**COVID-19 Related Emergency Regulations Addressing Veterinary Telemedicine/VCPR**

**Below is information relating to FDA and state emergency and other declarations, rules and policies that AVMA is aware of. We include brief summaries for reference, but these are not a substitute for reviewing the entire text and other guidance provided by your state and federal authorities. Also note that this information is changing rapidly. If you are aware of new emergency declarations or orders, please notify us at** **ahochstadt@avma.org** **and we will update this page.**

**Food and Drug Administration:** On March 24, 2020, FDA has issued guidance, for immediate implementation, that temporarily suspends the enforcement of certain aspects of the federal veterinarian-client-patient-relationship (VCPR) requirements. Those federal requirements apply to extralabel drug use, the issuing of veterinary feed directives and the creation and use of certain veterinary biologics. The guidance acknowledges individual state VCPR requirements that may continue to exist, acknowledges current federal VCPR requirements related to in-person examinations or premises visits, and indicates suspension of requirements outlined in guidance are temporary measures during the COVID-19 outbreak. LINK NOT AVAILABLE YET

**California:** A licensed veterinarian at premises registered in accordance with state law that is located within a 25-mile radius of any condition of emergency specified elsewhere in statute may, in good faith, render necessary and prompt care and treatment to an animal patient without establishing a VCPR if conditions are such that one cannot be established in a timely manner. He or she may also dispense or prescribe a dangerous drug or device, as defined in state law, in reasonable quantities where failure to provide services or medications, including controlled substances, may result in loss of life or intense suffering of the animal patient. Prior to refilling a prescription pursuant to this paragraph, the veterinarian shall make a reasonable effort to contact the originally prescribing veterinarian.

<http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=4826.4>.

**North Carolina**: The practice of Veterinary Medicine in the State of North Carolina requires the establishment of a Veterinary-Client-Patient relationship. This can only take place with the physical examination of the animal in question. It cannot be established over the phone, Skype, or other online source.<https://www.ncvmb.org/content/professional/documents/Corona%20Virus%20Notice.pdf>

**Oregon:** NOTICE FROM THE VETERINARY BOARD: VETERINARY TELEMEDICINE

Governor Kate Brown has determined that compliance with certain portions of OAR 875-015-0035 (Veterinary Telemedicine) would prevent, hinder, or delay mitigation of the effects of the COVID-19 emergency. Pursuant to her emergency powers under ORS 401.168(2), Governor Brown therefore declares and orders that portions of these rules be suspended for the duration of the COVID-19 state of emergency declared by [Executive Order 20-03.​](https://www.oregon.gov/gov/Documents/executive_orders/eo_20-03.pdf)

 Effective immediately and until further notice, the highlighted requirements in the rule are suspended.  This means that veterinarians have the *option* to provide treatment via Veterinary Telemedicine without first having conducted a physical exam.  Please note that all other portions of the rule continue to apply.

 **875-015-0035**
**Minimum Standards for Veterinary Telemedicine**

(1) Veterinary Telemedicine (VTM) occurs in Oregon when either the animal who is receiving the care is located in Oregon when receiving VTM or the person providing the care to the animal is located in Oregon when providing VTM, pursuant to the provisions of ORS 686.020.  VTM may be provided only under a valid VCPR.

(2) VTM may be used when a veterinarian has a VCPR only when it is possible to make a diagnosis and create a treatment plan without a new physical exam. .

(3) VTM may be used with an existing client when there has not been a previous physical examination for the purpose of prescribing sedation for an aggressive or fractious patient prior to an initial visit.

(4) Prescriptions may only be issued when VTM occurs if the veterinarian has evaluated the safety of doing so via VTM, and in compliance with all state and federal laws.

(5) A veterinarian shall not substitute VTM for a physical exam when a physical exam is warranted or necessary for an accurate diagnosis of any medical condition or creation of an appropriate treatment plan.

(6) When practicing VTM in Oregon, licensees must conform to all minimum standards of practice and applicable laws. Licensees are fully responsible and accountable for their conduct when using VTM under the Board’s statutes and rules.

(7) Whenever VTM is practiced in Oregon, a veterinarian must:

(a) Ensure that any technology used in the provision of VTM is sufficient and of appropriate quality

to provide accuracy of remote assessment and diagnosis.

(b) Ensure that medical information obtained via VTM is recorded completely in the patient medical

record and meets all applicable requirements of OAR 875-015-0030(1).

(8) A veterinarian may only delegate the provision of VTM to a Certified Veterinary Technician who is acting under direct or indirect supervision and in accordance with OAR 875-030-0040. A valid VCPR established by a physical examination conducted by the veterinarian must exist for the CVT to provide VTM services.

(9) Veterinarians and CVTs providing VTM shall at the time of service provide their contact information to the client or practice using the service. All VTM records shall be provided to the client or practice and are subject to the provisions of 875-011-0010 (12), (13).

**Pennsylvania**: Health care professionals licensed under any of the Department of State's Bureau of Professional and Occupational Affairs (BPOA) licensing boards can provide services to patients via telemedicine during the coronavirus emergency. Currently, no Pennsylvania law prohibits the practice of telemedicine. Additionally, the department is working with the governor's office, the Department of Health and Department of Human Services to identify regulations and requirements that can be suspended to give medical providers and facilities the flexibility they need to respond to the crisis. We will publish these notifications on our website as they become available.

<https://www.media.pa.gov/Pages/State-Details.aspx?newsid=375>

**West Virginia**: At an emergency meeting held March 20, 2020, and pursuant to the Executive Order issued by Governor Jim Justice on March 16, 2020, the West Virginia Board of Veterinary Medicine voted to temporarily suspend its rule requiring an in-person, physical examination of an animal prior to treatment, W. Va. Code R. 26-4-5.1.c.1. The suspension of this rule shall remain in effect only during the State of Emergency.

Therefore, during this crisis, a veterinarian licensed in West Virginia may employ telemedicine, when possible and practicable, to examine, diagnose, and treat an animal and to discuss the same with the animal’s owner. The Board would caution its licensees that telemedicine is not the preferred method of treatment; it should be employed only after carefully considering its limitations and its necessity for protection of the public during the COVID-19 pandemic. Furthermore, the Board would remind its licensees that the applicable standards of care and patient confidentiality requirements still apply in the telemedicine setting, and that it is necessary to note in the patient’s records that treatment was provided via telecommunication.

<https://www.wvbvm.org/article.asp?action2=showArticle&id=56&ty=CTTS>

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