Favorable With Amendments HB1097

On behalf of the Maryland Veterinary Medical Association (MDVMA) and its member veterinarians and veterinary technicians, we appreciate the devotion of the bill sponsor to help clarify and codify key responsibilities of the veterinary team in veterinary hospitals across the state of Maryland. We feel the provision of clarity in defining roles helps elucidate clearly individual responsibilities and may better empower veterinary providers to appropriately utilize support staff to improve efficiency of care to their patients and the clientele depending on them. Additionally, these clear definitions reinforce the responsibility of the Board of Veterinary Medical Examiners to ensure all providers are upholding an acceptable, high standard of care.

We accept and support most of the wording and all the sentiment of this legislation. We are concerned that some of the responsibilities delegated under the current drafted language do not adequately safeguard the health and welfare of patients but feel there are acceptable ways to restructure some of the listed responsibilities which will preserve the intended purpose of this legislation, improve efficiency of care, and mitigate the risks we have identified.

1. Striking lines 15-17 on page 6 of the bill draft altogether.

   "[ALLOWS] Any other skill that is noninvasive and within the veterinary assistant's skills as determined by the supervising veterinary practitioner" is too nebulous. While we appreciate, and certainly agree that veterinary professionals are responsible and should have the ability to oversee and allocate responsibility to their staff we feel it is very important that individuals who are taking part in critical care of patients have adequate oversight of the Board of Veterinary Medical Examiners to protect the public, as well as our patients. Granting too wide of latitude makes enforcement more difficult and "noninvasive" is not defined in the bill. We recognize the intent of this addition was likely to ensure small oversights of required tasks from the bill text would not prohibit assistants from being able to perform the task.

   From our discussion with current veterinarians, technicians, and past appointees to the State Board of Veterinary Medical Examiners, it is our position that assistants will still be delegated safe tasks within their scope by veterinarians to perform even if they may not be specifically elucidated by the bill. While striking lines 15-17 on page 6 won't prohibit veterinarians from delegating tasks that aren't explicitly authorized in the text, it maintains the unstated responsibilities of veterinary assistants that currently exist. Veterinarians will continue to delegate responsibly without being offered explicit legislative text to reference as reasons for why that delegation may have been too broadly applied.

   Additionally, we do not feel it is appropriate for veterinary assistants without a formalized education and without regulatory oversight from the State Board of Veterinary Medical Examiners to be granted authority by a veterinarian to essentially function as a veterinary

technician-even if that individual is technically responsible enough and capable of performing the task.

2. We propose removing phlebotomy (page 7 line 9) from the tasks delegated exclusively to veterinary technicians and adding it to tasks appropriate of veterinary assistants under direct supervision. Alternatively, line 10 on page 6 could be reworded to state “collecting of blood, urine and fecal samples” to facilitate the same effect.

3. In the list of procedures that veterinary assistants are authorized to perform under direct supervision we request that lines 4, 9, 12 of page 6 be separated into a separate category that allows veterinary assistants to perform these procedures under “immediate supervision” of a veterinary technician or veterinarian.

   Dental prophylaxis has inherent risks to a patient (including necrosis/death of a tooth) and veterinary assistants do not receive any formalized training on how to perform the procedure. Most complications from a dental prophylaxis only become evident days to weeks following the procedure-it is critical a licensed, trained individual is immediately supervising to stop anything dangerous that may be occurring during the provision of that care. While we entirely appreciate the flexibility and enhancement that allowing veterinary assistants to legally perform the procedure will afford veterinarians, and we agree with the premise, we also agree that it is unsafe for assistants to be afforded the ability to perform this task without a veterinarian or a veterinary technician immediately at their side.

   This bill grants veterinary technicians the legal ability to provide immediate oversight with the definitions already provided and that in and of itself will alleviate a burden on the veterinarian the presently exists. By restructuring this responsibility, it will also allow better utilization of veterinary support staff without undermining the need for more of them to seek specific accreditation and training to become veterinary technicians.

