

COLORADO DEPARTMENT OF REGULATORY AGENCIES  
OFFICE OF POLICY AND RESEARCH

# COLORADO BOARD OF VETERINARY MEDICINE

---

2000 SUNSET REVIEW



October 15, 2000

Members of the Colorado General Assembly  
c/o the Office of Legislative Legal Services  
State Capitol Building  
Denver, Colorado 80203

Dear Members of the General Assembly:

The Colorado Department of Regulatory Agencies has completed the evaluation of the Board of Veterinary Medicine. I am pleased to submit this written report, which will be the basis for my office's oral testimony before the 2001 Legislative Committees of Reference. The report is submitted pursuant to §24-34-104(8)(a), of the Colorado Revised Statutes (C.R.S.), which states in part:

*"The department of regulatory agencies shall conduct an analysis of the performance of each division, board or agency or each function scheduled for termination under this section...*

*The department of regulatory agencies shall submit a report and supporting materials to the office of legislative legal services no later than October 15 of the year preceding the date established for termination . . ."*

The report discusses the question of whether there is a need for the regulation provided under Article 64 of Title 12, C.R.S. The report also discusses the effectiveness of the Board and staff in carrying out the intention of the statutes and makes recommendations for statutory and administrative changes in the event this regulatory program is continued by the General Assembly.

Sincerely,

M. Michael Cooke  
Executive Director

# Table of Contents

Introduction .....	1
Overview of the Veterinarian Profession .....	1
Training and Qualifications .....	3
The Importance of the Veterinary Profession .....	4
The Design and Contents of this Sunset Review .....	5
Summary of Colorado Law and Regulations .....	7
Colorado's Statute Concerning Veterinarians .....	7
Colorado's Regulations Concerning Veterinarians .....	10
Other Applicable Colorado Law .....	11
Program Description and Administration .....	13
Colorado Veterinarian Survey Results, 2000 .....	16
Issues Raised by Stakeholders .....	17
Analysis and Recommendations .....	22
Conclusion .....	31
Appendix A - Colorado Veterinarian Survey Instrument .....	33
Appendix B - Division of Registrations Organization Chart .....	40
Appendix C - Memorandum of Sunset Requests .....	41
Appendix D: Position Statement of the Colorado Veterinary Medical Association ...	44
Appendix E - Sunset Statutory Evaluation Criteria .....	48
Appendix F - Colorado Veterinary Practice Act .....	49

---

## **Introduction**

### *Overview of the Veterinarian Profession*

Doctors of veterinary medicine play a major role in the health care of pets, livestock, and zoo, sporting, and laboratory animals. Veterinarians also use their skills to protect humans against diseases carried by animals, and conduct clinical research on human and animal health problems.

Most veterinarians perform clinical work in private practices. About one-half of these veterinarians predominately or exclusively treat small animals. Small animal practitioners usually care for companion animals, such as dogs and cats, but also treat birds, reptiles, rabbits, and other animals that may be kept as pets. Some veterinarians work in mixed animal practices, where they see pigs, goats, sheep, and some non-domestic animals, in addition to companion animals. Veterinarians in clinical practice diagnose animal health problems, vaccinate against diseases such as distemper and rabies, medicate animals with infections or illnesses, treat and dress wounds, set fractures, perform surgery, and advise owners about feeding, behavior, and breeding.

A smaller number of private practice veterinarians work exclusively with large animals, focusing mostly on horses or cows, but may care for all kinds of food animals. These veterinarians usually drive to farms or ranches to provide veterinary services for herds or individual animals. Much of their work involves preventive care in order to maintain the health of food animals. They test for and vaccinate against diseases, and consult with farm or ranch owners and managers on production, feeding, and housing issues. They also treat and dress wounds, set fractures, perform surgery—including cesarean sections on birthing animals—and do artificial insemination. Veterinarians also euthanize animals when necessary.<sup>1</sup>

---

<sup>1</sup> The full occupational profile is available on <http://stats/bls.gov/oco/ocos076.htm>

---

According to KPMG Economic Consulting Services, veterinarians held about 64,944 jobs in 2000. The vast majority (64%) worked in private small animal practices. Large animal practitioners were the next largest group (18%), with the rest being fairly evenly distributed between government (6%), industry (3%), and academia (9%). In Colorado, 77% of veterinarians are in private clinical practice, 13% are in public employment, 4% are in industry employment, while 6% report having other employment.<sup>2</sup> KPMG forecasts that by 2015 the total number of veterinarians will rise to 77,217.<sup>3</sup> This represents an employment growth of 19% percent.

All states and the District of Columbia require that veterinarians be licensed before they can practice. The only exemptions are for veterinarians working for some federal agencies and some state governments. Licensing is controlled by the states and is not strictly uniform, although all states require successful completion of the Doctor of Veterinary Medicine degree—or equivalent education—and passage of a national board examination. The Educational Commission for Foreign Veterinary Graduates (ECFVG) grants certification to individuals trained outside the U.S. who demonstrate that they meet specified English language and clinical proficiency requirements. ECFVG certification fulfills the educational requirement for licensure in all states except Nebraska. Although veterinarians are located in every state, in 1996 about 3 out of 10 establishments providing veterinary services were located in just four states: California, Florida, New York, and Texas.

---

<sup>2</sup> Colorado Veterinarian Survey, 2000, Q. 8.

<sup>3</sup> KPMG Economic Consulting Services. "The Current and Future Market for Veterinarians and Veterinary Medical Services in the United States, Executive Summary, May 1999." *Journal of the American Veterinary Medical Association*, vol. 215, no. 2, pp.161-183.

---

## *Training and Qualifications*

Prospective veterinarians must graduate from a 4-year program at an accredited college of veterinary medicine with a Doctor of Veterinary Medicine (D.V.M. or V.M.D.) degree and obtain a license to practice. There are 27 colleges in 26 States that meet accreditation standards set by the Council on Education of the American Veterinary Medical Association. In addition to satisfying pre-veterinary course requirements, applicants must also submit test scores from the Graduate Record Examination (GRE), the Veterinary College Admission Test (VCAT), or the Medical College Admission Test (MCAT), depending on the preference of each college.

Competition for admission to veterinary school is keen. The number of accredited veterinary colleges has remained at 27 since 1983, while the number of applicants has risen. About 1 in 3 applicants was accepted in 1996. Most veterinary medical colleges are public, state-supported institutions, and reserve the majority of their openings for in-state residents. Twenty states that do not have a veterinary medical college agree to pay a fee or subsidy to help cover the cost of veterinary education for a limited number of their residents at one or more out-of-state colleges. Non-resident students who are admitted under such a contract arrangement may have to pay out-of-state tuition, or they may have to repay their state of residency all or part of the subsidy that was provided to the contracting college.

While in veterinary medical college, students receive additional academic instruction and are exposed to clinical procedures such as diagnosing and treating animal diseases and performing surgery. They also do laboratory work in anatomy, biochemistry, and other scientific and medical subjects. At most veterinary medical colleges, students who plan a career in research can earn both a D.V.M degree and a Doctor of Philosophy (Ph.D.) degree at the same time.

Veterinary graduates who plan to work with specific types of animals or specialize in a clinical area, such as pathology, surgery, radiology, or laboratory animal medicine, usually complete a 1-year internship. Interns receive only a small salary, but usually find that their internship experience leads to higher starting salaries relative to other starting veterinarians. Veterinarians who seek board certification in a specialty must also complete a two to three-year residency program which

---

provides intensive training in one of the following areas: internal medicine, oncology, radiology, surgery, dermatology, anesthesiology, neurology, cardiology, ophthalmology, or exotic small animal medicine.

Veterinary graduates must also pass a qualifying exam to obtain a license to practice. According to the National Board Examination Committee for Veterinary Medicine (NBEC), the North American Veterinary Licensing Examination (NAVLE) will become the sole national examination for veterinary medical licensure in the United States and Canada beginning in November 2000. The NAVLE will replace both the National Board Examination (NBE) and the Clinical Competency Test (CCT), which was administered for the last time in April, 2000. The NAVLE is an eight hour examination consisting of 360 multiple choice questions which a candidate can take via computer at one of the three hundred testing centers operated by Prometric, Inc. Approximately ten percent of the questions on the NAVLE will include some type of pictorial or graphic element, such as photographs, radiographs, and charts.

### *The Importance of the Veterinary Profession*

Doctors of veterinary medicine contribute to animal as well as human health. By recommending timely treatments and by counseling clients on potential public health hazards, the practicing veterinarian can provide an important public service. Veterinarians are in an ideal position to provide pet owners with this service because of their unique training, frequent contact with pet owners, and their rapport with clients. Most pet owners, for example, do not know that intestinal worms of pets may infect people, consequently, they may have neither the knowledge nor the incentive to take preventative measures.<sup>4</sup>

Doctors of Veterinary Medicine are also key players in food safety. Veterinarians have an in-depth understanding of production practices and animal disease and the linkages between them. They can identify and scientifically evaluate a wide variety of clinical signs in animals submitted for slaughter to assess the potential impact on human health. These skills help veterinarians make individual animal disposition judgments and target animals that may need more intensive inspection or diagnostic work. For example, veterinarians look for exotic or

---

<sup>4</sup> <http://www.cdc.gov/ncidod/diseases/roundworm/roundworm.htm>

---

reportable diseases, such as, bovine spongiform encephalopathy (mad cow disease), brucellosis, and tuberculosis. Moreover, veterinarians have knowledge and experience in pathology, microbiology, and toxicology, which they use to assess human health hazards at the tail-end of the slaughtering process. They are able to evaluate and correlate risks that may impact food all the way to the consumer.<sup>5</sup>

Along the same lines, Doctors of Veterinary Medicine provide other public health benefits on a large scale. For example, in the latter part of 1999 veterinarians played an important role in identifying an outbreak of viral encephalitis in several eastern states that was subsequently identified as the West Nile virus, which is endemic to the Middle East, Africa, and Southeast Asia. The virus is passed from host birds to humans, horses, and other animals by mosquitoes, and, in Asia and Africa, ticks can be carriers. In humans, this type of encephalitis causes an infection of the brain, and can result in death in the elderly, children, and people with weak immune systems. The speed at which the virus was isolated and identified can be attributed to cooperation among health officials across a number of professional fields and institutions, all exchanging information on an hourly basis until the diagnosis was made.<sup>6</sup>

### *The Design and Contents of this Sunset Review*

Original research and a literature review were used to identify the prevalent veterinary medicine issues in Colorado and to establish the policy context for the ensuing recommendations. To increase internal validity, the study was designed using a three-way analysis comprised of a literature review, a mail-out survey, and key stakeholder consultations. Research and analysis was guided by the statutory evaluation criteria referenced in Appendix E. The major portion of the original research consisted of a mail-out survey to a random sample of 800 Colorado licensed veterinarians. The number of returned questionnaires amounted to 263, achieving a 33% return rate. The results are statistically significant at the 99% level of confidence and a  $\pm 10\%$  margin of error. The survey instrument used for this purpose may be found in Appendix A.

---

<sup>5</sup> <http://www.fsis.usda.gov/OA/pubs/futurevet.htm>, pp. 6-7.

<sup>6</sup> <http://www.avma.org/onlnews/javma/nov99/s111599a.asp>



---

Consultation with key experts and stakeholders constituted the remainder of the original research. Key experts, board members, and other stakeholders were contacted in person or by telephone. The final recommendations of the study were arrived at following discussion and review of the sunset report by the Director of the Office of Policy and Research and the Executive Director of DORA.

---

## **Summary of Colorado Law and Regulations**

### **Colorado's Statute Concerning Veterinarians**

Title 12 of the Colorado Revised Statutes (C.R.S.) deals with professions and occupations, including "veterinarians" under Article 64. The veterinarian statute is referenced throughout this sunset review. The full text of the statute and the board's rules may be accessed on [www.dora.state.co.us/veterinarians](http://www.dora.state.co.us/veterinarians).

The practice of veterinary medicine is defined as

the diagnosing, treating, correcting, changing, relieving, or preventing of animal disease, deformity, defect, injury, or other physical or mental conditions, including the prescription or administration of any drug, medicine, biologic apparatus, application, anesthetic, or other therapeutic or diagnostic substance or technique and the use of any manual or mechanical procedure for artificial insemination, for ova transplantation, for testing for pregnancy, or for correcting sterility or infertility or to render advice or recommendation with regard thereto.<sup>7</sup>

Moreover, the practice of veterinary medicine is in force when any of the above functions are applied to environmental sanitation, food inspection, pollution control, animal nutrition, zoonotic disease control, and disaster medicine. Any person who expresses an ability and willingness to perform one or more of these tasks, and uses titles, abbreviations, or any other representation to indicate a qualification to do so may be considered to be engaged in the practice of veterinary medicine.

