



Oregon

Kate Brown, Governor

Veterinary Medical Examining Board

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Joint Ways & Means Subcommittee on Education

Senator Rod Monroe and Rep. Barbara Smith Warner, Co-Chairs

Senator Arnie Roblan, Sen. Chuck Thomsen

Representative Diego Hernandez

Representative John Lively

Representative Julie Parrish

Representative Gene Whisnant

Dear Co-Chairs and Members:

Thank you for hearing our budget request. I am Lori Makinen, executive director of the Oregon Veterinary Board. With me is Board member and former Chair, Dr. Marla McGeorge. Dr. McGeorge was appointed in 2008, and her second term ends in June. Dr. McGeorge owned The Cat Clinic in Portland and is now semi-retired and working part-time at a practice in Lake Oswego.

I would like to start with some basic information about health regulatory boards. By the 1890s, all US states had established regulation over health practitioners, largely due to formalized education, recognition of minimum standards and evolving technology. Regulation was usually vested in professional organizations that required applicants to demonstrate good moral character and ethical conduct. (We still have a statute that permits discipline for 'moral turpitude'.) Many of Oregon's health regulatory boards were established in the early 1900s; the Veterinary Board was established in 1903.

Self-regulation eventually proved ineffective, and boards began to be absorbed into existing state agencies. In 1963, Governor Hatfield moved some boards into the Department of Commerce and others into the Department of Health. Licensees and volunteer members were dissatisfied with the large-agency paradigm. In 1971 the Health-Related Licensing Boards were established, retaining statutory identities, but sharing an agency and budget number. Soon after, the boards regulating medicine, nursing, dentistry and pharmacy became separate, stand-alone agencies. (It might be noted that 'Health-Related' is a misnomer, as the boards do not regulate health-related matters, only health practitioners.)

Elimination or consolidation of boards was first proposed in 1909. More recent significant attention to consolidation occurred in the 05-07 biennium, but the concept was shelved due to opposition from the professions as well as lack of data showing benefits.



PROGRAM INFORMATION

The Board's authority is vested in ORS chapter 686. It is an Other Fund agency and has no policy packages or fee increases this biennium. The sole program is regulation of veterinary professionals in Oregon with a mission to protect animal health and welfare, public health, and consumers of veterinary services by reviewing, revising and enforcing the Oregon Veterinary Practice Act.

The Board comprises eight members appointed by the Governor and confirmed by the Senate. There are five practicing veterinarians, hailing from Astoria, Bend, John Day, Portland, and Tualatin; one Certified Veterinary Technician from Oregon City; and two public members from Portland. Board administrative staff includes a full-time director, .75FTE administrative assistant, a full-time investigator and a pending full-time facility inspector.

Staff are responsible for office administration, license application review, administering and grading license exams, license issuance, and investigation and presentation of all complaints received pursuant to ORS 676.

Licensees

Current licensee count: 2,279 veterinarians, 1,271 certified veterinary technicians, and 126 Certified Euthanasia Technicians.

	Veterinarians	Certified Vet Techs
09-11	2,044	1,078
11-13	2,090	1,115
13-15	2,170	1,149
15-17	2,279	1,271
17-19	2,337	1,319

County	Veterinarian	Intern	CVT
Baker	9		
Benton	48	2	26
Clackamas	244	19	170
Clatsop	16	1	6
Columbia	19	1	7
Coos	15	3	3
Crook	9		7
Curry	7	2	2
Deschutes	94	5	67
Douglas	42	3	12
Gilliam	1		
Grant	4	1	
Harney	4		
Hood River	12		6
Jackson	90	1	35
Jefferson	6		3
Josephine	30	1	15
Klamath	29		10
Lake	4		1
Lane	142	8	78
Lincoln	18		6
Linn	36		8
Malheur	15		2
Marion	105	13	39
Multnomah	294	23	208
Polk	15	1	13
Tillamook	11		2
Umatilla	21	1	9
Union	7	1	4
Wallowa	8	1	3
Wasco	12		5
Washington	183	9	155
Wheeler	1		
Yamhill	49	1	14

Consumer Complaints and Investigations

The Board delegates authority to staff to make determinations on whether a complaint falls under the Board's disciplinary purview. Complaints found to be within the Board's jurisdiction are either referred to the Board for review or reevaluated by a rotating investigative committee that recommends resolution to the full Board. A report of staff-resolved complaints is provided to the board at each meeting. The most common consumer complaints concern veterinary fees and veterinarians' communication and attitude. When necessary, the Board relies on board-certified experts or consultants for specialty cases. An assistant attorney general advises the Board on complaint and investigation matters.

