

Ohio Veterinary Medical Licensing Board Newsletter

2018-2019

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Term: 2/19/16-12/31/18

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Term: 3/14/10-12/31/18

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Term: 4/24/17-12/31/19

Kim Riker-Brown, DVM
Toledo, OH
Term: 7/13/15-12/31/19

Richard Heston
Public Member
Westerville, OH
8/14/15-12/31/18

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

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Doing what's best...by Dr. Nancy O'Connor, DVM

Hi! It's us again. You remember, from last year? Remember last year's OVMLB newsletter advice? Oh, some of you do, but many of you don't. That's ok. At the risk of beating a dead horse, below are some repeat tips. (We say tips. But they could be called "How to Save Your Long Eared Equine.")

Here are some of the frequent flyer penalties divvied out to colleagues on a monthly basis. As an aside—the Board receives, on average, 15-20 complaints a month. Of those, usually 1-5 results in a 119. (You're going to have to look that up because it's too scary to print.)

Anyway, stop reading if you don't care about avoiding license penalties, up to and including monetary fines (several hundred dollars per infraction); if you don't care about avoiding mandatory CE classes depending on your infraction—common mandated CE classes are Medical records (due to poor, incomplete medical records) and various sur-

gery or internal medicine classes depending on the infraction. And remember, these classes come at a financial and time expense. And they have to be completed, with documentation sent to the OVMLB, within 6 months. No lallygagging allowed.

Examples of poor medical record keeping you ask?

- NO DOCUMENTED ANESTHETIC MONITORING.
- NO DOCUMENTED ROUTES OF ADMINISTRATION FOR DRUGS.

Are you reading this? Are you committed to practicing the best you can, including good, even great, medical record keeping? Are you determined to grow and adapt and be informed? Of course you are. You're a veterinarian. You're a registered veterinary technician. You're a professional.

It's what we do. Learn. So don't ignore this. Read it, tell a colleague, tell your boss, tell everyone you work with. Because somehow, we still see the same negligence again and

again. And selfishly, it makes more work for us.

You could get turned in for a medical concern, and be perfectly in compliance medically and surgically, yet still end up having disciplinary action taken against you. And that's what shows up when a prospective employer checks your license verification. This is what has surprised me the most as I've worked on the board—that the inciting concern is often NOT what get's the veterinarian in trouble. The complaint opens up the ENTIRE medical record for review. And therein lies the rub.

You care enough to do the best for your patients. Please care enough to do the best for yourself. Keep your money and your time. We really don't want them. Most of all, keep your peace of mind and your reputation.

Sharing this newsletter with your staff and colleagues is recommended



Amended Continuing Education Rule 4741-1-11 OAC

Rule 4741-1-11 OAC was amended to eliminate the requirement for online veterinary continuing education courses to be in real-time to count towards the scientific portion of the mandatory continuing education (CE) hours for renewal. However, the rule implemented limitations on the number of hours of internet courses that can be utilized toward the renewal mandates. In simple terms, no more than 6 hours of internet courses may be obtained towards the renewal CE requirement for a biennium. And of those 6 hours, no more than 2 hours may be non-scientific. i.e The licensee may have all 6 hours of online CE in scientific hours or 4 online CE hours scientific and 2 CE hours on non-scientific issues. Please review the rule carefully. The CE requirement will begin with the RVT renewal in 2019. <http://codes.ohio.gov/oac/4741-1-11v2>
The Board members are currently reviewing the rule which may require further revisions to the rule. Please check the web site regularly for updates.

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.



Renewals—RVTs

Veterinary Technician licenses expire on March 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 March 1st and a stiffer penalty is applied after April 1st. After this renewal cycle, all RVT renewal communication 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 will be mailed out by January, 2019. After this renewal cycle, future renewal notification will occur via email only. Instructions for the new system will be included in the mailing and on the Board's web site. No paper applications 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 transcripts, 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 can print theirs out.)
- 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 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.

Rule Modifications

As a result of the new licensing system, several rule changes were necessary in 2018. Specifically, the small licenses issued upon renewal are no longer required to be displayed. Licensees will receive a wall certificate upon initial licensure. RVTs can print their certificate off at the time of licensure. However, veterinary wall certificates will continue to be printed off site due to the size of the wall certificate. Licensees upon renewal will receive an email validating the license renewal. Employers can and should 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 Board action.