#### ***Size, Composition, and Powers of the State Board of Veterinary Medicine*** (§12-64-105, C.R.S.)

Members of the State Board of Veterinary Medicine are appointed by the Governor. The board consists of five members; four members are required to have maintained Colorado licensure within the five years preceding their appointment, while the remaining member must be a consumer of veterinary services and actively engaged in livestock production in Colorado. No person may serve more than two consecutive four-year terms. The board is required to meet at least four times a year.

---

<sup>7</sup> §12-64-103 (10)(a), C.R.S.

---

Within the provisions of Article 4 of Title 24 which governs rulemaking and licensing procedures by state agencies, the state board of veterinary medicine is empowered to adopt, amend or repeal rules and regulations to achieve the intent of the Colorado Veterinary Practice Act. The board is “to effectively supervise the practice of veterinary medicine” and its mandate is to “be construed liberally to achieve this objective.”<sup>8</sup> More specifically, the board may:

- examine and decide on the qualifications of applicants to practice veterinary medicine.
- issue, renew, deny, suspend, or revoke licenses.
- conduct investigations, inspect premises, subpoena witnesses, administer oaths, hold hearings, issue cease and desist orders, and initiate enforcement proceedings in district court.
- regulate artificial insemination and ova transplantation in cattle and other animals by establishing standards of practice.

***Requirements for Examination and Licensure*** (§12-64-107, C.R.S. and §12-64-108, C.R.S.)

An interested individual who is twenty-one years of age or older and has met any one of three entry-level educational prerequisites may apply to become a veterinarian. To be admitted to take the national exam, the applicant must be a graduate, or a senior student of an approved school of veterinary medicine, or a graduate of a nonapproved foreign school of veterinary medicine whose credentials and qualifications are deemed to be substantially equivalent to those in Colorado.

The State Board of Veterinary Medicine is required to offer at least one examination per year. Exams must be designed to test the applicant’s knowledge and skills gained in veterinary school. The board may adopt and use the examination developed by the National Board of Veterinary Examiners, and set the passing score to reflect a minimum level of competency. To pass the examination, the applicant must demonstrate scientific and practical knowledge sufficient to prove that, in the determination of the board, he or she is competent to practice veterinary medicine. All qualified applicants must be tested by means of a written examination, supplemented by interviews and practical demonstrations if the board considers this necessary.

---

<sup>8</sup> §12-64-105 (11), C.R.S.

---

The board may also issue a license by endorsement to out-of-state applicants who present credentials and qualifications that are substantially equivalent to licensure by examination in Colorado. In addition, any applicant who is certified by a specialty board of the American Veterinary Medical Association may qualify through substantial equivalency. The board may specify by rule and regulation what constitutes substantially equivalent credentials and qualifications.

***Unlawful Acts and Discipline of Licensees*** (§12-64-111, C.R.S.).

Upon signed complaint, or on its own motion, the State Board of Veterinary Medicine may fine and discipline any practicing veterinarian in Colorado. The board also has the option of issuing letters of admonition. There are twenty-nine grounds for disciplinary action. Among these, the most important prohibitions include:

- incompetence, negligence, or other malpractice connected with the practice of veterinary medicine.
- performing services beyond a licensee's scope of competence.
- violation of the standards of professional conduct established by the board.
- fraud or misrepresentation related to the practice of veterinary medicine.
- permitting the use of the veterinarian's license by another for the purpose of treating animals.
- conviction of a charge of cruelty to animals, or a felony related to veterinary medicine.
- addiction, dependence, or habitual use of intoxicating liquors, habit-forming drugs, or controlled substances.
- failure to keep facilities and equipment in a clean and sanitary condition.

In addition to the major provisions of the Colorado Veterinary Practice Act summarized above, the State Board of Veterinary Medicine has promulgated rules of professional conduct and a code of professional ethics.

---

## Colorado's Regulations Concerning Veterinarians

The State Board of Veterinary Medicine has enumerated five categories of behavior, which may be considered to be unprofessional, or unethical conduct. These are: Conduct likely to deceive or defraud the public; false or misleading advertising; obtaining any fee or compensation by fraud or misrepresentation; sharing office space with any person illegally practicing veterinary medicine; and employing either directly or indirectly any unlicensed person to practice veterinary medicine.

The board has also delineated twelve rules of professional conduct “to establish a high standard of integrity and ethics in the practice.”<sup>9</sup> More specifically:

- Colorado veterinarians are to perform services only in the areas of their competence if qualified by education or experience in the specific procedures involved.
- Licensees must avoid or disclose conflicts of interest that might impair their exercise of independent professional judgment.
- Veterinarians must not exercise undue influence over patients or clients concerning the sale of services, goods, appliances, treatment facilities, treatments, or drugs so as to exploit the patient or client for the financial gain of the veterinarian or a third party.
- Veterinary practices must offer adequate medical care so as to provide a reasonable probability of survival of critically ill patients consistent with generally accepted standards of practice.
- Violation of a board order or a negotiated agreement stemming from formal complaint constitutes unprofessional conduct and is subject to an administrative hearing pursuant to law.

The State Board of Veterinary Medicine has devoted considerable attention to the issuance of declaratory orders. In general, any person may petition the board for a declaratory order to end controversies, or to remove uncertainties as to the applicability to the petitioner of any statutory provision or of any rule or order of the board.

---

<sup>9</sup> State of Colorado Board of Veterinary Medicine, Rules and Regulations, Rules of Professional Conduct.

---

### *Other Applicable Colorado Law*

Section 35-51-101 of the Colorado Revised Statutes requires a manufacturer of animal biological products to have a federal license. Any person, firm, or corporation operating a plant or laboratory in Colorado for the manufacture of animal biological products, including animal serums, vaccines, bacterins, and animal virus, offered for sale and recommended by the manufacturer for the treatment or prevention of infectious or contagious animal diseases must obtain from the United States Department of Agriculture, Bureau of Animal Industry, Division of Serum-Virus Control, a federal license authorizing the manufacture of such products and their sale in interstate commerce. This article does not apply to the manufacture or sale of animal biological products manufactured under United States veterinary license, or produced by the Bureau of Animal Industry.

Section 18-9-202 of the Colorado Revised Statutes makes cruelty to animals a class 1 misdemeanor. A person commits cruelty to animals if he or she knowingly or with criminal negligence overdrives, overloads, overworks, tortures, torments, deprives of necessary sustenance, unnecessarily or cruelly beats, needlessly mutilates, needlessly kills, carries or confines in or upon any vehicles in a cruel or reckless manner, or otherwise mistreats or neglects any animal, or causes or procures it to be done, or, having the charge or custody of any animal, fails to provide it with proper food, drink, or protection from the weather, or abandons it. Further, any person who intentionally abandons a dog or cat commits the offense of cruelty to animals.

Section of 35-80-101 of the Colorado Revised Statutes establishes the Pet Animal Care and Facilities Act as the vehicle for setting standards for the operation of a pet animal facility that engages in selling, transferring, adopting, breeding, boarding, training, grooming, sheltering or rescuing dogs, cats, birds, rabbits, ferrets, reptiles, or fish. The Animal Industry Division of the Colorado Department of Agriculture administers the statute. More specifically, the Division enforces quality standards for sanitation, ventilation, heating, cooling, humidity, spatial and enclosure requirements, nutrition, humane care, medical treatment, methods of operation, maintenance of records, and euthanasia. Licensed animal shelters may dispose of animals after a minimum of five days, if, in the opinion of a veterinarian, the animal is experiencing extreme pain or suffering.

---

## Federal Law

The Secretary of Agriculture of the United States is empowered to enforce the Animal Welfare Act, as amended (7 U.S.C., 2131-2156).<sup>10</sup> The purpose of the Act is to regulate the transportation, purchase, sale, housing, care, handling, and treatment of animals by carriers or by persons or organizations engaged in using them for research or experimental purposes, or for exhibition purposes, or for holding them for sale as pets, or for any such purpose or use. More specifically, the Act seeks to

- ensure that animals intended for use in research facilities or for exhibition purposes or for use as pets are provided humane care and treatment.
- assure the humane treatment of animals during transportation in commerce.
- protect the owners of animals from the theft of their animals by preventing the sale or use of animals that have been stolen.

The Secretary is directed to promulgate standards to govern the humane handling, care, treatment, and transportation of animals by dealers, research facilities, and exhibitors. Regarding the role of veterinarians, the standards call for adequate veterinary care, including the appropriate use of euthanasia, or anesthetic, analgesic, or tranquilizing drugs. Veterinarians are also charged with determining the required exercise for dogs. A doctor of veterinary medicine must also be consulted when any practice is likely to cause pain to animals.

Another important role for veterinarians is to issue a certificate when regulated entities transport animals in commerce. The certificate must state that the veterinarian inspected the animal on a specified date, which shall not be more than ten days before such delivery, and, when so inspected, the animal appeared free of any infectious disease or physical abnormality which would endanger the animal or animals, or other animals, or endanger public health.

---

<sup>10</sup> Available on <http://www.nal.usda.gov/awic/legislat/awa.htm>

---

**Program  
Description and  
Administration**

The State Board of Veterinary Medicine is housed in the Division of Registrations of the Department of Regulatory Agencies (DORA). Appendix B is an organization chart of the Division of Registrations. As of May, 2000 the State of Colorado had 3,528 licensed Doctors of Veterinary Medicine. The board governs the licensing of veterinarians, promulgates rules and regulations, sets licensing fees, conducts board meetings and hearings, disciplines licensees, and approves continuing education courses. The board is cash funded from fees paid by licensed veterinarians. Budget, complaint, and disciplinary information is depicted in Table 1 below.

**TABLE 1: Complaints, Disciplinary Actions, and Budgets by Fiscal Year**

<b>Fiscal Year</b>	<b>Total Complaints Received</b>	<b>Total Disciplinary Actions</b>	<b>Total Board Expenditure</b>	<b>Legal Services Expenditure</b>
1989	33	1	\$73334	\$7354
1990	37	8	\$85825	\$1200
1991	49	5	\$85525	\$3299
1992	2	2	\$91405	\$6306
1993	20	4	\$90358	\$4871
1994	65	5	\$75991	\$24691
1995	84	12	\$87765	\$15079
1996	57	10	\$91093	\$20684
1997	66	6	\$100555	\$23467
1998	115	29	\$119597	\$25668
1999	106	34	\$164021	\$48885



---

Table 2 depicts the number and type of disciplinary actions across a ten-year period. Sunset evaluation criteria direct DORA to assess “whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession.” Disciplinary actions of the State Board of Veterinary Medicine were of special concern to the General Assembly in the past. During the testimony portion of the 1990 sunset review, considerable concern was expressed regarding the adequacy of the board’s disciplinary activities.<sup>11</sup> As a result, a specific provision was enacted requiring the review of disciplinary actions.

For the ten-year period, FY89-99, the largest numbers of disciplinary actions were in the form of letters of admonition. Out of a total of 70 disciplinary actions, 57 (81%) were in this category. The next largest category comprised of 45 injunctions/stipulated agreements. The breakdown of this category is presented in Table 2.

---

<sup>11</sup> Legislative Council, Research Publication No. 358.

**TABLE 2: Number and Type of Disciplinary Actions by Fiscal Year**

Type of Action	FY 89-90	FY 90-91	FY 91-92	FY 92-93	FY 93-94	FY 94-95	FY 95-96	FY 96-97	FY 97-98	FY 98-99	FY99-00	TOTALS
<b>Letter of Admonition</b>				2		4	6	4	3	15	23	57
<b>License Denied after Hearing</b>								1		1	1	3
<b>Cease &amp; Desist Order (CDO)</b>						1	1	2	1		5	10
<b>BOARD ACTION TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>16</b>	<b>29</b>	<b>70</b>
Injunction / Stipulated Agreement	2	2	2	1	1	1	6	5	6	6	13	45
Revocation	1										1	2
Surrender of License / Retirement								1			2	3
Suspension with Probation			1			1	4	6	3	4	4	23
Practice Limitation	1			1	1	1			2	2	7	15
License Granted with Limitations										1	1	2
Fine		2			1			2	4	3	10	22
Restitution	1	2										3
Additional CE	1	2				1		6	3	5	5	23
Mental Health/Substance Abuse			1	1		1	3		1	1	2	10
Other*			1					1			3	5
<b>STIPULATION ACTION TOTALS</b>	<b>4</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>7</b>	<b>16</b>	<b>13</b>	<b>16</b>	<b>35</b>	

**\* Other**

- 1 *DVM to Consult for a lay person* 4/22/92
- 1 *Summary Suspension/Deceased 2 Months Later* 9/27/96
- 2 *Bi-Annual Inspections* 8/3/99
- 1 *Summary Suspension* 12/3/99

The reason that the numbers are different in the board action totals column and the stipulated action totals column is that often the board takes more than one disciplinary action per case. For example, a licensee may be put on probation, fined, ordered to take additional continuing education, and pay restitution. Because the board is utilizing various disciplinary methods, each must be recorded as a disciplinary action. The actual number of cases where discipline was dispensed is the figure in the "licensees disciplined" column.