The Board strives to resolve disciplinary matters through settlement. The Board has reviewed 266 cases as of February 2017, and settled 23 through stipulated agreement. Civil penalties range from \$250 to \$1,000 depending on the nature of the violation. Penalties may be waived as a part of settlement.

Currently there is one contested case hearing pending. The Court of Appeals has ruled in a case on appeal since 2008; the appeal was upheld and the Board will vote on withdrawing the notice at its March meeting.

Licensees are most commonly disciplined for:

Failure to use proper diagnostic and treatment procedures.

Failure to use adequate pain management.

Failure to maintain proper medical records or provide copies.

Practicing with an expired license.

Substance abuse or diversion.

Period	Complaints Reviewed	# of Notices	Fines	Avg. AAG Per Case	Total Admin. Cost
15-17	266 ¹	23	\$37,359 ²	\$841 ³	\$10,000 ⁴
13-15	+/-500	18	\$14,425	\$800	\$12,000
11-13	500	17	\$15,455	\$909	\$12,776
09-11	300	13	\$10,300	\$790	\$37,373

¹ As of July 2016

² Includes fine of \$18,000 to one licensee for multiple practice violations.

³ Does not reflect outlier fine of \$18,000 assessed against one licensee.

⁴ Represents cost-to-date for pending contested case hearing.

Assistance to Licensees

The Board has completed a partial migration to a new database system (the old system is outdated and insufficient to manage the additional requirements of facility registration).

The Board's website provides resources for licensees, including applications, Continuing Education options, information on additional credentials, and links to relevant laws, rules and policies. Current agency structure ensures that assistance is provided immediately or within hours.

The Board continues to streamline the application and renewal process. Applicants may obtain all needed materials online; when the application file is complete, the license is issued that or the next day. Licenses may be renewed online with a credit card without processing fees.

Rules

Rules were adopted during the biennium that reduce some requirements for license eligibility for Certified Veterinary Technicians; clarify who may administer rabies vaccine and what student interns may do in practice, and eliminate some restrictions for managers of veterinary facilities. Pending rulemaking will address updating discipline, veterinary dentistry, Certified Veterinary Technician scope of work, and background checks. Further consideration is needed before rule adoption, i.e., results of pending legislation that may streamline and standardize this process for all state agencies, as well as reduce cost to applicants and licensees.

Resources

The Board continues to share space, IT software/hardware, equipment and certain administrative responsibilities with six other boards in the Portland State Office Building. A shared accountant position has provided significant savings. After 20 years without an increase, license fees were raised in 2013. This increase is projected to carry the Board's revenues for 10 years.

Legislation

The Board has proposed HB 2326, which corrects a deficiency in its Cite and Fine Authority, i.e., provides the confidentiality assurance as originally intended. This legislation gave the Board authority to issue non-disciplinary citations and fines of up to \$100 for violations of the Veterinary Practice Act that do not constitute threats to public or animal health and safety. In other words, a traffic ticket for administrative or clerical infractions. It also gives the Board discretion to alternatively address the matter with discipline, as would be appropriate for repeated infractions or failure to improve, and allows a licensee to reject a citation and demand a contested case hearing. A key part of the bill was to ensure that the matter would not become part of a veterinarian's permanent public record. The bill passed, but the Board's concluded that its language does not, in fact, provide confidentiality. Hence, HB 2326.