Proposed Rule Amendments: Rules under the Ohio Administrative Code are required to be reviewed every five years. The rules currently being reviewed are listed on the Board's web site under Law and Rules. There are a few minor changes being proposed at this time. Check the board web site in early 2019 when filing should occur.

Legislative Impact on Rules

There have been several bills introduced in this General Assembly which may necessitate rule changes. Specifically, *HB 433 and SB 232*, would permit a licensed veterinarian to receive up to two continuing education credits per biennium for performing free spaying and neutering services.

HB 501 would change the professional title of "registered veterinary technician" to "registered veterinary nurse". Enactment of this bill would require a rule change for every reference to a registered veterinary technician.

HB 523 prohibits a veterinarian from failing to report abuse of a companion animal or horse to law enforcement, humane officer or animal control professional. Rules may need to be promulgated as a result of passage of this bill.

Reporting Elder Abuse:

Effective September 29, 2018, section 5101.63 of the Revised Code expanded the list of individuals mandated to report suspected elder abuse in Ohio. The new individuals mandated to report suspected elder abuse in Ohio will now include employees of a county humane society. The full list of who is required to report can be found in ORC 5101.63. To support these individuals in their new responsibilities, the Ohio Department of Job and Family Services (ODJFS) developed training materials on identifying and reporting elder abuse, specifically for medical professionals and a general guide for Ohioans. Understanding Elder Abuse: A Guide for Medical Professionals can be found at www.odjfs.state.oh.us/forms and enter For JFS 08097.

Name Changes in the New System

Name changes may be initiated through the Online Service Request or can still be submitted in paper format with the form found on the Board's web site.

With the completed online or written form, one of the following forms of documentation must be uploaded or submitted with the paper form:

1. Copy of Valid Driver's License or State Identification Card with the new name (Note: the copy of the driver's license must clearly show the picture and name of the licensee);

2. Copy of marriage certificate;
3. Divorce or dissolution decree indicating the current name of the licensee/applicant;
4. Probate or other court order approving a legal name change;
5. U.S. Immigration and Citizenship Services issued Green Card (Note: the copy of the Green Card must clearly show the picture and name of the licensee).

Licensees unable to provide one of the above forms of documentation cannot effect a name change.

Veterinary Student Loan Program

The student loan program was developed to provide large animal veterinary services or protect public health in veterinary resource shortage areas. \$10.00 of each veterinary license renewal fee is deposited in the loan repayment fund. In May, 2018, the Board awarded \$10,000 each to Dr. Austin Clark of Ashland and Dr. Charles Robison of Dresden for a service commitment of one year. Both Dr. Clark and Dr. Robison received similar grants last year. Applications for 2019 can be found on the Board's web site and are due by May 1st to the Board office.



Ohio Board of Pharmacy Updates:

Veterinary Clinics and 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:

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.

Adulterated Drugs:

By definition in Rule 4729-9-01(B) of the Ohio Administrative Code, "Adulterated drug" includes a dangerous drug to which any of the following applies: (1) A compounded dangerous drug if it exceeds the beyond use date as indicated in United States pharmacopeia chapters 795 and 797, USP 38 - NF 33, or any official supplement thereto. (2) Meets any of the requirements described in section 3715.63 of the Revised Code; 3) Is beyond the expiration date as stated by the manufacturer, packer, or distributor in its labeling or it is not stored, dispensed or personally furnished according to the requirement of the federal act as indicated in the product labeling.

Rule 4729:5-3-06 OAC requires adulterated drugs to be stored in a separate and secure area apart from the storage of drugs used for dispensing, personally furnishing and administration. Adulterated drugs shall be stored no longer than one year from the date of adulteration or expiration and shall be stored in a manner that prohibits access by unauthorized persons.

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.

The State of Ohio Board of Pharmacy announced the award of 56 provisional medical marijuana dispensary licenses in June. All provisional licensees will have six months to demonstrate compliance with the dispensary operational requirements to obtain a certificate of operation. 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.