***Colorado Veterinarian Survey Results, 2000***

***Level of Satisfaction with the Board and its Staff***

In addition to the earlier discussion regarding the discipline of licensees, Table 3 addresses the level of satisfaction with the board and its staff from the perspective of licensed veterinarians. More specifically, it is the response to the question: "What is your level of satisfaction with following aspects of the board's performance?" (Q15 of the survey instrument).

A cursory review of Table 3 would indicate that there is general satisfaction with the State Board of Veterinary Medicine. In every category respondents report being somewhere between "neutral" and "satisfied" with the board.

**TABLE 3: Level of Satisfaction with the Board and its Staff**

	Very Dissatisfied (1)	Dissatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)	Mean Score (1 to 5)
Initial licensure	0	9	58	121	20	3.73
License renewal	5	7	60	108	23	3.67
Endorsements	0	7	114	52	9	3.35
Reinstatement	3	3	132	31	3	3.16
Rule making	2	5	118	55	3	3.28
Board meetings	1	2	134	39	1	3.21
General administration	2	3	112	64	2	3.33
Communication	5	19	84	72	7	3.30
Disciplinary dispositions (if any)	3	9	106	35	5	3.19

**Source:** Colorado Veterinarian Survey, Q15.

---

## *Issues Raised by Stakeholders*

The State Board of Veterinary Medicine in consultation with its Assistant Attorney General raised five substantive issues for sunset consideration. Several of these issues are addressed in whole or in part in the Analysis and Recommendations section of this report. The full text of these requests is contained in Appendix C. In addition, the Colorado Veterinary Medical Association (CVMA) raised ten specific issues for evaluation. Their summary statements are reproduced in Appendix D. There was agreement among all stakeholders regarding some issues, such as the size of the board. In some cases consensus was not reached, for example, regarding veterinary telepractice. We reviewed this issue due to the wider policy implications that telepractice brings, but concluded that it is premature to advance actual recommendations. The Office of Policy and Research was also asked to specifically address alternative veterinary medicine, especially chiropractic care, which we discuss next.

### ***Alternative Veterinary Medicine***

Complementary and alternative medicine gives doctors of veterinary medicine and their patients new methods with which to treat many conditions, such as arthritis, allergies, and behavior problems. This raises the question: What is alternative veterinary medicine? An acceptable definition does not exist, although some have defined it as diagnostic and treatment modalities (systems of medicine) not commonly taught in medical schools. Certainly it is that, but a better description, as well as more comprehensive terminology are needed. "Complementary medicine" just means that these methods are used in addition to, not instead of, conventional veterinary medicine. "Holistic medicine" implies that the modalities take into account the whole animal and the whole situation in treating the disease. This means that holistic veterinarians "treat the patient, and not the disease". Almost all of the systems used in alternative medicine are holistic in origin. What are the systems used in alternative veterinary medicine? Holistic veterinarians use many of the modalities found in holistic medicine for humans. These include herbalism; basic and therapeutic nutrition; homeopathy; acupuncture; chiropractic; magnetic therapy; laser therapy, massage therapy, and environmental medicine.<sup>12</sup>

---

<sup>12</sup> <http://www.altvetmed.com/intro.html>

---

It is not clear how many practitioners are adopting alternative techniques, but the American Holistic Veterinary Medical Association claims the field is expanding rapidly. Similarly, it is not well established that alternative veterinary medicine works to the degree that proponents claim. Acupuncture is by far the best substantiated method. There are claims that it is successful for conditions as diverse as back pain in horses and epilepsy in dogs. Acupuncture was the only technique fully accepted by the American Veterinary Medical Association in its 1996 guidelines for veterinarians on the use of alternative treatments. The guidelines also state that chiropractic manipulation "can be" and homeopathy "may be" beneficial, but the AVMA called for more research into these and other treatments. Among the veterinary schools responding to that call is the University of Guelph in Canada, where two herbal treatments for arthritis in dogs are under study.<sup>13</sup> Similarly, Colorado State University has introduced a survey course of alternative veterinary medicine, and two faculty members are scientifically evaluating acupuncture and the pharmacological effects of certain dietary substances.

Many veterinarians who turn to alternative treatments say they do so out of frustration with the conventional medicine they were taught. For example, some conventional veterinarians are concerned with excessive vaccination, which weakens an animal. Numerous doctors of veterinary medicine have been certified in a variety of alternative therapies although these qualifications are not officially recognized by the AVMA. But as such therapies gain in popularity, people without formal veterinary training are using them on pets. Instead, veterinarians recommend that those wishing to try alternative therapies learn about the specific treatment under consideration and to check that a practitioner holds credentials which demonstrate education and experience in the technique.<sup>14</sup>

Accommodating alternative veterinary medicine in terms of regulatory reform would mean amending the scope of practice [§12-64-103 (10)] in the Colorado Veterinary Practice Act to allow non-veterinarians to provide a limited number of these therapies. Requiring a license to practice in any of the regulated professions essentially amounts to granting a franchise to those

---

<sup>13</sup> "New-age Medicine for Pets" by Janet Douglas. Available on <http://www.usnews.com/usnews/issue/970915/15pets.htm>

<sup>14</sup> *Ibid.*

---

who meet the qualifying criteria while effectively excluding all others. Acupuncture and chiropractic therapies can be accommodated without amending the scope of practice provided that services are rendered under the supervision of a currently licensed Colorado veterinarian. This approach has the advantage of preserving current levels of public protection as well as the accountability of licensees through the enforcement activities of the State Board of Veterinary Medicine while allowing for the limited participation of non-veterinarians.

In conclusion, the growth of alternative veterinary medicine is a significant trend in the field. However, due to the willingness of the veterinary profession itself to employ alternative therapies, the two policy options discussed above do not merit formal recommendations for purposes of this sunset review.<sup>15</sup> On the other hand, the issue of alternative veterinary medicine should be revisited in the future if the needs of consumers are not being met by the veterinary profession itself.

### ***Telepractice***

Telepractice refers to a professional providing interactive, long-distance services to a consumer in another location. In its broadest sense, telepractice includes practicing by telephone or facsimile, activities that have occurred for many years. However, it is the licensed professional's increased use of more interactive technologies, from Internet connections to advanced video conferencing systems and virtual reality for surgical procedures, that is attracting legislative attention. The use of these new technologies is responsible for a flurry of state and federal legislative activity, designed either to facilitate electronic practice across state borders, or to control it within individual states. Telepractice's increasing importance to consumers makes it a critical issue for state legislators. With its independence from state or other geographic boundaries, telepractice, raises issues of jurisdictional authority, and federal-state relations.

---

<sup>15</sup> For example, one Internet site ([www.altvetmed.com/ahvmadir.html](http://www.altvetmed.com/ahvmadir.html)) lists eighteen veterinarians in various parts of Colorado that offer a variety of complementary therapies.

---

### ***Additional Board Powers***

The board has requested additional powers to order a psychiatric or a physical evaluation of a licensee on the grounds that “practice by these individuals is dangerous for the public if those persons are impaired while they practice.” Furthermore, the board notes that proceedings would be expedited if the board could order such evaluations, and that “it is important in that a significant number of licensees have been demonstrated to be impaired over the years.” To address the problem of impaired veterinarians, the Colorado Veterinary Medical Association has proposed a peer assistance program. The Association states:

although no specific data on alcohol and substance abuse by licensed veterinarians in Colorado are presently available, it is indisputable that a problem exists. For years the State Board of Veterinary Medicine has been dispensing disciplinary actions against veterinarians found to be impaired to practice and, unfortunately, the number continues to increase—in part as a result of swelling numbers of licensees.<sup>16</sup>

We do not concur that either approach is necessary. Indicators do not suggest that a significant problem exists. Nothing that has been brought to our attention is persuasive enough to warrant granting the board additional powers so as to enable it to order psychiatric or a physical evaluation of licensees. Similarly, data do not support a peer assistance program. Not only would such a program add to the licensing cost of all veterinarians, whether in need of the program or not, but under the current proposal, it would also unfairly favor private organizations pre-positioned to offer these services.

The second major issue addressed in this section of the report is the fining authority of the board and the attendant issue of what the appropriate monetary ceiling should be. The board requested the additional authority to fine practitioners for the “unauthorized practice of veterinary medicine”, in addition to an increase in the current ceiling of \$1,000.

---

<sup>16</sup> See Appendix D.

---

In response we simply note that twenty-two fines were imposed over the ten-year period under review. Consequently, these additional powers are unnecessary given the small scale of the problem and would not satisfy “the least restrictive form of regulation consistent with the public interest” criterion.



---

## **Analysis and Recommendations**

### *Recommendation 1: Continue the State Board of Veterinary Medicine Until 2012, Add Two More Board Members, and Change the Board's Composition.*

Statutory evaluation criteria direct DORA to assess "whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates."<sup>17</sup>

As noted in The Importance of the Veterinary Profession section earlier in this report, Doctors of veterinary medicine contribute to animal as well as human health. The significant societal contributions that this profession makes in the context of oversight by the State Board of Veterinary Medicine, warrants continuation of the board until 2012, which functions to protect the public by enforcing the Colorado Veterinary Practice Act.

The State Board of Veterinary Medicine is currently comprised of five members. In general, the size of regulatory boards is positively correlated with interest representation. Jerry Mitchell (1997) reports that his study "is consistent with previous research, which has noted that the interests considered by a board expand when there are more members. Increasing the number of board members may thus be one way to increase the viewpoints on boards. If previous research is correct, however, it may also slow the pace of decision making."<sup>18</sup> Upon inspection of the regulatory boards in the Division of Registrations of the Department of Regulatory Agencies it becomes apparent that the average size is 7.5 members per board. Consequently, raising the number of veterinary board members from five to seven is in keeping with the organization of other Colorado boards.

---

<sup>17</sup> § 24-34-104(9)(b)(V), C.R.S.

<sup>18</sup> Mitchell, Jerry. "Representation In Government Boards and Commissions". *Public Administration Review*, March-April 1997, Vol. 57, No. 2, p. 165.

---

Increasing the size of the State Board of Veterinary Medicine from five to seven members raises the attendant issue of board composition. According to the board's Program Administrator, "a greater diversity of opinion and experience, as well as support would enhance this board's operations. The board would request one public member, and one veterinarian representing small/companion animal interests."<sup>19</sup> The current composition of the board calls for a public member "who, at the time of his appointment and during his service on the board, is actively engaged in livestock production in this state and who has no financial interest in the practice of veterinary medicine."<sup>20</sup> This provision limits to a considerable degree consumer representation. The Colorado livestock industry already enjoys considerable representation through other state institutions, especially the State Board of Stock Inspection Commissioners at the Department of Agriculture. Adding two public members who are consumers of veterinary services would more accurately reflect consumer interests in a seven-member veterinary board.

In summary, Section 12-64-105 of the Colorado Revised Statutes should be amended to reflect the following member composition for the State Board of Veterinary Medicine:

**Five members who are licensed and practicing veterinarians in Colorado, and two public members who are consumers of veterinary services.**

In conclusion, the primary purpose of this first recommendation is to expand public participation by means of greater board representation while preserving the necessary core of expertise necessary to regulate the veterinary profession.

---

<sup>19</sup> "Vet Sunset Requests" memorandum dated June 16, 2000.

<sup>20</sup> §12-64-105 (2), C.R.S.

---

*Recommendation 2: Allow for Non-Veterinarian Ownership of Veterinary Practices and Clinics that are Organized as Professional Service Corporations Provided that the Majority of Owners are Veterinarians.*

Sunset evaluation criteria direct DORA to determine “the economic impact of regulation and, if national economic information is not available, whether the agency stimulates or restricts competition.”<sup>21</sup>

According to the Colorado Veterinary Medical Association, the prohibitive cost to equip and maintain new veterinary clinics coupled with the large student debt load common to newly qualified veterinarians has led to the ownership of veterinary practices shifting gradually from sole proprietorship and professional service corporations to larger, non-veterinary owned or controlled corporations. It is more cost-effective for several veterinarians to share a building, equipment, and staff than to individually own clinics or hospitals. In the case of newly qualified veterinarians, the high cost of purchasing an established practice often precludes outright ownership.

