



## Veterinarian Board of Governors Special Meeting Minutes

**October 23, 2023**

**Location:** Department of Health, 111 Israel Rd SE TC-2 Room 153 Tumwater, WA 98501

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Board members present in person:

Dai-E Dordor Vang, DVM, MPH, Chair  
Andrea Sanchez-Chambers, DVM, Vice-chairperson  
Aja Senestraro, DVM  
Debra Clabough Sellon, DVM  
Kathryn Haigh, DVM  
Kim Morgan, LVT  
Jessica Reed, DVM  
Katherine Bibi, DVM

Board members absent:

Rebecca Knoke, General member

Staff members present:

Melissa Green, Executive Director  
Poppy Budrow, Program Manager  
Lisa Kelley Christensen, Assistant Attorney General  
Shelly Buchanan, Supervising Staff Attorney  
Catharine Roner-Reiter, Staff Attorney  
Zehra Siddiqui, Policy Analyst  
Shelly Bates,  
Betty Moe, Policy Analyst  
Brittney Myles,  
Shelbee Scrimo, Administrative Assistant  
Tammy Kelley, Chiropractic Commission  
Stephanie Vaughn,

Others present:

Corinne Lawson, DVM  
Julie Page, DVM  
Bob Nicoloff, CQAC  
Aubra Samlaska, Summit VRC  
Susan Jensen  
Ken Gordon, CEO, WSVMA  
Candace Joy, WSVMA  
Amie Fisher, LVT,  
Sean Sanders, DVM  
Dijana Katan, DVM  
Ashley Byrne, President of WSAVT

Notice of this meeting was published on the Veterinarian Board of Governors profession website and was sent out through the GovDelivery listserv.

## Open Session:

### **1. Opening of Public Meeting – Dai-E Dordor Vang, Chair**

- 1.1. Call to Order – Dai-E Dordor Vang, Chair, called the meeting to order at 9:00 a.m.
- 1.2. Introductions – Board members, agency staff and guests introduced themselves.

### **2. Approval of Agenda – Dai-E Dordor Vang, Chair**

- 2.1. Approval of the October 23, 2023 agenda.

*Motion to approve the agenda, seconded, vote 8-0.*

### **3. Staff Updates**

#### **3.1. Poppy Budrow, PM**

Ms. Budrow introduced new board member Dr. Katherine Bibi

#### **3.2. Lisa Kelley-Christiansen, AAG- Updates**

No updates at this time.

### **4. Public Comment – Dai-E Dordor Vang, Chair**

The Board accepted comments from the audience on issues of significance to the profession

#### **Candace Joy, WSVMA**

The WSVMA opposes Chiropractors practicing on animals, as well as rulemaking for the purpose of allowing chiropractors to perform animal manipulation. If changes should be made it should only be through the legislative process, had the legislature wanted to allow chiropractors to perform animal manipulation, it would already be in statute. Rulemaking would expand the scope of practice protected by law. It would also set precedent for other types of practitioners who want to gain access to animals. At their meeting on April 6th, 2021, Commission Members stated they don't receive many complaints, that it is mostly veterinarians filing complaints against chiropractors. They stated that their request to VBOG is, and I quote "to find a way for chiropractors to adjust animals, get paid and not get in trouble". Discipline is a very minor reason. So why is the board whose role is to protect the public trying to force rulemaking for the convenience of a group of practitioners outside veterinary medicine, thought the Board and Commission have concluded that rulemaking is not ideal? We still haven't received a satisfactory answer to our question about the contradiction and the task for unregistered assistance that rulemaking would create. How can an unregistered assistant be limited to doing simple tasks like removing sutures under direct supervision but then let a Chiropractor perform more invasive procedures under indirect supervision. Instead trying to use rulemaking, the board is placing speed and convenience above the law to please another group of practitioners. The right for chiropractors to adjust animals does not exist in the law. Rulemaking



skirts the law and puts the desires of a group of practitioners in a different profession over patient and public safety.