Pharmacy Board and the Practice of Veterinary Medicine

You have the capability to obtain instant information from the Ohio Board of Pharmacy. You can sign up for alerts from the Board of Pharmacy and filter what information you would like to receive. You can receive information on Law and Rule updates, TDD license information, and receive board publications such as newsletters and guidance documents. Merely access the Board of Pharmacy's web page in Chrome or a similar internet provider at (<http://www.pharmacy.ohio.gov>) and click on the link for "Subscribe to Updates". For instance, the Board posted Guidelines for Dangerous drugs regarding Issuing a Valid Prescription which can address questions that prescribers may have. You can also receive alerts from the FDA related to animal health at <https://www.fda.gov/animalveterinary/default.htm> .

One Physician's Road to Recovery *(reprinted with permission of the Ohio Physician's Health Program)*

In 2013, I was a doctor and a drunk.

My drinking was out of control, and I knew it. I had long since crossed the line between acceptable social drinking and physical and mental dependence on alcohol, if that line ever really existed. No matter how much I wanted to stop, I couldn't. Everything I tried only led to more alcohol and less hope. I could see no way out.

Being a physician was always my dream. It was my singular focus since 9th grade and all my efforts were to that end. I loved the idea of sitting down with people, one on one, and having no agenda other than trying to make their lives better. It seemed to me the noblest of pursuits and I was ready to dedicate my life to it. I was less academically gifted than many of my peers, but I worked hard, always keeping this goal in mind. I ultimately accomplished my goal of becoming a physician and graduated from medical school in 2005. However, as I transitioned to being a doctor instead of a student, an unexpected consequence surfaced: I never felt good enough. Part of me always felt inadequate.

In this void, I found alcohol.

Initially alcohol was a means to relax, to numb that daily feeling that lives were in my hands and to quiet my own insecurities. It was an artificial means to a kind of temporary serenity that made the evening seem easier after a long day. It started out as an occasional social release long before getting my medical degree, but as my responsibilities grew first in residency and then ultimately in private practice, drinking became something I eagerly anticipated nightly. With time, my alcohol intake went from being a social experience to a solitary routine. This happened for various reasons but most notably because the amount and type of alcohol I required to achieve the same nightly serenity inevitably increased with time. Social norms would not accept the volume of alcohol I consumed to obtain the desired effect, and I wanted nothing to do with being judged. I went from drinking wine to scotch then whiskey and ultimately tequila. My spiritual and psychological dependence on alcohol inexorably became a physical dependence that transformed into shaking, vomiting, and sleepless shell of my old self when sober. In the end, I only felt functional when a good amount of liquor was in my system. Without it, the day became unbearable and I would count the seconds until I could get enough alcohol in my body to calm my demons. I lived in constant fear, self-pity, and shame.

I knew that I was an alcoholic, and I knew enough about my field of work that the end-result of my path was a dark one. Every time I vomited I waited to see blood in it. Every night I lied awake, trying to decide if I should take

3-4 more shots of tequila to get some sleep and risk being intoxicated at work, or would it be better to shake like a leaf and intermittently excuse myself from patient rooms to throw up. I knew that I needed help to get better, but I also believed that, if I sought help, my life would be over. I would be exposed for what I was, a drunk and a failure. I would lose my livelihood, something I had spent my life dedicated to pursuing. I would lose the only shred of dignity I had left--being a doctor. Death seemed more welcome than a life exposed.

As I look back, I can't give an exact reason why I walked in my boss' office and asked for help. I had a few encouraging friends who stuck by my side though they had no reason to do so. Maybe it was a moment of weakness, or more likely a rare moment of strength. Even more likely something bigger than myself was at work and in my corner. But regardless it happened, and instead of being the end of all my goals and dreams, it was the beginning of a journey in recovery that has been so much more than just stopping drinking. I was fortunate to be connected with Shepherd Hill, a facility in Newark that I believe saved my life. I safely went through detox there and transitioned to an inpatient recovery unit, where I began to heal from years of physical and emotional damage. As I put the pieces of my life slowly back together, I was introduced to the staff at the Ohio Physicians Health Program (OPHP). I had not been aware of this program before early recovery, but it has become one of my most important resources. The staff of OPHP introduced me to Ohio's one-bite rule, which allowed me to recover from my active alcoholism without the added burden of facing sanction for my disease. Facing the State Medical Board was one of my greatest fears in seeking help, and I am sure that the moment I was informed I would avoid this, the relief from my soul was palpable. Whenever issues related to recovery have arisen, OPHP has been there to support me. They have been my advocate and have been critical in helping me grow in sobriety. When I needed help, and I finally had the courage to ask for it, I was blessed with more than I could have ever imagined. OPHP has played a major role in that.