In 1996 the Federal Trade Commission (FTC) commented on removing restrictions on veterinary practices in Tennessee. At the time, Tennessee law prohibited a licensed veterinarian from practicing as an employee of any entity not engaged primarily in the practice of veterinary medicine, and prohibited the sale of a veterinary practice except to a licensed veterinarian.

In licensed and regulated businesses, laws and regulations limiting “commercial practice” have been promoted based on the argument that they are necessary to maintain quality of service and to protect the professional’s independent judgment. Among other restrictions, these laws commonly prohibit licensed professionals from entering into commercial relationships, including employment, with non-licensed persons or firms. But the effect of such restrictions in licensed businesses is usually to reduce competition and increase prices. That consequence should be weighed carefully against effects, if any, on quality of care or service that the restrictions are intended to achieve.

---

<sup>21</sup> § 24-34-104(9)(b)(VI), C.R.S.

---

In its comment the staff of the FTC noted that “permitting a variety of business formats, subject to appropriate supervision to protect consumers' interests in the quality of care, could lead to efficiencies benefiting consumers.” According to the FTC, restrictions on the type of business format may prevent formation and development of the sort of professional practice that may be innovative and efficient, with comparable quality of service. The FTC concluded that removing restrictions on veterinary practices can stimulate competition, and result in lower prices and better services.<sup>22</sup>

In general, professional groups maintain that entrepreneurs, unlike their members, are motivated primarily by profits rather than peer approval. Consequently, if professionals are hired by nonprofessional entrepreneurs, professional control will be weakened. A strong argument exists, however, for innovative forms of practice ownership. Providing professional services requires a different set of skills from marketing such services. Indeed, many high quality professionals are not good salespeople. Optimal market strategy for such professionals might be achieved by selling ownership interests to entrepreneurs with special marketing skills. So long as tort law, effective enforcement of ethics codes, and ordinary market incentives hold professionals to high standards for their output, nonprofessional ownership should not present a serious quality-control problem.<sup>23</sup>

In keeping with this rationale, non-veterinarian ownership of veterinary practices and clinics that are organized as professional service corporations should be explicitly permitted in Colorado. The Colorado Veterinary Medical Association has proposed that the following language be included in the veterinary practice act: “a Colorado licensed veterinarian must be on the board of directors and/or be a major shareholder of the entity that owns a veterinary practice that operates in Colorado.” Although this proposal is a good start, it has the potential of shifting excessively traditional reliance on experts in favor of business and other interests. A more balanced approach is possible if modeled on recent reforms in the accounting profession, which called for a simple majority of the ownership of a certified public accounting firm to be composed of certified

---

<sup>22</sup> FTC File No. V960005 available on <http://www.ftc.gov>

<sup>23</sup> Young, David, S. 1987. *The Rule of Experts*. Washington DC: Cato Institute, pp. 72-73.

---

public accountants.<sup>24</sup> To effect this recommendation, subsection (3) of Section 12-64-111, C.R.S. should be amended as follows:

**Nothing in this article shall be construed to prevent the practice of veterinary medicine by a professional service corporation composed of AT LEAST A SIMPLE MAJORITY of licensed veterinarians WHO ARE LICENSED, ACTIVE, AND PERSONALLY ENGAGED IN THE PRACTICE OF VETERINARY MEDICINE IN COLORADO AND which may exercise such powers and shall be subject to such limitations and requirements, so far as applicable, as are provided in section 12-36-134, C.R.S. relating to professional service corporations for the practice of medicine PROVIDED THAT THE LATTER DO NOT CONFLICT DIRECTLY WITH THIS SUBSECTION (3).**

In conclusion, non-veterinarian ownership of veterinary practices and clinics on a simple majority (or greater) basis will allow for more flexibility in those organizational structures that furnish veterinary medicine to the public. Removing restrictions on veterinary practices can stimulate competition, and may result in lower prices and better services without significantly reducing the quality of care.

***Recommendation 3: Eliminate the Continuing Education Requirement for Veterinarians.***

Statutory evaluation criteria direct DORA to assess "if regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms and whether agency rules enhance the public interest and are within the scope of legislative intent."<sup>25</sup>

The General Assembly should eliminate the continuing education requirement for Colorado veterinarians. In general, states do not impose specific requirements on licensed health professionals to demonstrate their continuing competence to practice. For example, approximately half of all state medical and nursing boards do not direct licensees to take continuing education courses to maintain their licenses, as is the case with Colorado physicians. When continuing education requirements are in place, for the most part they direct licensees to show proof of

---

<sup>24</sup> See Section 12-2-117 of the Colorado Revised Statutes.

<sup>25</sup> § 24-34-104(9)(b)(II), C.R.S.

---

attendance at approved courses. In general, this is how Colorado veterinarians meet the existing continuing education requirements. The courses they select, however, may not necessarily address the areas where the veterinarian needs improvement. The relevance of the chosen courses to the licensee's practice, or whether licensees understood the course material, are subject to limited regulatory review.

According to the *Pew Health Professions Commission-Taskforce on Health Care Workforce Regulation*, the evidence that continuing education cannot guarantee continuing competence is sobering. Consequently, state legislatures will be challenged into the 21<sup>st</sup> Century to require each professional board to develop continuing competence requirements that do not rely exclusively on continuing education. Regulation of health care practitioners will be more effective and efficient in protecting the public when practitioners can demonstrate competence throughout their careers. Private board certification and re-certification or institutional competence assessments may serve as appropriate proxies if a state determines that it needs to be a guarantor of continuing competence.<sup>26</sup>

At the national level, continuing education requirements for veterinarians vary considerably across the states. The range is from zero credit hours per year in ten states<sup>27</sup> to twenty credit hours per year in nine states.<sup>28</sup> It is important to note that some of the larger and more populous states like California and New York have no continuing education requirement for veterinarians. Matters are complicated further by some types of permissible continuing education courses, which are suspect in terms of the objective of assuring continued professional competence with its concomitant public protection benefits. The Registry of Approved Continuing Education (RACE) is a national clearinghouse for approval of continuing education providers and their programs. The American Association of Veterinary State Boards (AAVSB) has developed criteria for providers to meet in order to be approved, and all AAVSB member boards (including Colorado's) routinely accept RACE approved continuing education.

---

<sup>26</sup> Pew Health Professions Commission—Taskforce on Health Care Workforce Regulation, pp. 26-28.

<sup>27</sup> California, Connecticut, Hawaii, Massachusetts, Michigan, Missouri, New Jersey, New York, Rhode Island, and Wisconsin.

<sup>28</sup> Alabama, Arkansas, Indiana, Iowa, Kansas, Minnesota, North Carolina, Oklahoma, and Tennessee.

---

Inspection of the roster of approved continuing education courses for 2000, however, raised several questions. An official at AAVSB was contacted by telephone and she informed us that some of the information on their Internet site was in error. This allayed some of our concerns, but others were not dispelled. We discovered, for example, that a symposium organized by a pharmaceutical company in Orlando, Florida would enable a participating veterinarian to attain 2.25 hours of continuing education out of a total of 7 available credit hours for listening to the sponsoring company's promotional material. Because the course is not "primarily promotional" and the board routinely endorses RACE sanctioned courses, the State of Colorado could conceivably be placed in the position of favoring one private enterprise over the broader public interest.

To effect this recommendation subsection (4) of §12-64-110, C.R.S. should be repealed.

In the interest of full disclosure, it is also important to report that we attended a local conference for which continuing education credit was available. This conference appeared to be beneficial to participating veterinarians. This recommendation eliminates the continuing education requirement for veterinarians not because we concluded that the upgrading of skills is not beneficial, but rather that proper targeting of courses is outside the state's capacity to perform effectively, and is therefore best left to the professional judgment of individual veterinarians.

*Recommendation 4: Improve and Strengthen Medical Record-Keeping Requirements when a Veterinarian-Client-Patient Relationship Exists.*

Statutory evaluation criteria direct DORA to assess "whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest."

As recognized by the American Veterinary Medical Association and the Colorado Veterinary Medical Association, effective record keeping is an integral part of the practice of veterinary medicine. When faced with inadequate records, the State Board of Veterinary Medicine is hampered in its enforcement efforts, and subjectivity may be injected in its decisions. It is currently possible for the board to improve record keeping standards by invoking its rules on professional conduct, but more specific

---

guidelines would be more effective and would enhance the quality of disciplinary dispositions. Veterinarians would also benefit by a clearer understanding of what is expected of them.

To effect this recommendation, §12-64-120 of the Colorado Revised Statutes should be amended by the addition of a new subsection (4) stipulating that

**(a) All practicing veterinarians in Colorado shall maintain accurate records for every new or existing veterinarian-client-patient relationship as defined in §12-64-103 (15.5), C.R.S. Animal patient records must justify the assessment, diagnosis, and treatment administered or prescribed, and must be legible, written, printed, or prepared electronically as unalterable documents. Records shall be prepared in such a manner that any subsequent evaluation of the same animal patient would yield comprehensive medical, and patient and veterinarian identifying information. Records shall be maintained for a minimum of three years after the patient's last medical examination.**

**(b) The board shall promulgate rules and regulations including, but not limited to, criteria by which animal patient records may be adapted in the case of herds, flocks, litters, large volume, or specialty veterinary practices, and within the scope and purpose of this act, identify exceptions to paragraph (a) including, but not limited to, veterinarians rendering emergency care or treatment.**

In conclusion, the purpose of this recommendation is to raise record keeping standards when a veterinarian-client-patient relationship exists, as well as to improve the quality of enforcement and disciplinary dispositions. This recommendation is supported both by the Colorado Veterinary Medical Association and the State Board of Veterinary Medicine. The proposed language is based, adapted, and expanded from their original proposals.



---

*Recommendation 5: Change the Appeal of Disciplinary Actions from the District Court to the Court Of Appeals, Change the Procedure of Issuing Cease and Desist Orders, Make Conviction of Certain Crimes Grounds for Discipline, and Clarify the Language Concerning Standards of Veterinary Practice.*

Sunset evaluation criteria also direct DORA to determine "if regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms and whether agency rules enhance the public interest and are within the scope of legislative intent."<sup>29</sup>

- Changing the appeal of disciplinary actions from the District Court to the Court of Appeals is designed to make the appellate structure of the State Board of Veterinary Medicine more consistent with other health regulatory boards. For example, the court of appeals conducts the initial judicial review for pharmacists. To adopt the proposed changes, subsection (3) should be added to §12-64-112, C.R.S. to read:

**The Court of Appeals shall have initial jurisdiction to review all final agency actions and orders pursuant to section 24-4-106 (11), C.R.S.**

- To enhance public protection when a veterinarian was involved in an illegal practice and is likely to re-offend, the board should be empowered to issue a cease and desist order to prevent the veterinarian from lapsing into unacceptable behavior. To effect this change §12-64-105 (9) (l) should be amended to read:

**Issue a cease and desist order if the board determines, either summarily or after due notice and hearing, that a violation of this article exists, or has occurred and will probably be repeated. Such order shall set forth the provision alleged to have been violated and the facts alleged to have constituted the violation. The order shall require that the conditions or practice alleged to be a violation cease immediately and not be repeated. This section shall be enforced by the district court.**

---

<sup>29</sup> § 24-34-104 (9)(b)(II), C.R.S.

- 
- A problem of incongruity arises with paragraph (q) of Section 12-64-111, C.R.S. since it specifies “felony in the courts of this state”, but more generally “a crime in any other state” as grounds for discipline. Consequently, the following language changes should be made:

**Conviction of a ~~felony~~ CRIME in the courts of this state or of a crime in any other state, any territory, or any other country for an offense related to the conduct regulated by this article. For the purposes of this paragraph (q), a plea of guilty or a plea of nolo contendere accepted by the court shall be considered as a conviction REGARDLESS OF WHETHER THE SENTENCE IS DEFERRED.**

- According to the Program Administrator, “generally accepted standards of veterinary practice” has become the de facto measure of quality assurance in the veterinary community. To modernize the Veterinary Practice Act, the following amendment to § 12-64-111 (l), C.R.S. is necessary:

**Unprofessional or unethical conduct or engaging in practices in connection with the practice of veterinary medicine which are in violation of ~~the standards of professional conduct~~ GENERALLY ACCEPTED STANDARDS OF VETERINARY PRACTICE as defined in this article or prescribed by the rules and regulations of the board.**

### Conclusion

This 2000 sunset review of the State Board of Veterinary Medicine represents a comprehensive and largely interdependent set of findings and associated recommendations based on statutory evaluation criteria. What is more, many of the concerns of the board and the Colorado Veterinary Medical Association were accommodated within the scope and mandate of this report.