Facility Inspection

HB 2474 allowed non-veterinary ownership of veterinary practices and provided authority for the Board to register and inspect veterinary facilities, with an annual fee of \$150 and position authority for one FTE inspector. The Board has a standing Rule Advisory Committee, originally convened to draft rules, and reconvened for review of adopted rules. The Committee recommended changes that eliminated some restrictions on facility managers, which the Board accepted, and exempting some categories of practice from registration, which is still under consideration.

At present, 779 facilities have registered. Follow-up inspections for facilities under current review are occurring. Routine inspections begin in April 2017. Corporate veterinary mergers underway as well as likelihood of registration for some practice types, i.e., mobile veterinarians, make it difficult to project registration data. The Board will review available data in 2018 to determine whether the current fee and position structure is adequate.

Veterinary practices are required to maintain these minimum standards:

1) Air Quality: Adequate heating and cooling must be provided for the comfort and well-being of the animals, and the facility must have sufficient ventilation in all areas to prevent mildew and condensation, and to exhaust toxic and/or nauseous fumes and/or odors.

(2) Lighting: Sufficient lighting must be provided in all areas sufficient for the safety of personnel and the intended use of this area.

(3) Water: Potable water must be provided.

(4) Waste Disposal: Waste disposal equipment shall be so operated as to minimize insect or other vermin infestation, and to prevent odor and disease hazards or other nuisance conditions. The veterinary medical facility shall have sanitary and aesthetic disposal of dead animals and other wastes which complies with all applicable federal, state, county and municipal laws, rules, ordinances and regulations.

(5) Storage: All supplies, including food and bedding, shall be stored in a manner that adequately protects such supplies against infestation, contamination or deterioration. Adequate refrigeration shall be provided for all supplies that are of a perishable nature, including foods, drugs and biologicals.

(a) All biological substances shall be stored, maintained, administered, dispensed and prescribed in compliance with federal and state laws and manufacturers' recommendations.

(6) Examination Area: Examination and surgery tables shall have impervious surfaces.

(7) Laboratory: May be either in the veterinary medical facility or through consultative services, adequate to render diagnostic information. An in-house laboratory shall meet the following minimum standards:

(a) The laboratory shall be clean and orderly with provision for ample storage;

(b) Adequate refrigeration shall be provided;

(c) Any tests performed shall be properly conducted by currently recognized methods to assure reasonable accuracy and reliability of results.

(d) Laboratory equipment must provide results of diagnostic quality. Protocols must be in place and followed regularly to assure the quality and reproducibility of the diagnostic information produced.

(8) Radiology: Equipment for diagnostic radiography must be available either on or off the veterinary medical facility. Such equipment must be on the premises if orthopedic or open thoracic procedures are performed. The equipment must meet federal and state protective requirements and be capable of producing, reading and labeling good quality diagnostic radiographs, including imaging diagnosis and findings. Equipment for providing diagnostic oral radiography must be available to the veterinary medical facility whenever surgical dental services are offered.

(9) Animal Housing Areas: Each veterinary medical facility confining animals must have individual cages, pens, exercise areas or stalls to confine said animals in a comfortable, sanitary and safe manner. Animals that are hospitalized for treatment of contagious diseases must be isolated physically and procedurally so as to prevent the spread of disease.

(10) Licenses: Licenses of every veterinarian or veterinary technician practicing in the veterinary medical facility shall be displayed in a place conspicuous to the public. Relief or temporary licensees may post legible photocopies of licenses. Mobile practice licensees shall have their license or a legible copy available for verification upon client request.

Telemedicine

Properly undertaken, veterinary telemedicine could increase access to veterinary care for under-served pet populations. Veterinary corporations and private practitioners are conducting a pilot veterinary telemedicine program in Texas. Resulting data will be used by the Board to evaluate feasibility of a similar pilot in Oregon. Telemedicine is a featured topic at the annual conference of the North American Veterinary Community, currently underway in Florida. Board chair Dr. Emilio DeBess is a guest speaker at the conference.

In conclusion, approval of the Board's 2017-19 budget is respectfully requested. We welcome your questions.

Sincerely,



Marla McGeorge, DVM, JD
Member and Former Chair

Lori Mäkinen
Executive Director