Today, I have maintained sobriety for over four years. I am actively involved in Alcoholics Anonymous. I have a thriving primary care practice. Moreover, I have the opportunity to listen and help my patients each day without being drawn elsewhere by an obsession to feed my addiction. I get to be the physician I always wanted to be. I still can't cure every disease or fix every problem, but I have come to the realization that if I do the best I can, God will take care of the rest.

In sobriety I got married and my wife is currently pregnant with my first child. Neither of them ever has to see me drink alcohol. *(continued next page)*

In sobriety, I found out I was born with a bicuspid aortic valve and, at the age of 38, required open heart surgery for an ascending aortic aneurysm. When I found this out, many fears went through my mind, especially the fact that I would require potentially addictive substances to recover from the surgery. From the moment I was diagnosed and throughout the recovery period, OPHP was there for me. With all the tools I gained in rehab, with my personal and AA families, and with OPHP, I never had to face this battle alone.

I am truly blessed to have sobriety and recovery more than I could ever describe in words. OPHP has been a corner-

stone of that recovery, and I will be forever grateful for everything the staff has done to help me. My only regret was not knowing help was available sooner.

I would encourage any health professional to reach out to OPHP if they are suffering from alcoholism or addiction. There is no reason to suffer another day in silence. OPHP has been there for me from the beginning and continues to be my partner in recovery today. Asking for help was the first step. It changed my personal and professional life in ways I never thought possible.

- Anonymous Physician

Ohio Physician's Health Program

The Ohio Physicians Health Program (OPHP) is a nonprofit organization that operates independently from all regulatory agencies and provides confidential services. OPHP provides a compassionate, supportive, and safe environment for healthcare professionals to receive confidential services to improve their health and well-being. Their mission is to facilitate the health and wellness of healthcare professionals in order to enhance patient care and safety. OPHP services are available to a multitude of healthcare professionals in Ohio.

Those program services include:

Confidential Resource: OPHP serves as a confidential resource that assists with identification, intervention, and referral for assessment or treatment of physicians and other healthcare professionals who may be affected by mental, emotional and behavioral illness, substance-related and addictive disorders, or other issues. OPHP also provides referrals to community resources for: stress, burnout, psychosocial therapy, family and marriage counseling, ethics training, boundary violations, prescribing guidelines, legal counsel, skills assessment, and others. OPHP accepts referrals from any source and protects the confidentiality of program participants and anonymity of referral sources to the fullest extent allowed by law.

Monitoring and Advocacy Services: OPHP specializes in providing confidential monitoring and advocacy for qualifying physicians and other healthcare professionals. OPHP also provides monitoring and advocacy to healthcare professionals who have formal action with licensing agencies. OPHP is staffed with clinical professionals that include a physician specializing in addiction medicine as well as counselors licensed in mental health and chemical dependency. They provide: compliance reviews, assessment of recovery programs, assistance with the continuation in or return to medical practice, support of personal and professional goals, and other advocacy services. OPHP also utilizes a large volunteer network of peer monitors to support program participants.

Educational Outreach Programs: OPHP provides educational presentations to individuals or groups throughout Ohio. Presentations are delivered on the prevention of mental, emotional and behavioral illness and substance-related and addictive disorders. Programs also cover the topics of stress, burnout, and suicide; statutory guidelines for medical professionals; and the role of OPHP in the healthcare community. Presentations meet the criteria for continuing medical education credit.

Wellness and Resiliency: OPHP is proud to now offer a Wellness & Resiliency Program specifically designed to meet the needs of physicians. Experienced professionals are ready to provide supportive services to meet the unique needs of healthcare professionals as the medical industry continues to grow in size and demand. It has never been more important for physicians to properly take care of their mental, emotional, and physical health. This program is designed to eliminate barriers that may prevent physicians from seeking help—such as fear of stigma, loss of license, lack of time, and inability to use peer supports. Services include access to independently licensed mental and behavioral health professionals, referrals to established networks, and confidential support.

If you or a colleague are experiencing stress, burnout, depression, or other issues—or if you have concerns about drugs or alcohol use, speak with an OPHP representative at 614-841-9690 or info@ophp.org.