The central conclusion of this sunset review is that the current regulation of the veterinary profession in Colorado serves the public interest, at the same time, however, the State Board of Veterinary Medicine lacks adequate public representation.

---

Another one of our central recommendations will provide some regulatory relief for veterinarians by eliminating the continuing education requirement without significantly affecting the public welfare. We arrived at this recommendation not because we concluded that the upgrading of skills is not beneficial, but rather that proper targeting of courses is outside the state's capacity to perform effectively, and is therefore best left to the professional judgment of individual veterinarians.

In allowing for more innovative forms of veterinary practice ownership, the operative concern was to strike an appropriate balance between experts and lay people in the ownership and management of professional service corporations. The recommendation designed to improve record keeping by veterinarians will help the board in undertaking more effective disciplinary actions.

---

## **Appendix A - Colorado Veterinarian Survey**

June 28, 2000

Dear Doctor of Veterinary Medicine:

The Colorado Department of Regulatory Agencies, of which the State Board of Veterinary Medicine is a constituent part, is conducting a survey of Colorado veterinarians to assess the state of the profession. The results of this survey will be used to make recommendations to the Colorado General Assembly by means of a Sunset Review as authorized by Section 24-34-104 of the Colorado Revised Statutes.

Please take the time to complete the attached questionnaire. It takes approximately twenty minutes. Responses will remain confidential and will be used for statistical purposes only. Please mail the completed questionnaire by July 17, 2000 in the stamped, self-addressed envelope provided.

If you have any questions regarding this survey, please do not hesitate to call Nondas Bellos at 303.894.2996.

We thank you in advance for your cooperation.

Sincerely,

Nondas Bellos, Ph.D.  
Policy Analyst

Bruce Harrelson,  
Director, Office of Policy and Research

---

## COLORADO VETERINARIAN SURVEY

---

### Instructions and Definitions

Please read the whole questionnaire first before answering. For each of the following questions, place one check mark (✓) as applicable. Skip any question that you cannot, or choose not to answer. If you wish to elaborate on any issue, please feel free to attach additional pages provided that the relevant question number is clearly indicated. Should there be any doubt concerning the meaning of a particular word or phrase, please refer to the following definitions:

- **Board** means the State Board of Veterinary Medicine. The board consists of five members (four veterinarians and one public member).
- **Endorsement** is Colorado licensure based on substantially equivalent credentials and qualifications attained at another jurisdiction.
- **Level of regulation** refers to licensing, certification, and registration. Requirements, or prohibitions, or both are generally less rigorous in the listed order.
- **Partnership** includes a general partnership, limited partnership, limited liability partnership, and limited liability limited partnership, and their foreign equivalents.
- **Practice of veterinary medicine** means the diagnosing, treating, correcting, changing, relieving, or preventing of animal disease, deformity, defect, injury, or other physical or mental conditions, including the prescription or administration of any drug, medicine, biologic, apparatus, application, anesthetic, or other therapeutic or diagnostic substance or technique and the use of any manual or mechanical procedure for artificial insemination, for ova transplantation, for testing for pregnancy, or for correcting sterility or infertility or to render advice or recommendation with regard thereto.
- **Professional corporation** includes a professional service corporation. The latter is a corporation that is organized solely for the purposes of conducting the practice of veterinary medicine through persons licensed by the board to practice veterinary medicine in the state of Colorado.
- **Rule** means any regulation, standard, or statement of policy adopted by the board to implement, interpret, or clarify the law which it enforces and administers and which governs its duties, functions, organization, and procedure.
- **Veterinarian** means a person who has received a doctor's degree in veterinary medicine, or its equivalent, from a school of veterinary medicine.
- **Veterinarian-client-patient relationship** means that relationship established when the veterinarian has assumed the responsibility for making medical judgments regarding the health of an animal and the need for medical treatment, and the owner or other caretaker has agreed to follow the instruction of the veterinarian.
- **Veterinary medicine** includes veterinary surgery, obstetrics, dentistry, and all other branches or specialties of animal medicine.
- **Work income** means any remuneration derived from professional employment, including salary, wages, and business profits.

---

# COLORADO VETERINARIAN SURVEY

---

## Personal Characteristics

**Q1.** *What is your Age?*

- 24 and under   
25 to 35   
36 to 45   
46 to 55   
56 to 65   
66 and over

**Q2.** *Are you male or female?*

- Male   
Female

---

## Professional Characteristics

**Q3.** *What was the method of your initial licensure?*

- Examination       Endorsement

**Q4.** *Do you hold a license to practice veterinary medicine in another state(s)?*

- Yes       No       If "Yes", please specify \_\_\_\_\_
- 

**Q5.** *How long have you been practicing veterinary medicine in Colorado?*

- |  |   |
|--|---|
| 2 years and under <input type="checkbox"/> | 12 to 14 years <input type="checkbox"/>           |
| 3 to 5 years <input type="checkbox"/>      | 15 to 17 years <input type="checkbox"/>           |
| 6 to 8 years <input type="checkbox"/>      | 18 years and above <input type="checkbox"/>       |
| 9 to 11 years <input type="checkbox"/>     | not currently practicing <input type="checkbox"/> |

**Q6.** *Do you belong to a professional veterinary association or organization?*

- Yes       No       If "Yes", please specify \_\_\_\_\_
-

**Q7.** How would you characterize the following regulatory requirements in Colorado?

		Very Lax (1)	Lax (2)	About Right (3)	Stringent (4)	Very Stringent (5)
<b>Q7 (a)</b>	Pre-veterinary education					
<b>Q7 (b)</b>	Veterinary school education					
<b>Q7 (c)</b>	Written examination					
<b>Q7 (d)</b>	Clinical competency test					
<b>Q7 (e)</b>	Continuing education					
<b>Q7 (f)</b>	Level of regulation					
<b>Q7 (g)</b>	Other (please specify)					
	-----					
	-----					

## Employment and Job Characteristics

**Q8.** How would you characterize your current veterinary practice or employment?

- Private clinical practice  (go to Q9)  
 Public employment in veterinary medicine  (go to Q10)  
 Industry employment in veterinary medicine  (go to Q11)  
 Other

**Q9(a).** How would you describe your type of private clinical practice? (from question 8 above)

- Large animal exclusive       Mixed animal   
 Large animal predominant       Equine   
 Small animal predominant       Other   
 Small animal exclusive

**Q9(b).** How would you describe the type of ownership or organization of your private clinical practice? (from question 8 above)

- A sole proprietorship       Limited liability company   
 Partnership       Limited liability professional company   
 Professional corporation       Other

**Q9(c).** *On average, how many animals do you examine or treat in a veterinarian-client-patient relationship per year? (from question 8 above)*

- |                 |                          |                 |                          |
|-----------------|--------------------------|-----------------|--------------------------|
| 1,000 and under | <input type="checkbox"/> | 5,001 to 6,000  | <input type="checkbox"/> |
| 1,001 to 2,000  | <input type="checkbox"/> | 6,001 to 7,000  | <input type="checkbox"/> |
| 2,001 to 3,000  | <input type="checkbox"/> | 7,001 to 8,000  | <input type="checkbox"/> |
| 3,001 to 4,000  | <input type="checkbox"/> | 8,001 to 9,000  | <input type="checkbox"/> |
| 4,001 to 5,000  | <input type="checkbox"/> | 9,001 and above | <input type="checkbox"/> |

**Q10.** *How would you describe your public employer? (from question 8 above)*

- |                    |                          |                       |                          |
|--------------------|--------------------------|-----------------------|--------------------------|
| Federal government | <input type="checkbox"/> | Uniformed services    | <input type="checkbox"/> |
| State government   | <input type="checkbox"/> | College or university | <input type="checkbox"/> |
| Local government   | <input type="checkbox"/> | Other                 | <input type="checkbox"/> |

**Q11.** *How would you describe your industry employer? (from question 8 above)*

- |                        |                          |                         |                          |
|------------------------|--------------------------|-------------------------|--------------------------|
| Life sciences company  | <input type="checkbox"/> | Animal hospital         | <input type="checkbox"/> |
| Pharmaceutical company | <input type="checkbox"/> | Another veterinarian(s) | <input type="checkbox"/> |
| Laboratory             | <input type="checkbox"/> | Other                   | <input type="checkbox"/> |

**Q12.** *What is your level of satisfaction with the following aspects of your present job?*

		Very Dissatisfied (1)	Dissatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
<b>Q12 (a)</b>	Ability to meet the changing needs of customers & markets					
<b>Q12 (b)</b>	Sufficient remuneration for work					
<b>Q12 (c)</b>	Opportunity to advance organizational mission					
<b>Q12 (d)</b>	Opportunity for professional development					
<b>Q12 (e)</b>	Opportunity to serve a useful public function					
<b>Q12 (f)</b>	Professional prestige					
<b>Q12 (g)</b>	Other (please specify)					
	_____					
	_____					
	_____					



**Q13.** *What is your current work income as a veterinarian?*

- |                    |                          |                    |                          |
|--------------------|--------------------------|--------------------|--------------------------|
| \$15,000 and under | <input type="checkbox"/> | \$45,000 to 54,999 | <input type="checkbox"/> |
| \$15,001 to 24,999 | <input type="checkbox"/> | \$55,000 to 64,999 | <input type="checkbox"/> |
| \$25,000 to 34,999 | <input type="checkbox"/> | \$65,000 to 74,999 | <input type="checkbox"/> |
| \$35,000 to 44,999 | <input type="checkbox"/> | \$75,000 and above | <input type="checkbox"/> |

**Level of Satisfaction with the Board and its Staff**

**Q14.** *What would be your level of support regarding the following possible changes to the board's size and composition?*

		Strongly Oppose (1)	Oppose (2)	Neutral (3)	Support (4)	Strongly Support (5)
<b>Q14 (a)</b>	No change in size					
<b>Q14 (b)</b>	Increase by one member					
<b>Q14 (c)</b>	Increase by two members					
<b>Q14 (d)</b>	Other (please specify number) _____					
<b>Q14 (e)</b>	No change in composition					
<b>Q14 (f)</b>	Add one veterinarian					
<b>Q14 (g)</b>	Add two veterinarians					
<b>Q14 (h)</b>	Add one public member					
<b>Q14 (i)</b>	Add two public members					
<b>Q14 (j)</b>	Add one academic member					
<b>Q14 (k)</b>	Add two academic members					
<b>Q14 (l)</b>	Other (please specify mix) _____ _____					

**Q15.** *What is your level of satisfaction with the following aspects of the board's performance?*

		Very Dissatisfied (1)	Dissatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
<b>Q15 (a)</b>	Initial licensure					
<b>Q15 (b)</b>	License renewal					
<b>Q15 (c)</b>	Endorsements					
<b>Q15 (d)</b>	Reinstatement					
<b>Q15 (e)</b>	Rule making					
<b>Q15 (f)</b>	Board meetings					
<b>Q15 (g)</b>	General administration					
<b>Q15 (h)</b>	Communication					
<b>Q15 (i)</b>	Disciplinary dispositions (if any)					
<b>Q15 (j)</b>	Other (please specify)					
	-----					
	-----					

