

88 Beech Street, Essex Junction, VT 05452 (802) 878-6888 voice • www.vtvets.org • kathy@vtvets.org

Vermont House Agriculture Committee Wednesday February 21, 2017 Veterinarian – Client – Patient – Relationship Prepared by Dr. Kent E Henderson Vermont Veterinary Medical Association Government Relations Committee

Recently, there has been increasing emphasize on veterinarians and their clients to have a proper VCPR in effect.

The VCPR is a prerequisite for practicing veterinary medicine in Vermont. Only state-licensed veterinarians are allowed to dispense, prescribe or direct the sale of prescription drugs to clients. For the VCPR to exist the veterinarian is responsible for making clinical judgments regarding the health of the animal and need for treatment and the client agrees to follow the veterinarian's instructions so it is a true relationship between the veterinarian and farmer. The veterinarian's judgement is based on recently seeing the animal and visiting the farm on a "timely" basis. Depending on the size of the farm and how a farm operation uses veterinary care, there is quite a range of times that can be considered as "timely" visits. Lastly, the veterinarian agrees to be physically present or provide for actual physical coverage in the event of an unfavorable reaction or treatment failure.

In an effort to demonstrate the dairy industry's commitment to providing safe, residue-free products to consumers, National Milk Producers Federation and most Vermont Dairy Cooperatives and dairy product retailers, like Ben and Jerry's are requiring F.A.R.M animal welfare audits on all their farms, which contain VCPR written agreements.

Many VVMA food animal practitioners that have VCPR statements with producers have undergone exhaustive FDA investigations due to meat residue violations regardless of where the clients obtained the violative drug. Since these investigations intensified four years ago, most practices in the state have been contacted and responded with intensified focus on establishing written VCPR's with their clients and are currently participating in the new Food Armor project that the Agriculture Agency received a two-year grant to implement over the next two years.

In 2015, 34 veterinarians attended the Phase 1 training at the VVMA's Summer CE conference, and under the grant, the VVMA is offering Phase 2 at this year's Summer conference.

For the stated purpose of preventing a source of antibacterial resistance in human medicine, the FDA is working to eliminate the use of antibiotics in feed or water for food producing animals for production purposes such as growth promotion and feed efficiency.

In January 2017, food animal practitioners, feed companies, and producers began to implement the new Veterinary Feed Directive requirement that all feed grade antibiotic purchases must be accompanied by a licensed veterinarian's diagnosis, written directive, and VCPR. An important distinction is that Feed Directive does not mean prescription to **FDA and is a new classification that previous prescription language does not cover.** The final rule requires veterinarians to follow state-defined VCPR requirements; in a state where the FDA determines that no applicable or appropriate state VCPR requirements exist, veterinarians will need to issue VFDs in compliance with federally defined VCPR requirements. Currently, the Vermont Rules do not contain any language about issuing a VFD and is considered to be operating under the federal definition.

Last summer, Vermont Veterinary Medical Board chair Dr. Drexel Wheeler corresponded with Mike Taylor, DVM, FDA who is familiar with Vermont's VCPR and he explained that FDA rejected Vermont's VCPR in regards to state licensed veterinarians issuing VFD's and Vermont is designated as having a federal VCPR. To correct the situation, Dr. Taylor suggested that VVMB consider changing statement 3.7(a) to include the VFD. In December, the VVMA Government Relations Committee (GRC) and the Agriculture Agency presented the federal recommendation to VVMB and the board declined to implement the change and suggested that we seek a legislative solution. So licensed Vermont's VCPR is an inclusive statement that does not cover VFD. In correcting the Vermont statute, VVMA recommends that Dr. Taylor, who is also a lawyer, be contacted to review the new language to be sure that the new classification of veterinary feed directive be added.

With all of these VCPR challenges facing VVMA members, GRC sent out a survey to VT food animal practitioners to get their opinions on whether they felt the VT VCPR statute was comprehensive enough to clearly define the veterinarians' position in the evolving animal health industry.

The opinions of VT dairy practitioners responding to the survey about more clearly defined VCPR definitions concerning "timely visits" and providing emergency coverage were wide ranging but have the potential for being cleared up by including the Veterinarian of Record (VOR) in the VCPR definition.

In November 2013, The American Association of Bovine Practitioners issued guidelines for "establishing and maintaining the VCPR in bovine practice." In these guidelines, the Veterinarian of Record (VOR) is defined as "the responsible party for providing appropriate oversight of drug use on the farm operation." This oversight includes establishment of treatment protocols, personnel training, treatment record review, drug inventory monitoring, and assuring proper labeling of drugs.

Generally, Vermont practitioners favored changes to be brought before the Vet Med board for a clearer definition of VCPR, but at the November meeting the board declined to make any change in their rules and suggested that we seek a legislative solution.

Action steps identified by the survey of Vermont practitioners' results:

- Poor recording keeping of medical treatments by producers was cited as the major cause of FDA violative meat and milk residues, and nearly all respondents asked for a standardized record system recognized by FDA and the State of VT. With the new Agency of Agriculture grant and the Food Armor program, this wish can become a reality.
- 2. When producers use more than one veterinary practice and get pharmaceuticals from a variety of distributors, the current lack of a specifically named VOR can make it very difficult for a practitioner to have full knowledge of how pharmaceuticals are being used on a farm that has a FDA investigation of a violative residue. FARM audits and local

dairy creameries are requiring producers to sign a VCPR statement without identifying the VOR which places practices in a very difficult situation when a FDA investigator comes knocking on the door. This is not a request to restrict competition from other sources, establishing a VOR improves transparency of the process by creating better communication between the pharmaceutical sources and the farm operation.

3. In regards to the definition of timely visits, responses varied from monthly to annual visits. For small producers that only call for an occasional sick animal, practitioners felt they could establish a valid VCPR by an annual update. For modern dairy farms using regular herd health veterinary care; proper treatment record and drug inventory review to determine disease patterns and compliance with treatment protocols is performed on a monthly or quarterly basis. Most practitioners wanted these functions to more clearly dictate how often an individual farm should be visited.

All respondents felt that for the emergency care definition to establish a valid VCPR, the responsible veterinarian has to have the ability to be physically present to attend the animal in time to affect a cure. Simple contact with a producer by phone, text, or email would not suffice. If the VOR was included in the VCPR definition, she could be required to attend a case in person, or by their own professional staff, or by pre-arranged coordination with a neighboring practice. No survey responder said that any out-of-state Veterinarian or distributor has every contacted their practice about providing emergency coverage in the event of an allergic reaction or unsuccessful outcome.

In conclusion, VVMA's request to the legislature is:

- To add Veterinary Feed Directive to the State's Rules definition of the VCPR.
- To add the Veterinarian of Record to the VCPR to create more professional transparency and reduce residue violation risk by creating better communication between veterinary pharmaceutical sources and farm operations.

I have included the current state regulations and our suggested changes to them.

Thank you for your consideration.