   Anesthetic Monitoring is one of the most important responsibilities of a health care provider. The balance of life and death is, in many cases, seconds. An individual that has not received formalized training on the importance of respiratory and cardiac physiology and respiratory inhalants is not qualified to safely provide anesthesia. Veterinary assistants aren’t trained to calculate doses and rates of emergency medications. Trained and licensed providers (technicians and veterinarians) must constantly challenge themselves to maintain composure in high stakes and high stress environments where seconds matter. It is unsafe to expect even an exceptional assistant to be able to do so. If such an assistant is confident their abilities allow them to make these high-stake life and death calculations under duress we strongly encourage that assistant to become credentialed so there is direct regulatory oversight of them for the decisions they make. It would be entirely irresponsible for them to be allowed to provide anesthesia under direct supervision, but we do feel it would be appropriate to allow it under

immediate supervision which requires an individual (technician or veterinarian) to be immediately at the side of the assistant monitoring the anesthesia. It would be the role of that licensed individual to make those immediate life and death decisions/calculations and the assistant can facilitate delivery of those requests.

When things go wrong during anesthesia - and they occasionally, and unpredictably do - the patient that survives is the one that has someone capable of *immediately* implementing life-saving intervention without hesitation. Seeking input from the veterinarian one door over will diminish success rates in critical cases. Immediate Supervision still grants the flexibility of a veterinarian to have a veterinary assistant at the surgical table when a veterinary technician is otherwise unavailable, and it still allows the veterinarian to have the flexibility to manage more than one case simultaneously in an emergency environment.

For similar reasons assistants who set up for surgery and other procedures need to be immediately supervised because this, by definition, means these individuals will be preparing anesthetic machines and equipment. It is not an encumbrance to a veterinarian to provide immediate supervision when anesthetic equipment is being prepared because the patient requiring the anesthesia is in imminent need of receiving attention from a licensed provider (veterinarian or technician) anyway. Provision of other surgical equipment is always going to occur under immediate supervision because sterile drapes and packs are not delivered and fully assembled to the surgical area prior to arrival of that practitioner. If the licensed providers are too busy to offer immediate supervision while an anesthetic device is being setup it is unreasonable to believe they would be present enough to ensure in that moment that the machine has been prepared correctly to safely administer anesthesia to a patient and therefore it is irresponsible for that patient to be placed under anesthesia even under the most strenuous of emergencies.

4. We propose striking lines 20-24 on page 7.

   We have discussed with our veterinary technicians specifically this provision and our feedback is that they agree veterinary technicians should not be offered latitude to practice essentially unsupervised. Furthermore, we feel it opens the state of Maryland up to an opportunity where practitioners who maintain a Maryland license but are not directly domiciled in Maryland or even available in person to the patient or the technician could interpret the wording to authorize them to form “minute clinic” type businesses that are essentially run exclusively by licensed technicians.

   Technicians aren’t really trained to function in this manner and most we have talked to aren’t even comfortable with the idea of that type of structure. We suspect the intent is to allow veterinarians who are “on call” to have technicians begin triage and management of the case prior to the veterinarian’s arrival at the hospital. We also expect that is how most practitioners

would function under the wording of this bill because we do believe veterinarians are professionals and the overwhelming majority will always put patient care first. However, the definitions of “indirect supervision” would not require of the practitioner to practice with that level of responsibility and therefore, the definition of “indirect supervision” requires further revision to ensure a veterinarian is available to the patient in a very near time or the authority granting discretion of the veterinarian to authorize a technician to practice with “indirect supervision” must be struck.

5. Finally, we request the sponsor ensure that lines 4 and 5 of page 7 do not conflict with Maryland Department of Health Controlled Substance laws/provisions or Federal Drug Enforcement Agency Policies.

   It is our opinion that it may be in conflict with the policies and regulations of both. Admittedly, we don’t feel we have all the information necessary to fully advise on this. While we are not opposed to this allowance in any way, we are concerned that it could open practitioners that follow this up to potential fines from these regulatory authorities and we wish for additional clarification and kindly request our legislators ensure the provision as written is cohesive with what is currently allowed and won’t create a potential liability, conflict or ambiguous situation where state and federal regulations are incongruent with themselves or one another.

Sincerely,

Ashley Nichols, DVM
President

Matthew Weeman, DVM
Legislative Committee Chair