**Q16.** *What are the three most important issues facing the veterinary profession today?*

---



---



---

**Q17.** *Should the definition of the “practice of veterinary medicine” be changed (see the definition on page 2)?*

Yes  No  *If “Yes”, what specific recommendations do you have?*

**General**

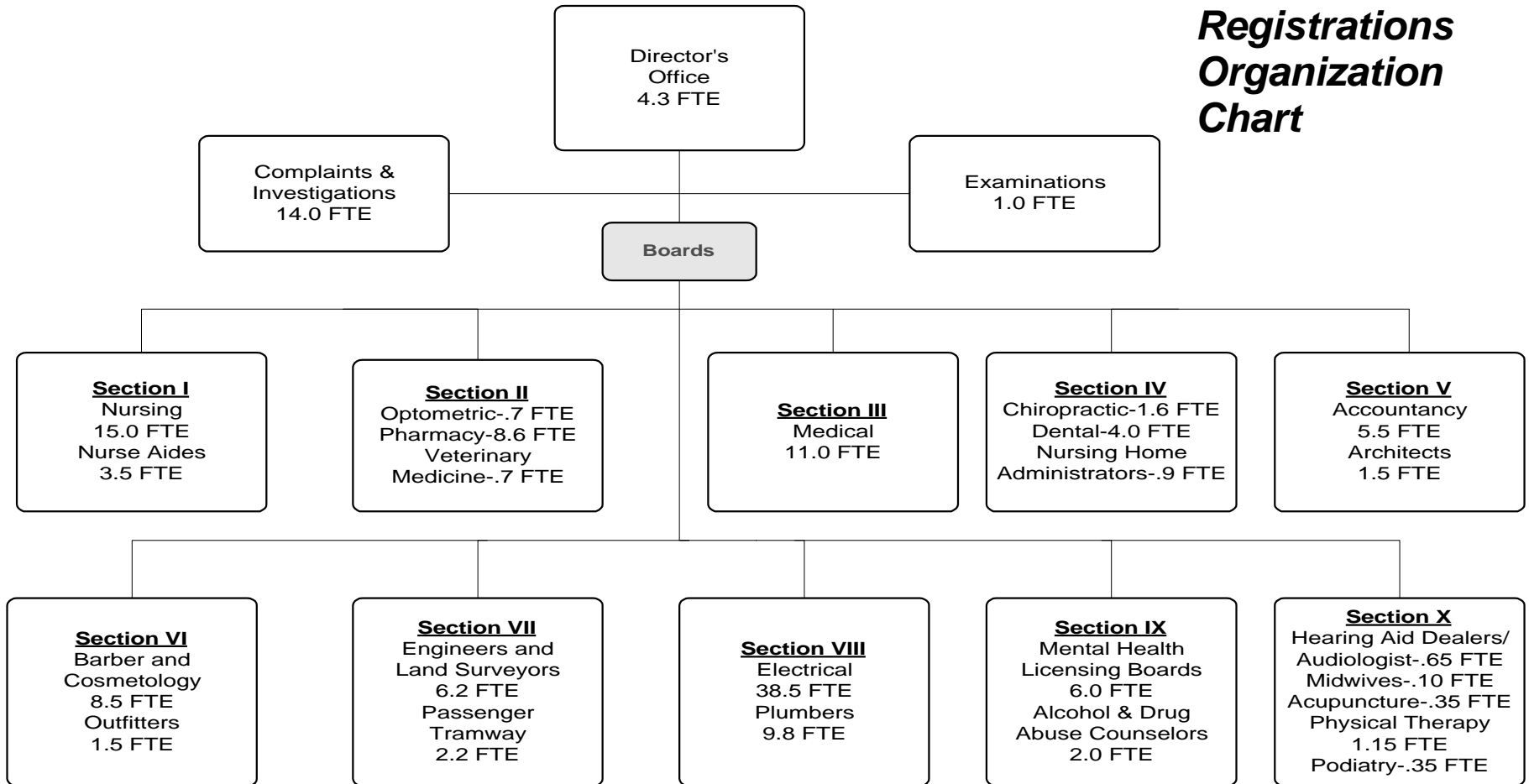
---



---

Thank You for your Participation

**Appendix B -  
Division of  
Registrations  
Organization  
Chart**



---

# Appendix C - Memorandum of Sunset Requests

## STATE OF COLORADO

STATE BOARD OF VETERINARY MEDICINE  
Susan L. Warren  
Program Administrator

1560 Broadway, Suite 1310  
Denver, Colorado 80202-5146  
Telephone (303) 894-7750. FAX: (303) 894-7764  
VTDD (303) 894-7680  
<http://www.dora.state.co.us/Veterinarians/>

Department of Regulatory Agencies  
M. Michael Cooke  
Executive Director

Division of Registrations  
Bruce M. Douglas, Director



Bill Owens  
Governor

June 16, 2000

# MEMORANDUM

**TO:** Nondas Bellos

**FROM:** Sue Warren

**SUBJECT:** Vet Sunset Requests

The following is a list of items the Veterinary Board and I believe need to be addressed in the Sunset Review. As you know, sunset affords an opportunity for these Boards to address issues under current law that have become problematic, due to litigation or other reasons. The Veterinary Board has deliberated over these items to a substantial extent, as has the Assistant Attorney General assigned to the Board. Many of the changes are ministerial in nature. I have explained the reasoning for the substantive changes requested below. If you have any questions, please call me.

**1. Recordkeeping.** Many of the cases before the Board can turn on whether or not a veterinarian took some action or did not take it. If it isn't recorded in a record, the assumption is that he did not take the action. Records are often the only proof there is, since eye witnesses are rare. Recordkeeping among veterinarians in general is not good. The poor record keeper may benefit under the current system, since if there is no record that something was or wasn't done, the Board has no proof to charge the vet, even though the situation would indicate that he acted erroneously in some way. The Board would like to define the minimum standards necessary in record keeping so it can easily identify and charge violations due to this standard. The Board is working on language to this effect. Efficiency and effectiveness.

**2. Psychiatric/Physical Evaluations.** The Board would like language added that allows it to order a psychiatric or physical evaluation of a licensee based upon reasonable grounds to believe something is wrong. Currently the Board can only do that if it has taken action against someone. This would allow the Board to move forward if it suspects the public might be endangered in some way, and would expedite the proceedings when and if the Board does take action. It is important in that a significant number of licensees have been demonstrated to be impaired over the years. Practice

---

by these individuals is dangerous for the public if those persons are impaired while they practice. Information that this has occurred or is occurring is of the utmost importance to the Board's ability to minimize the risk in these situations. This type of action is provided for in the Nursing Act (CRS 12-38-116.5(8), the Medical Practice Act (12-36-118(9) and the Dental Practice Act (12-35-118(5)). The AG will offer language. Efficiency and effectiveness.

3. **Fining.** The Board would like its fining power increased. It was set at the time the statute was last written in 19 and basically has not kept pace with inflation, the times, etc. For instance, for licensees who have let their license lapse for several years but who have continued to practice, the Board would like the ability to fine them for more than \$1000. The Board would also like to add the authority to fine practitioners for the unauthorized practice of veterinary medicine. We will offer language. Efficiency and effectiveness.

4. **"Veterinarian in charge"**. The Board would like a method by which to define which vet is responsible for the care of the patient in multi-vet treatment situations. What happens now at times is that all of the vets claim that they were not the ultimate caretaker, but just consulted, or took over for a while or a specific phase of treatment, etc. It then becomes difficult to hold anyone responsible. We will offer language. Efficiency and effectiveness.

5. **Board Size.** Board members feel that their Board is too small. When one person is missing it is not too difficult if there are still four veterinarians on the Board. When two people are missing, or when the one missing is a vet, only three vets are left with all of the decision making responsibility. That is difficult. A greater diversity of opinion and experience, as well as support would enhance this Board's operations. The Board would request one public member, and one veterinarian representing small/companion animal interests. Effectiveness.

#### **Legal Issues**

6. Change the appeal of disciplinary actions from the District Court to the Court of Appeals. This is an efficiency request. Other Boards have this appellate structure.

7. Change the antiquated language in the mental health provision at 12-64-11(w) to better reflect how mental incompetence in practice is stated now. Efficiency change. We have language.

8. Change the language in section 12-64-111(q) to strike the word "felony", so that conviction of a crime is the standard for discipline in this state as well as other states. Efficiency.

9. Change the language in section 12-64-111(l) to remove awkward language and conform the vet statute language to the medical board generic language about violations ("any act or omission which fails to meet generally accepted standards of veterinary practice"). This standard has become well known in the community over the years as the applicable test for medical professionals. The current language seems to cite unprofessional conduct twice, and adds unethical practices - language no longer used in other acts. Effectiveness.

---

10. Change the language in section 12-64-105(9)(l) so that the Board is also authorized to issue a cease and desist order in circumstances where a practice has stopped occurring, but has occurred in the past and might reoccur if the vet was not estopped. Efficiency.

11. The Attorney General's Office notes that there are several passages in the act that require addition of the proper CRS citation. They would provide that information.

These are all the changes I know of currently. I will provide you with suggested language on those requiring it by the end of the month. There are two issues outstanding before the Board that have not been totally resolved. We are working to finish that business and if further changes emanate from those issues, I will send you that information as soon as possible.

---

## **Appendix D: Position Statement of the Colorado**



June 28, 2000

Nondas Bellos, Ph.D.  
State of Colorado, Department of Regulatory Agencies  
Office of Policy and Research  
1560 Broadway, Suite 1540  
Denver, CO 80202

Dear Dr. Bellos:

The Colorado Veterinary Medical Association (CVMA) is pleased to provide its recommendations about changes in the Veterinary Practice Act for consideration during the upcoming Sunset Review. CVMA appreciates the opportunity to present its recommendations on behalf of the more than 1,100 veterinarians represented by the association.

CVMA has arranged its comments in eleven areas, as follows:

- A. Peer Assistance
- B. Continuing Education
- C. Record Keeping
- D. Complementary Medicine
- E. Dental Operation
- F. Endorsement
- G. Ownership
- H. Electronic and Internet Practice and Marketing
- I. State Board Composition
- J. Duty to Report Animal Cruelty
- K. General

Section I of this document presents a summary statement for each major area. Section II presents an expanded explanation of CVMA's position and contains proposed wording for the Veterinary Practice Act. (In proposed wording sections, language to be deleted is indicated by strike-through while language to be added is indicated by underline.)

Please contact CVMA should you need clarification of our position statements. We trust this information will be helpful as you prepare your report, which we look forward to receiving at your earliest convenience.

Sincerely,

Lawrence L. Mackey, DVM  
President

**Colorado Veterinary Medical Association**  
1780 South Bellaire Suite 210, Denver, Colorado 80222 Fax:303-759-1477 Tel:303-759-1251  
www.colovma.com email: info@colovma.com

## **Section I – Summary Statements**

### **A. Peer Assistance**

Presently the State Board of Veterinary Medicine disciplines and mandates treatment for an increasing number of licensed veterinarians impaired by alcohol or substance abuse. However, the Board lacks the necessary human or monetary resources to properly ensure compliance. CVMA therefore supports the establishment and funding of a peer assistance program, modeled after successful programs in other professions, as a means to supply the needed resources.

### **B. Continuing Education**

Continuing education as a requirement for veterinary licensure renewal is justified by the fact that it ensures all veterinarians opportunities to remain current in educational programs, new services, techniques and procedures as well as the availability of new equipment – all of which ultimately provide the consumer of veterinary services access to the most updated source of that service. CVMA endorses the maintenance of the continuing education requirement to assist with the dissemination of the expanding veterinary knowledge base, thereby improving the quantity and quality of more animals' lives and, ultimately, the consumers'.

### **C. Record Keeping**

Record keeping is an integral and vital part of the practice of veterinary medicine. The State Board presently may wield its disciplinary power for inadequate record keeping only under the general banner of substandard practice. CVMA supports more specific guidance in the Veterinary Practice Act on what constitutes good record keeping, as a way to enhance practitioner compliance and reduce subjectivity in decision making by the State Board.

### **D. Complementary Medicine**

The practice of veterinary medicine includes complementary medicine modalities since they involve the diagnosis and treatment of a disease or injury to an animal. These modalities include but are not limited to acupuncture, acutherapy, botanical medicine, chiropractic, holistic medicine, homeopathy, massage therapy, and physical therapy. CVMA supports the addition of these modalities to the definition of veterinary medicine contained in the Veterinary Practice Act, thereby clarifying that these modalities must be practiced by a licensed veterinarian.



### **E. Dental Operation**

Increased incidents of inappropriately practiced veterinary medicine in the form of dentistry have been reported both in equine and small companion animals. Indeed, pamphlets advertising anesthesia free dentistry at grooming parlours are circulating widely in Colorado. With dental care being performed on awake animals, pet owners get reduced service for what they perceive to be a bargain. In the opinion of the American Veterinary Dental College, dogs and cats cannot receive good dental care without the benefit of general anesthesia. Even though the word “dentistry” is included in the definition of veterinary medicine, CVMA recommends that the term “dental operation” be added to the Definitions portion of the Veterinary Practice Act. This will assure the highest level of care for the animal patient and the highest value for the animal owner.

### **F. Endorsement**

There is a national trend toward issuance of licenses by endorsement to veterinarians who have a license in good standing in another state provided the applicant possesses credentials and qualifications that are substantially equivalent to the state’s requirements for licensure by examination. CVMA supports this trend toward national endorsement as long as reciprocating states maintain equivalent high standards for credentials and qualifications in order to sustain high standards of care for Colorado animal patients.