### **Ken Gordon, CEO WSVMA**

Over the last 100 years, chiropractors have on several occasions asked the legislature for authority to broaden the scope of their practice to include animals and on every occasion the legislature has refused this expansion. This proposal from CQAC means to bypass the legislature's intentions by relying on this informal opinion and therefore asking the board to ignore their enforcement duties in relation to veterinary healthcare, as Miss Joy indicated, WSVMA is opposed to this. It's a bad policy and more importantly, it opens major safety and health concerns for the animals being manipulated and for the public through the potential for zoonotic disease transmission. The summary of state-by-state current legislation that has been presented seems to show that most states allow for Chiropractors to perform animal manipulation by unregistered assistance, this is not the case. From Mr. Gordons own research he found 19 areas where this had not been brought through. He does not believe that you can rely on the summaries presented as the board moves forward. There needs to be a clear distinction as to whether the questions are about chiropractors, chiropractic adjustments being performed by veterinarians or by chiropractors and there also needs to be a clarification as to whether the authorizing legislation is in the administrative code. So, for all these reasons, WSVMA urges the board to reject this proposal from CQAC at this time. Until all the potential risks and benefits can be properly weighed in appropriate public forum, WSVMA would welcome the opportunity to bring this to members views and to any such public discussion with a focus on improving and maintaining animal and human health.

### **Dijana Katan, DVM**

Dr. Katan stated her concern about the anesthetic task that assistants are allowed to perform. She does not have a lot of concerns or complaints about the way that the law is currently written, that only LVTs can monitor anesthesia. Her only concern was an interpretation from 2018 that said that unlicensed veterinary assistants could not at all touch an anesthesia machine or could not adjust the anesthesia at all but are allowed to monitor vitals. Her proposal would be to loosen that interpretation issue to allow unlicensed assistants with immediate veterinary supervision and direct supervision to adjust either anesthesia machine so that veterinarians do not have to scrub out potentially prolonging anesthesia time for the patient, putting the patient at risk. She also opposes allowing chiropractors to work on animals for all of the reasons that have been stated and that the American Veterinary Chiropractic Association should be involved in some way to oversee that.



### **Bob Nicoloff, CQAC**

The model, rule, or statute that the Commission talked about was developed by him. It was not yet approved in any way by the Commission. There might be some ideas, so the Commission has not proposed any resolution to this at this time or legislation. If anyone has an issue with the model, he wanted to clarify that it is his writing because the Commission is relying on the continued work of the Joint Commission or Joint Task force with VBOG to come up with the best ideas for possible resolution. At VBOG's last meeting there was some interest in another meeting of the Joint Task Force and our Commission is certainly interested in that right now. The Commissions subgroup subcommittee is looking at doing a deep dive into all the other state that regulate manipulation by chiropractors of animals and again trying to get the best ideas for a possible model for either our Commission or VBOG or the legislature. In January at their commissions meeting, they will have an updated review of all the details that have been identified. He would expect that if VBOG is still interested, it would be best for a joint task force meeting to occur after January.

### **Corrine Lawson, DVM**

Dr. Lawson thanked the board for providing the opportunity for veterinary practitioners such as herself to participate in the discussion of potential amendments to the animal health care tasks and associated codes. She is a small animal veterinary emergency and critical care specialist actively practicing in a large tertiary care specialty facility in Tacoma, WA. The veterinary field is experiencing shortages at every level, perhaps felt most acutely amongst our licensed veterinary technicians, many veterinary practices and large specialty hospitals don't have enough veterinary technicians and are often hindered by the current limitations placed on unregistered assistants. Recruitment efforts are challenging in today's world and many other states employ skilled, unlicensed technicians that have no place in Washington's veterinary workforce. Because of the current limitations on registered assistants, these regulations were undoubtedly instituted with the intent of ensuring quality patient care. But they have had the unfortunate side effect of delaying essential care for critical patients. Veterinarians shouldn't have to administer their own apomorphine to induce vomiting and in a toxicity case, read their own urinalysis and UTI, or place a Foley catheter on down dog. All because the only licensed veterinary technician in the building on an overnight shift can't leave the bedside of a critical patient. These and so many of the prohibited tasks are skills that an unregistered assistant can learn to perform, with appropriate guidance, mentorship, and oversight. Many of you likely have experienced mentoring new technicians, they don't come out of school comfortable and ready to perform. Many of the approved skills on the healthcare task list, veterinarians and more senior LVT encourage, teach, and mentor these new grads as their skills develop. This too should be the path for unregistered assistants, utilizing online and specialty led continuing education resources as appropriate by expanding the scope of healthcare tasks that unregistered assistants can perform with proper training and while under immediate or direct supervision. We can both foster development of this group of dedicated and very skilled professionals and allow technicians, and by extension veterinarians, to practice at the highest level of their skill set, ultimately resulting in more job satisfaction, decreased burnout and, in my sector of veterinary medicine, allow us to help more pets, ultimately saving more lives.



