting to be held via Zoom.

To attend the meeting by telephone, call 1-551-285-1373, with meeting ID 161 328 1320, and passcode 421875, or via internet at: <https://www.zoomgov.com/j/1613281320?pwd=S110REtGQkFqc0pScHV0V3NHMkh6dz09>

Agenda

- I. Introductions
- II. Discuss Telemedicine Proposal
 - A. Delegated Medical Services
 - B. Telehealth Summary
- III. Wrap-Up and Next Steps

Delegated Medical Services – Current Rules

For full current rules, see [VE 7.02 Delegation of Veterinary Medical Acts](#)

General Requirements:

- (1) The following acts are limited to those holding a license under s. [89.06 \(1\)](#), [89.06 \(2m\) \(a\)](#), or [89.072](#), Stats.; a permit under s. [VE 3.05](#), [5.03](#) or [6.02](#); or active status as a student at a college of veterinary medicine approved by the board, and may not be delegated to or performed by veterinary technicians or other persons not holding such license or permit:
 - (a) Diagnosis and prognosis of animal diseases and conditions.
 - (b) Prescribing of drugs, medicines, treatments and appliances.
 - (c) Performing surgery.
- (2) Except as provided under s. [95.21 \(2\)](#), Stats., veterinarians may delegate to veterinary students the provision of veterinary medical services under the direct supervision of the veterinarian when the veterinarian is personally present on the premises where the services are provided.
- (8) In delegating the provision of veterinary medical acts to veterinary students, certified veterinary technicians and others, the veterinarian shall do all of the following:
 - (a) Delegate only those tasks commensurate with the education, training, experience and demonstrated abilities of the person supervised.
 - (b) Provide the supervision required under subs. [\(2\)](#) to [\(7\)](#).
 - (c) Where the veterinarian is not required to be personally present on the premises where the delegated services are provided, be available at all times for consultation either in person or within 15 minutes of contact by telephone, by video conference or by electronic communication device.
 - (d) Observe and monitor the activities of those supervised on a daily basis.
 - (e) Evaluate the effectiveness of delegated acts performed under supervision on a daily basis.
 - (f) Establish and maintain a daily log of each delegated patient service which has been provided off the premises of the supervising veterinarian.
 - (g) Notify the client that some services may be provided by a veterinary student, certified veterinary technician or an unlicensed assistant.

Emergency Delegation:

- (7) Notwithstanding subs. (1) to (6), a veterinary student, certified veterinary technician or unlicensed assistant employed by a veterinarian may, under the direct supervision of the veterinarian and pursuant to mutually acceptable written protocols, perform evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations for the purpose of stabilizing the patient pending further treatment.

Medical services that can be delegated under the direct supervision of the veterinarian:

Direct Supervision means: Where the veterinarian is not required to be personally present on the premises where the delegated services are provided, be available at all times for consultation either in person or within 15 minutes of contact by telephone, by video conference or by electronic communication device.

Medical services able to be delegated to a CVT:

Except as provided under s. [95.21 \(2\)](#), Stats., veterinarians may delegate to certified veterinary technicians the provision of the following veterinary medical services under the direct supervision of the veterinarian:

- (a) Nonsurgical veterinary treatment of animal diseases and conditions, including administration of vaccines, including rabies vaccines.
- (b) Observations and findings related to animal diseases and conditions to be utilized by a veterinarian in establishing a diagnosis or prognosis, including routine radiographs, nonsurgical specimen collection, drawing of blood for diagnostic purposes, and laboratory testing procedures.
- (c) Administration of sedatives and presurgical medications.
- (e) Nutritional evaluation and counseling.
- (f) Except to certified veterinary technicians who are also licensed professionals governed by the provisions in s. [VE 7.025](#), the provision of any complementary, alternative, or integrative therapy, as defined in s. [VE 1.02 \(3m\)](#).

Medical services able to be delegated to an unlicensed assistant:

Veterinarians may delegate to unlicensed assistants the provision of the following veterinary medical services under the direct supervision of the veterinarian:

- (a) Basic diagnostic studies, including routine radiographs, nonsurgical specimen collection, and laboratory testing procedures.
- (b) Monitoring and reporting to the veterinarian changes in the condition of a hospitalized animal patient.

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

Medical services currently able to be delegated only under the direct supervision when the veterinarian is personally present on the premises where services are being provided:

Medical services able to be delegated to a CVT:

Veterinarians may delegate to certified veterinary technicians the provision of the following veterinary medical services under the direct supervision of the veterinarian when the veterinarian is personally present on the premises where the services are provided:

- (a) Administration of local or general anesthesia, including induction and monitoring.
- (b) Performing diagnostic radiographic contrast studies.
- (c) Dental prophylaxis and simple extractions that require minor manipulation and minimal elevation.
- (d) Sample collection via a cystocentesis procedure.
- (e) Placement of intravenous and 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.

Medical services able to be delegated to an unlicensed assistant:

Except as provided under s. [95.21](#), Stats., veterinarians may delegate to unlicensed assistants the provision of the following veterinary medical services under the direct supervision of the veterinarian when the veterinarian is personally present on the premises where the services are provided:

- (a) Nonsurgical veterinary treatment of animal diseases and conditions, including administration of vaccines, and administration of sedatives and presurgical medications.
- (b) Observations and findings related to animal diseases and conditions to be utilized by a veterinarian in establishing a diagnosis or prognosis, including the drawing of blood for diagnostic purposes.
- (c) Dental prophylaxis.
- (d) Nutritional evaluation and counseling.

Questions:

Are there medical services that currently require the veterinarian to provide direct supervision while on the premises where the procedure is being conducted that instead could be completed with supervision of the veterinarian utilizing telehealth technologies?

What does utilizing telehealth technologies mean: Online with the CVT/unlicensed assistant while they are performing the duty? Immediately reachable?



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Telehealth Advisory Committee

Telehealth Summary

Draft Based on March 25th Meeting

The following is a summary of proposals that the Telehealth Advisory Committee discussed, as well as the responses of the Committee members. The Veterinary Examining Board will determine what to include in the hearing draft.

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 overarching term that encompasses all uses of technology geared to remotely deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of tools allowing a veterinarian to enhance care and education delivery.

Telemedicine: is the remote delivery of 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. §§ 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. § 89.02 (8). A licensed veterinarian may satisfy the exam requirement under Wis. Stat. § 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. Two members expressed support of option 2. One member expressed support of option 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 group, or any other relief veterinarians within the practice, that has access to, and has 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. § 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

Acts delegated under Wis. Admin. Code § VE 7.02 (3), (5), (7), and (8) (c) are currently allowed to be delegated using telehealth technologies.

The committee will continue the discussion of delegated medical services at the April 8th meeting.