### **G. Ownership**

The ownership of veterinary practices has historically been solely in the hands of veterinarians. Today, many practices are owned by large corporations where the shareholders and board of directors are not veterinarians. While acknowledging this trend, CVMA nonetheless believes that the interests of veterinary medicine must be represented within the corporate structure by a veterinarian. CVMA recommends the addition of a requirement that a licensed veterinarian be on the board of directors and/or be a major shareholder of the entity that owns a veterinary practice. This will ensure the practice of quality veterinary medicine in Colorado and assure that medical decisions are not based solely on economic rationale.

### **H. Electronic and Internet Practice and Marketing**

Consulting via an online Internet site constitutes the practice of veterinary medicine if a Colorado client contacts the site and a specific diagnosis and/or recommendation for treatment for an animal is given. If an Internet site only provides general advice, not specific to a particular animal, then this would not be the practice of veterinary medicine and, as such, would not require a Colorado license. CVMA recommends a Colorado license be required for online consulting by a veterinarian who diagnoses and/or recommends treatment for a Colorado animal patient directly to the owner.

---

Dr. Nondas Bellos  
June 28, 2000 – Page 4

The marketing of prescription drugs through an Internet site must be held to the same standards as a pharmacy, i.e. requiring an established veterinarian-client-patient relationship and a veterinarian's written or telephoned prescription.

### **I. State Board Composition**

Given the current size of the State Board of Veterinary Medicine and the number of scheduled meetings, it is overwhelmed by the number of issues and complaints to address (the majority of which involve small animals). CVMA recommends increasing the number of board members from 5 to 7 by adding one additional consumer member and one non-academic veterinarian who works primarily with small animals.

### **J. Duty to Report Animal Cruelty**

Health professionals from various fields, including veterinarians, are currently required by law to report child abuse. Child abuse frequently follows animal abuse. Veterinarians may be in the best position to notice or suspect animal abuse or cruelty, and thereby help protect both human and animal populations. CVMA recommends that veterinarians be required to report animal abuse or cruelty. This statutory change would also protect the veterinarian – acting in good faith to comply with the lawful duty to report – from a vindictive abuser.

### **K. General**

CVMA members have identified a number of general changes that should be made to the Act, which we submit in this section. A brief explanation of each recommended change is made in Section II.

## **Section II – Expanded Explanations and Proposed Wording**

### **A. Peer Assistance**

Although no specific data on alcohol and substance abuse by licensed veterinarians in Colorado are presently available, it is indisputable that a problem exists. For years the State Board of Veterinary Medicine has been dispensing disciplinary actions against veterinarians found to be impaired to practice and, unfortunately, the number continues to increase – in part as a result of swelling numbers of licensees.

Presently the State Board disciplines and mandates treatment for such practitioners but lacks the necessary human or monetary resources to properly ensure compliance. The State Board has also been the target of criticism in the past for not offering more guidance and assistance to impaired individuals, and for relying strictly on disciplinary actions. With the increasing number of cases of impaired individuals, it is reasonable to

---

## **Appendix E - Sunset Statutory Evaluation Criteria**

- (I) Whether regulation by the agency is necessary to protect the public health, safety and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen which would warrant more, less or the same degree of regulation;
- (II) If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms and whether agency rules enhance the public interest and are within the scope of legislative intent;
- (III) Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures and practices and any other circumstances, including budgetary, resource and personnel matters;
- (IV) Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively;
- (V) Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates;
- (VI) The economic impact of regulation and, if national economic information is not available, whether the agency stimulates or restricts competition;
- (VII) Whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession;
- (VIII) Whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action; and
- (IX) Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.

---

## **Appendix F - Colorado Veterinary Practice Act**

12-64-101 - Short title.

This article shall be known and may be cited as the "Colorado Veterinary Practice Act".

12-64-102 - Legislative declaration.

This article is enacted as an exercise of the police powers of the state to promote the public health, safety, and welfare by safeguarding the people of this state against incompetent, dishonest, or unprincipled practitioners of veterinary medicine. It is hereby declared that the practice of veterinary medicine is a privilege conferred upon persons possessed of the personal and professional qualifications specified in this article.

12-64-103 - Definitions.

As used in this article, unless the context otherwise requires:

(1) "Animal" means any animal other than human, and said term includes fowl, birds, amphibians, fish, and reptiles, wild or domestic, living or dead.

(2) (Deleted by amendment, L. 91, p. 1467, § 1, effective July 1, 1991.)

(3) "Artificial insemination" means the collection of semen and the fertilization of, or attempted fertilization of, the ova of the female animal by placing or implanting, by artificial means, in the genital tract of the female animal the semen obtained from the male animal which will subsequently be used, or attempted to be used, to impregnate the female.

(4) "Board" means the state board of veterinary medicine.

(5) "Complainant" means the board or any other person who initiates a proceeding.

---

(5.1) "Dispense" means to provide a drug or device, other than by distribution, bearing a label stating the name of the veterinarian, the date dispensed, directions for use, all cautionary statements, withdrawal time, if appropriate, the identity of the animal, and the owner's name.

(5.2) "Distribute" or "distribution" means to provide a drug or device in the manufacturer's original package to the client-patient.

(6) "Hearing" means any proceeding initiated before the board in which the legal rights, duties, privileges, or immunities of a specific party or parties are determined.

(7) "License" means any permit, approved registration, or certificate issued by the board.

(8) (Deleted by amendment, L. 91, p. 1467, § 1, effective July 1, 1991.)

(9) "Licensed veterinarian" means a person who is validly and currently licensed to practice veterinary medicine in this state.

(9.5) "Ova transplantation" means a technique by which fertilized embryos are collected from a donor female and transferred to a recipient female that serves as a surrogate mother for the remainder of the pregnancy.

(10) "Practice of veterinary medicine" means any of the following:

(a) The diagnosing, treating, correcting, changing, relieving, or preventing of animal disease, deformity, defect, injury, or other physical or mental conditions, including the prescription or administration of any drug, medicine, biologic, apparatus, application, anesthetic, or other therapeutic or diagnostic substance or technique and the use of any manual or mechanical procedure for artificial insemination, for ova transplantation, for testing for pregnancy, or for correcting sterility or infertility or to render advice or recommendation with regard thereto;

(b) The representation, directly or indirectly, publicly or privately, of an ability and willingness to do an act described in paragraph (a) of this subsection (10);

---

(c) The use of any title, words, abbreviation, or letters in a manner or under circumstances which induce the belief that a person using them is qualified to do any act described in paragraph (a) of this subsection (10);

(d) The application of principles of environmental sanitation, food inspection, environmental pollution control, animal nutrition, zoonotic disease control, and disaster medicine as applied to an act described in paragraph (a) of this subsection (10).

(11) "Respondent" means any person against whom a proceeding is initiated.

(12) "Rule" means any regulation, standard, or statement of policy adopted by the board to implement, interpret, or clarify the law which it enforces and administers and which governs its duties, functions, organization, and procedure.

(13) "School of veterinary medicine" means any veterinary school or department of a legally organized college or university whose course of study in the art and science of veterinary medicine has been approved by the board.

(14) "Unprofessional or unethical conduct" includes, but is not limited to, conduct of a character likely to deceive or defraud the public, false or misleading advertising, obtaining any fee or compensation by fraud or misrepresentation, sharing office space with any person illegally practicing veterinary medicine, employing either indirectly or directly any unlicensed person to practice veterinary medicine or to render any veterinary services except as provided in this article, or the violation of any rules adopted by the board which provide a code of professional ethics to be followed and carried out by persons licensed under this article.

(15) "Veterinarian" means a person who has received a doctor's degree in veterinary medicine, or its equivalent, from a school of veterinary medicine.

(15.5) "Veterinarian-client-patient relationship" means that relationship established when:

(a) The veterinarian has assumed the responsibility for making medical judgments regarding the health of an animal and the need for medical treatment, and the owner or other caretaker has agreed to follow the instruction of the veterinarian;

---

(b) There is sufficient knowledge of an animal by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal, which means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animal is kept; and

(c) The practicing veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy.

(16) "Veterinary medicine" includes veterinary surgery, obstetrics, dentistry, and all other branches or specialties of animal medicine.

(17) "Veterinary premises" or "premises" means any veterinary office, hospital, clinic, or temporary location in which veterinary medicine is being practiced by or under the direct supervision of a licensed veterinarian.

(18) "Veterinary student" is a veterinary medical student who is enrolled in a school of veterinary medicine.

(19) "Veterinary student preceptor" is a veterinary medical student enrolled in a preceptor program in a school of veterinary medicine which has such a program.

(20) "Veterinary technician" means a person who:

(a) Has received a degree in animal technology or a comparable degree from a school, college, or university recognized by the board; or

(b) Has received a diploma as an animal technician on or before July 1, 1975.

12-64-104 - License requirements and exceptions.

(1) No person may practice veterinary medicine in this state who is not a licensed veterinarian. No person may practice artificial insemination or ova transplantation of cattle or other animal species in this state except in accordance with section 12-64-105 (9) (c). This article shall not be construed to prohibit:

(a) An employee of the federal, state, or local government from performing his official duties;

---

(b) A person who is a regular student in an approved school of veterinary medicine from performing duties or actions assigned by his instructors or working under the on-the-premises supervision of a licensed veterinarian;

(c) A person from advising with respect to, or performing acts which are, accepted livestock management practices;

(d) A veterinarian regularly licensed in another state from consulting with a licensed veterinarian in this state;

(e) Any merchant or manufacturer from selling, at his regular place of business, medicines, feed, appliances, or other products used in the prevention or treatment of animal diseases;

(f) The owner of an animal and the owner's employees from caring for and treating the animal belonging to such owner, except where the ownership of the animal was transferred for purposes of circumventing this article or where the primary reason for hiring such employee is to circumvent this article. Notwithstanding the provisions of this paragraph (f), a veterinarian-client-patient relationship must exist when prescription drugs are administered, distributed, dispensed, or prescribed.

(g) A member of the faculty of a school of veterinary medicine from performing his regular functions, or a person from lecturing or giving instructions or demonstrations at a school of veterinary medicine or in connection with a continuing education course or seminar for veterinarians;

(h) Any person from selling or applying any pesticide, insecticide, or herbicide;

(i) Any person from engaging in bona fide scientific research which reasonably requires experimentation involving animals or commercial production of biologics or animal medicines;

(j) Any person from performing duties other than diagnosis, prescription, surgery, or initiating treatment under the direction and on-the-premises supervision of a licensed veterinarian who shall be responsible for such person's performance;

(k) A veterinary student or veterinary student preceptor from performing those acts permitted by this article;



---

(l) Any person otherwise appropriately licensed or approved by the state from performing the functions described in section 12-64-103 (10) (d);

(m) Any person licensed by the board from performing artificial insemination;

(n) (Deleted by amendment, L. 91, p. 1468, § 2, effective July 1, 1991.)

12-64-105 - Board of veterinary medicine.

(1) A state board of veterinary medicine shall be appointed by the governor. The board shall consist of five members, and each member shall be appointed for a term of four years. Persons holding office on June 15, 1987, are subject to the provisions of section 24-1-137, C.R.S. Members of the board shall be appointed by the governor from qualified persons as set forth in subsection (2) of this section. Vacancies because of death, resignation, or removal shall be filled for the balance of the unexpired term or until a successor is appointed. No person shall serve more than two consecutive four-year terms. A person appointed to serve out the balance of an unexpired term may be reappointed for an additional consecutive four-year term.

(2) A person is qualified to serve as a member of the board if he is a graduate of a school of veterinary medicine and a resident of this state and has been licensed to practice veterinary medicine in this state for the five years preceding the time of his appointment; except that there shall always be one member on the board who is a consumer of services provided by a licensed veterinarian who, at the time of his appointment and during his service on the board, is actively engaged in livestock production in this state and who has no financial interest in the practice of veterinary medicine.

(3) Repealed.

(4) (Deleted by amendment, L. 91, p. 1469, § 3, effective July 1, 1991.)

(5) The governor may remove any member of the board for misconduct, incompetence, or neglect of duty or other sufficient cause after notice and administrative hearing as provided in sections 24-4-105 and 24-4-106, C.R.S.

---

(6) The board shall meet at least once each quarter during the year at a time and place fixed by the board. Other meetings may be called from time to time by the president of the board. Except as otherwise provided, a majority of the board constitutes a quorum. Meetings shall be conducted as provided in article 6 of title 24, C.R.S.

(7) (Deleted by amendment, L. 91, p. 1469, § 3, effective July 1, 1991.)

(8) All moneys collected or received by the board shall be transmitted to the state treasurer, who shall credit the same pursuant to section 24-34-105, C.R.S., and the general assembly shall make annual appropriations pursuant to said section for the expenditures of the board incurred in the performance of its duties under this article, which expenditures shall be made from such appropriations upon vouchers and warrants drawn pursuant to law.