## **5. Animal Manipulation**

Per the request of the board from the September meeting, Ms. Budrow gave a summary of the states that allowed animal manipulation by a Veterinarian, Chiropractor, or both.

The board discussed the different approaches to animal manipulation, the need, what is happening now and what would happen with complaints that were filed. They took comments from the public as well as brought in Ms. Buchanan to answer questions about complaints. Dr. Reed addressed why this discussion has been going on for so long and nothing has come of it. The board commented that it has been a lot of back and forth to make sure the right decision was made. Dr. Senestraro discussed the education that was involved for her to become certified and that is something that also needs to be discussed if Chiropractors or even Veterinarians are going to practice animal manipulation. Mr. Nickoloff addressed the question of what was happening now if a Chiropractor were to practice manipulation, he informed the board that under an interpretive statement approved by the Department of Health in 2001 it says that if they are not charging for their services than it is allowed for a Chiropractor to preform animal manipulation. This brought discussion on how there is not much known on what is going on within the field or how many are practicing animal manipulation. Going forward another subcommittee meeting will be put in place to further discuss the comments that were brought to the board today.

## **6. Animal Healthcare Tasks**

Animal healthcare tasks were discussed, the table below shows the proposed changes in bold.



# Animal Healthcare Tasks

LVT and Unregistered Assistants Tasks

PROPOSED:

Supervision of delegated tasks to others is incumbent upon Veterinarian or LVT to ensure the person executing task is educated, trained, qualified, and able to perform the task.

## Vet may not delegate

Not Authorized	LVT	Unregistered Assistant- "Unregistered assistant" means any individual who is not a veterinary technician or veterinarian
	Surgery	Anesthesia
	Diagnosis & Prognosis	Induction Maintenance Monitoring
	Prescribing drugs, Medication or appliances	Application of casts and splints; Floating teeth;
	Initiating non-emergency treatment	Intraperitoneal injections; Blood administration;
		Closure, including suturing, of prepared skin wound or gingival incision;
		Arterial and central venous catheters.

**Immediate supervision**" means the supervisor is in audible and visual range of the animal patient and the person treating the patient.

Immediate Supervision	LVT	Unregistered Assistant
	Dental Extraction	Place and secure an intravenous catheter;
	<b>Proposed:</b>	Monitor vital signs of an anesthetized patient;
	<b>Make a clarification of Simple vs complex extraction?</b>	Dental prophy.
	<b>Get Dental Board statement</b>	IV injections in un-catheterized vein
	<b>Non-Surgical Extractions – One root vs. two roots</b>	Eye Pressures – (tynometry?)
	<b>NAVTA input: What it is about WA State Practice act that is industry-leading?</b>	Inter-testicular block for local anesthesia
	<b>Task by credential?</b>	<b>Proposed:</b>
		Add Maint and monitoring w/
		Ophthalmology procedures
		Ocular anesthesia
		Definition for Analysis and Interpretation
		Analysis: Urinalysis: X # RBS's, X# WBCs
		Interpretation: Pt has lymphoma, or some diagnosis
		More room for interpretive error to have an unregistered assistant doing those microbiology
		Pericane, Shermer – not so worrisome.
		Dipstick, specific gravity
		Fecal exam- Not simple – giardia, send to the lab, even if the vet looks at it first.



**Direct means the veterinary supervisor is on the premises, is quickly and easily available and the animal patient has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task.**

Direct Supervision	LVT	Unregistered Assistant
	Anesthesia	Removal of sutures, drain tubes and staples; Bandaging;
	Induction	Removal of exposed foreign bodies;
	Maintenance	
	Application of casts and splints	Lab sample collection and test preparation (not evaluation) to include: venipuncture, scraping skin
	Floating Teeth	Microchip implantation
	Intraperitoneal injections; Blood and blood product administration;	Enema
	Closure, including suturing, of prepared skin wound or gingival incision;	Ear flush
	Arterial and central venous catheters.	Perform electrocardiogram and blood pressure measurements
	Veterinary biologics	Veterinary biologics
	<b>Proposed:</b> <b>(including pre-anesthesia) Possibly Move the pre-anesthesia to indirect</b>	Intramuscular and subcutaneous injection; Massage except where regulated.
	<b>Monitoring Potentially remove r/t on unregistered list</b>	<b>Proposed:</b> <b>Placing an IV Catheter</b>
	<b>Inter-testicular block for local anesthesia</b>	

**Indirect: the supervisor is not on the premises, but has given either written or oral instructions for treatment of the animal patient and the animal patient has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task and the animal patient is not anesthetized.**

