



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

TO: The Honorable Members of the Board of Regents
FROM: Sarah S. Benson *Sarah S. Benson*
SUBJECT: Proposed Amendment of Section 29.6 of the Rules of the Board of Regents Relating to the Special Provisions for the Profession of Veterinary Medicine
DATE: September 1, 2022
AUTHORIZATION(S): *Don McG* *Bellotti*

SUMMARY

Issue for Decision (Consent)

Should the Board of Regents amend section 29.6 of the Rules of the Board of Regents relating to the special provisions for the profession of veterinary medicine?

Reason for Consideration

Review of policy.

Proposed Handling

The proposed amendment is submitted to the Full Board for adoption as a permanent rule at the September 2022 Regents meeting. A copy of the proposed amendment is included (Attachment A).

Procedural History

The proposed amendment was presented to the Professional Practice Committee for discussion at the May 2022 Regents meeting. A Notice of Proposed Rule Making was published in the State Register on June 1, 2022 for a 60-day public comment period. Following publication in the State Register, the Department received no comments on the proposed amendment. Therefore, an Assessment of Public Comment is not required and no changes to the proposed amendment are needed. A Notice of Adoption will be published in the State Register on September 28, 2022.

Supporting materials are available upon request from the Secretary to the Board of Regents.

Background Information

Veterinary practices, like others across multiple professions, are trending towards larger multi-practitioner entities, such as professional service corporations. As these practice patterns shift, there is a corresponding need to ensure that veterinarian accountability for patient care remains clear, and to establish expected procedures for ensuring such accountability.

As multi-veterinarian practices continue to expand in both number and/or size, investigations and prosecutions of veterinary disciplinary complaints involving such practices have become increasingly challenging for Department staff and the State Board for Veterinary Medicine. For example, it has become progressively more difficult to determine which veterinarians were responsible for the care and treatments administered to the patients at issue, especially in situations where multiple veterinarians cover various shifts during a patient's overnight or longer stay and the patient records are unclear as to whom was responsible for the patient at the time of an alleged adverse incident.

The proposed amendment of section 29.6 of the Regents Rules addresses this situation by requiring patient records in multi-veterinarian practices to clearly identify the treating veterinarian(s) and, if appropriate, identify the managing veterinarian and any veterinary technicians providing patient care during a patient visit, as well as unlicensed personnel who have been assigned to provide patient care within said practice. The proposed amendment further establishes that the managing veterinarian is responsible for providing appropriate supervision to both licensed and unlicensed staff and that the principal(s)/owner(s), in a multi-veterinarian practice, is responsible for providing a practice setting where the treating veterinarians and licensed and unlicensed staff can provide appropriate care to patients.

Finally, the proposed amendment establishes comparable requirements for solo veterinarian practices to ensure that there are consistent standards in all veterinary medicine practice settings.

Proposed Amendments

The proposed amendment of subdivision (a) of section 29.6 of the Regents Rules clarifies that unprofessional conduct in the practice of veterinary medicine by multi-veterinarian practices includes the following misconduct: (1) failure to clearly identify, in the patient record, the treating veterinarian and any veterinary technician providing patient care for each patient visit, including the veterinarian who is responsible for managing the care of any patient admitted as an in-patient; (2) failure of the veterinarian who is managing the care of the patient to adequately supervise both licensed and unlicensed personnel in the practice, who have been assigned to provide patient care

within said practice; or (3) failure of a principal(s)/owner(s), in a multi-doctor practice, to provide a practice setting, which includes appropriate supervision and the necessary equipment, supplies, human resources, medical records, and client communication platforms and/or systems where licensed personnel can provide adequate patient care within the practice.

The proposed amendment also makes similar changes to the definition unprofessional conduct in the practice of veterinary medicine with respect to solo veterinarian practices.

Related Regents Items

May 2022: [Proposed Amendment of Section 29.6 of the Rules of the Board of Regents Relating to the Special Provisions for the Profession of Veterinary Medicine](https://www.regents.nysed.gov/common/regents/files/522ppcd1.pdf)
(<https://www.regents.nysed.gov/common/regents/files/522ppcd1.pdf>)

Recommendation

It is recommended that the Board of Regents take the following action:

VOTED: That section 29.6 of the Regulations of the Commissioner of Education be amended, as submitted, effective September 28, 2022.

Timetable for Implementation

If adopted at the September 2022 meeting, the proposed rule will become effective on September 28, 2022.

AMENDMENT TO THE RULES OF THE BOARD OF REGENTS

Pursuant to sections 207, 6504, 6507, 6509, 6701 and 6702 of the Education Law.

1. Subdivision (a) of section 29.6 of the Rules of the Board of Regents is amended to read as follows:

(a) Unprofessional conduct in the practice of veterinary medicine shall include all conduct prohibited by section 29.1 of this Part except as provided in this section, and shall also include the following:

(1) ...

(2) ...

(3) ...

(4) ...

(5) ...

(6) ...

(7) ...

(8) abandoning or neglecting an animal patient under and in need of immediate care, without making reasonable arrangements for the continuation of such care; [or]

(9) entering into an arrangement or agreement with a pharmacy for the compounding and/or dispensing of coded or specially marked prescriptions[.];

(10) for solo veterinary practices:

(i) failure to clearly identify, in the patient record, the treating veterinarian and any veterinary technician providing patient care for each patient visit, including any patient admitted as an in-patient;

(ii) failure of the veterinarian, who is managing the care of the patient, to adequately supervise both licensed and unlicensed personnel in the practice, who have been assigned to provide patient care within said practice; or

(iii) failure of the veterinarian to provide a practice setting, which includes appropriate supervision, as well as the necessary equipment, supplies, human resources, medical records, and client communication platforms and/or systems where licensed personnel can provide adequate patient care within said practice; or

(11) for multi-veterinarian veterinary practices:

(i) failure to clearly identify, in the patient record, the treating veterinarian and any veterinary technician providing patient care for each patient visit, including the veterinarian who is responsible for managing the care of any patient admitted as an in-patient;

(ii) failure of the veterinarian, who is managing the care of the patient, to adequately supervise both licensed and unlicensed personnel in the practice, who have been assigned to provide patient care within said practice; or

(iii) failure of a principal, in a multi-doctor practice, to provide a practice setting, which includes appropriate supervision, as well as the necessary equipment, supplies, human resources, medical records, and client communication platforms and/or systems where licensed personnel can provide adequate patient care within said practice.