Indirect Supervision	LVT	Unregistered Assistant
	Intravenous injections into uncatheterized vein;	
	Centesis, including fine needle aspirates; <b>bladder centesis</b>	
	Unobstructed bladder catheter;	
	<b>Considering for unregistered assistants on Males Possibly only dogs</b>	
	Diagnostic procedures:	An unregistered assistant must always be under the indirect supervision of a veterinarian or licensed veterinary technician, except tasks listed under immediate and direct supervision. Tasks not specifically listed or otherwise restricted may be performed by a licensed veterinary technician or unregistered assistant under the indirect supervision of a veterinarian.
	Fecal analysis; Electrocardiograms; Blood pressure;	
	Cytology analysis, including urinalysis and hematology; <b>MORE DISCUSSION NEEDED pending looking to other states</b>	
	Microbiology	
	Placement and use of nasogastric and orogastric tubes for gavage, lavage, or reflux; <b>CONSIDER adding to unregistered tasks</b>	
	Ophthalmological procedures: Tear production testing; Topical anesthetic application; Fluorescein staining of the cornea; Tonometry.	
	Place and secure an intravenous catheter;	



	LVT	Unregistered Assistant
Indirect Supervision	Monitor vital signs of an anesthetized patient; Dental prophylaxis; Intravenous injection into catheterized vein;	
	Vaccines (except for rabies and nonveterinary biologics with the veterinarian's verification signature on an appropriate certificate); Imaging procedures;	
	Removal of sutures, drain tubes and staples;	
	Bandaging;	
	Removal of exposed foreign bodies;	
	Lab sample collection and test preparation (not evaluation) to include:	
	Venipuncture; Skin scraping.	
	Microchip implantation; Enema;	
	Ear flush;	
	Perform electrocardiogram and blood pressure measurements; Intramuscular and subcutaneous injection;	
	Massage except where regulated.	
	Tasks authorized to be performed under immediate or direct supervision for unregistered assistants, may be performed by licensed veterinary technicians under indirect supervision unless otherwise restricted	
	<b>Proposed:</b>	
	<b>Euthanasia – make a separate section for euthanasia</b>	
Emergencies	<b>LVT</b>	<b>Unregistered Assistant</b>
	Apply emergency cardiopulmonary resuscitation and first-aid procedures all tasks as listed in subsections (3), (4), (5), and (6) of this section	Apply noninvasive cardiopulmonary resuscitation and basic first aid procedures
	Administer pharmacologic agents and parenteral fluids only after communication with a veterinarian	Provide other aid upon the order of a licensed veterinarian as outlined in this section
	<b>CLARIFY:</b> <b>CPR</b> <b>Unrestricted?</b> <b>Define: Non-invasive CPR</b> <b>What about Paramedics, Firefighters, Military personnel, Police Dogs, animal handlers, etc.</b>	
	<b>Additional Clarifications</b>	
	<p>If a licensed veterinary technician is authorized to provide supervision for an unregistered assistant performing a specified health care task, the licensed veterinary technician shall be under the same degree of supervision by the veterinarian, as if the licensed veterinary technician were performing the task.</p>	
	<p><b>The supervising veterinarian shall:</b></p> <ul style="list-style-type: none"> <li>(a)Have legal responsibility for the health, safety and welfare of the animal patient which the licensed veterinary technician or unregistered assistant serves.</li> <li>(b)Delegate animal health care tasks only if the licensed veterinary technician or unregistered assistant is qualified to perform the task, and the task is not precluded by the medical condition of the animal patient.</li> <li>(c)Use the level of supervision required for a specific task.</li> <li>(d)Make all decisions relating to the diagnosis, treatment, management, and future disposition of an animal patient.</li> <li>(e)Limit the number of unregistered assistants under indirect supervision to that which is appropriate for the circumstances.</li> <li>(f)Allow licensed veterinary technicians and unregistered assistants the right and responsibility to refuse to perform duties they are not legally or technically able to perform.</li> </ul>	



Going forward another subcommittee meeting will be put in place to further discuss the comments and proposal that were brought to the board today.

## 7. Meeting Adjournment

*Motion to adjourn the meeting at 2:09 p.m., seconded, passed unanimously.*

**Submitted by:**

Poppy Budrow, Program Manager  
Veterinarian Board of Governors

**Approved by:**

Dai-E Dordor Vang, Chair  
Veterinarian Board of Governors

On file

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SIGNATURE

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DATE

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DATE