(9) The board has the power to:

(a) Examine and determine the qualifications and fitness of applicants for a license to practice veterinary medicine in this state;

(b) Issue, renew, deny, suspend, or revoke licenses to practice veterinary medicine in the state or otherwise discipline or fine, or both, licensees consistent with the provisions of this article and the rules and regulations adopted under this article;

(c) Regulate artificial insemination and ova transplantation of cattle or other animal species by establishing rules and regulations for standards of practice, including rules relating to methods and procedures for safe artificial insemination and ova transplantation;

(d) Establish, pursuant to section 24-34-105, C.R.S., and publish annually a schedule of fees for licensing and registration of veterinarians and artificial inseminators. The fee shall be based on the board's anticipated financial requirements for the year.

---

(e) Conduct investigations, subpoena witnesses, administer oaths, compel the testimony of witnesses under oath, compel the production of books, papers, and records relevant to any investigation or hearing, by subpoena duces tecum or otherwise. The sheriff of any county shall serve any subpoena or written order of the board in the same manner as process is served in civil actions and any subpoena issued pursuant to this paragraph (e) shall be enforceable by the district court.

(f) Hold hearings on all matters properly brought before the board. An administrative law judge may conduct all hearings for denying, suspending, or revoking a license or for any other similar matter properly brought before the board and assigned by the board to the administrative law judge, subject to appropriations made to the department of personnel. An administrative law judge shall be appointed pursuant to part 10 of article 30 of title 24, C.R.S. Disciplinary and punitive actions of the board shall be made public.

(g) (Deleted by amendment, L. 91, p. 1469, § 3, effective July 1, 1991.)

(h) Appoint from its own membership one or more members to act as representatives of the board at any meeting within or without the state where such representation is deemed desirable;

(i) Bring proceedings in the courts for the enforcement of this article or any regulations made by the board;

(j) Adopt, amend, or repeal all rules necessary for its government and all regulations necessary to carry into effect the provisions of this article;

(k) (Deleted by amendment, L. 91, p. 1469, § 3, effective July 1, 1991.)

(l) Issue a cease and desist order if the board determines, either summarily or after due notice and hearing, that a violation of a standard of practice exists. Such order shall set forth the standard alleged to have been violated and the facts alleged to have constituted the violation and shall require that the practice alleged to have been violated cease forthwith. This section shall be enforced by the district court.

(10) The board may, at any time, inspect veterinary premises to assure that they are clean and sanitary.

---

(11) The powers of the board are granted to enable the board to effectively supervise the practice of veterinary medicine and are to be construed liberally to accomplish this objective.

(12) (Deleted by amendment, L. 91, p. 1469, § 3, effective July 1, 1991.)

12-64-105.5 - Immunity from civil process.

Any member of the board, any witness testifying in a proceeding authorized under this article, and any person who lodges a complaint pursuant to this article shall be immune from liability in any civil action brought against him for acts occurring while acting in his capacity as a board member, witness, or complainant, if such individual was acting in good faith within the scope of his respective capacity.

12-64-106 - Status of persons previously licensed.

Any person holding a valid license to practice veterinary medicine in this state on July 1, 1973, shall be recognized as a licensed veterinarian and shall be entitled to retain this status so long as he complies with the provisions of this article, including annual renewal of the license.

12-64-107 - Application for license - qualifications.

(1) Any person twenty-one years of age or older desiring a license to practice veterinary medicine in this state shall make written application to the board on forms provided by the board. The application shall be accompanied by a fee in an amount established and published by the board.

(2) (Deleted by amendment, L. 91, p. 1470, § 5, effective July 1, 1991.)

(3) The application to take the national examination shall show that the applicant is:

(a) A graduate of an approved school of veterinary medicine; or

(b) A senior student of an approved school of veterinary medicine; or

---

(c) A graduate of a nonapproved foreign school of veterinary medicine if such school substantially meets the academic requirements of approved schools of veterinary medicine or if the applicant presents proof satisfactory to the board that the applicant possesses credentials and qualifications substantially equivalent to requirements in Colorado for licensure by examination. The board may specify by rule and regulation what shall constitute substantially equivalent credentials and qualifications. In making such determination of the academic requirements of a nonapproved school or the qualifications of an applicant, the board may consider the relevant reports, requirements, or recommendations of any recognized credentialing organization.

(4) Before taking the Colorado practical examination, student applicants subject to the provisions of paragraph (b) of subsection (3) of this section shall show proof that graduation will be accomplished within thirty days following such examination; however, the results of said examination shall be withheld until proof of graduation is provided to the board.

(5) The board may deny licensure to any applicant if any of his actions would be grounds for disciplinary action under the provisions of section 12-64-111.

#### 12-64-108 - Examinations.

(1) The board shall hold at least one examination during each year and may hold such additional examinations as are necessary. The secretary or an authorized employee of the department of regulatory agencies shall give public notice of the time and place for each examination. A person desiring to take an examination shall make application on forms provided by the board.

(2) The preparation, administration, and grading of examinations shall be governed by rules prescribed by the board. Examinations shall be designed to test the examinee's knowledge of and proficiency in the subjects and techniques commonly taught in schools of veterinary medicine. To pass the examination, the examinee must demonstrate scientific and practical knowledge sufficient to prove that such person is competent to practice veterinary medicine in the judgment of the board. All examinees shall be tested by a written examination, supplemented by such oral interviews and practical demonstrations as the board may deem necessary. The board may adopt and use the examination

---

prepared by the national board of veterinary examiners and shall set the passing score for any required examination to reflect a minimum level of competency.

(3) At its discretion, the board may orally or practically examine any person qualifying for licensing.

(4) (a) The board may issue a license by endorsement to engage in the practice of veterinary medicine in this state to any applicant who has a license in good standing as a veterinarian under the laws of another jurisdiction if the applicant presents proof satisfactory to the board that, at the time of application for a Colorado license by endorsement, the applicant possesses credentials and qualifications which are substantially equivalent to requirements in Colorado for licensure by examination. The board may specify by rule and regulation what shall constitute substantially equivalent credentials and qualifications.

(b) The board may issue a license to engage in the practice of veterinary medicine in this state to any applicant who is certified by a specialty board of the American veterinary medical association if the applicant has met requirements for certification which are substantially similar to requirements in Colorado for licensure by examination. The board may specify by rule and regulation the criteria which shall constitute substantially equivalent credentials and qualifications.

(5) After each examination, the secretary or an authorized employee of the department of regulatory agencies shall notify each examinee in writing of the result of his examination within forty-five days, and the board shall issue a license to each person successfully completing the examination. The secretary or an authorized employee of the department of regulatory agencies shall record each new license and issue a certificate of registration to each new licensee. Any person failing an examination shall be admitted to any subsequent examination on payment of the application fee.

---

12-64-110 - License renewal.

(1) All licenses shall expire in accordance with the provisions of section 24-34-102 (8), C.R.S., but may be renewed by registration with the board and payment of the registration renewal fee established, pursuant to section 24-34-105, C.R.S., by the board. The department of regulatory agencies shall mail a notice to each licensed veterinarian that his license will expire and provide him with a form for renewal of registration.

(2) (a) Any person who practices veterinary medicine after the expiration of his license and willfully or by neglect fails to renew such license shall be practicing in violation of this article, but any person may renew an expired license within three years after the date of its expiration by making written application for renewal, providing satisfactory proof of the completion of all delinquent continuing education requirements, and paying the current renewal fee, all delinquent renewal fees, plus a delinquency fee as established by the board. The board may refuse to reinstate any license which has expired for conduct which constitutes a violation of the provisions of section 12-64-111.

(b) If a licensee has allowed his license to expire for a period longer than three years, such licensee may be reinstated to an active status by making written application for reinstatement, retaking the Colorado practical examination, and paying the current renewal fee, all delinquent renewal fees, plus a delinquency fee as established by the board; except that a licensee who, on or before July 1, 1991, has an expired license for not more than five years may reinstate such license by fulfilling by July 1, 1992, the requirements set forth in paragraph (a) of this subsection (2).

(3) The board may by rule waive the payment of the registration renewal fee of a licensed veterinarian during the period when he is on active duty with any branch of the armed services of the United States, not to exceed the longer of three years or the duration of a national emergency.

---

(4) (a) In order to obtain license renewal, each licensee, except as otherwise provided, shall be required to complete a board-approved veterinary educational program of at least sixteen hours' duration for each twelve-month period following licensure; except that such continuing education courses may be taken at any time during the period of licensure. The board may, for good cause shown, prescribe the type and character of continuing education courses to be taken by any doctor of veterinary medicine in order to comply with the requirements of this article.

(b) The board shall have the authority to excuse licensees, as groups or individuals, from annual educational requirements for a good and sufficient reason.

(c) The board may employ qualified personnel to aid in the implementation of this section.

#### 12-64-110.5 - Inactive license.

(1) A person licensed to practice veterinary medicine, upon written notice to the board by first-class mail, shall have his name transferred to an inactive list. Each such inactive licensee shall continue to meet the registration requirements of section 12-64-110. Such inactive status shall be noted on the face of any license issued thereafter while the licensee remains inactive. Should such person wish to resume the practice of veterinary medicine within a three-year period after being placed on an inactive list, he shall file a proper application therefor, pay the registration renewal fee, and meet the cumulative annual continuing education requirements set forth in section 12-64-110 (4) (a).

(2) If a licensee who remains on inactive status for a period longer than three years wishes to resume the practice of veterinary medicine, such licensee shall be required to file a proper application, pay the examination fee, and retake the Colorado practical examination; except that a licensee who, on or before July 1, 1991, has been on inactive status for more than three years may resume the practice of veterinary medicine if such licensee fulfills by July 1, 1992, the requirements set forth in subsection (1) of this section.



---

(3) A licensee who has maintained an active license in good standing in another state during the period said licensee's Colorado license is inactive shall not be required to retake the Colorado practical examination. For purposes of this article, "in good standing" means no disciplinary actions are pending or have been invoked against the licensee.

12-64-111 - Discipline of licensees.

(1) Upon signed complaint by any complainant or upon its own motion, the board may proceed to a hearing in conformity with section 12-64-112. After a hearing, and by a concurrence of a majority of members, the board may revoke or suspend the license of, place on probation, or otherwise discipline or fine, any licensed veterinarian for any of the following reasons:

(a) Violation of any of the provisions of this article or any of the rules of the board;

(b) Fraud, misrepresentation, or deception in attempting to obtain or in obtaining a license;

(c) Failure to display a license;

(d) Fraud, deception, misrepresentation, or dishonest or illegal practices in or connected with the practice of veterinary medicine;

(e) Misrepresentation in the inspection of food for human consumption;

(f) Fraudulent issuance or use of any health certificate, vaccination certificate, test chart, or blank form used in the practice of veterinary medicine to prevent the dissemination of animal disease, transportation of diseased animals, or the sale of inedible products of animal origin for human consumption;

(g) Fraud or dishonesty in the application or reporting of any test for disease in animals;

(h) Failure to keep veterinary premises and equipment in a clean and sanitary condition;

(i) Refusal to permit the board to inspect veterinary premises during business hours;

(j) Use of advertising or solicitation which is false or misleading;

---

(k) Incompetence, negligence, or other malpractice in the practice of veterinary medicine;

(l) Unprofessional or unethical conduct or engaging in practices in connection with the practice of veterinary medicine which are in violation of the standards of professional conduct as defined in this article or prescribed by the rules and regulations of the board;

(m) Willful making of any false statement as to any material matter in any oath or affidavit which is required by this article;

(n) (Deleted by amendment, L. 91, p. 1474, § 10, effective July 1, 1991.)

(o) Conviction of a charge of cruelty to animals;

(p) Conviction of a violation of the "Uniform Controlled Substances Act of 1992", article 18 of title 18, C.R.S., the federal "Controlled Substances Act", or the federal "Controlled Substances Import and Export Act", or any of them;

(q) Conviction of a felony in the courts of this state or of a crime in any other state, any territory, or any other country for an offense related to the conduct regulated by this article. For the purposes of this paragraph (q), a plea of guilty or a plea of nolo contendere accepted by the court shall be considered as a conviction.

(r) Conviction upon charges which involve the unlawful practice of veterinary medicine, and, based upon a record of such conviction, without any other testimony, the board may take temporary disciplinary action, even though an appeal for review by a higher court may be pending;

(s) Permitting another to use his license for the purpose of treating or offering to treat sick, injured, or afflicted animals;

(t) Practicing veterinary medicine under a false or assumed name, or impersonating another practitioner of a like, similar, or different name;

(u) Maintenance of a professional or business connection with any other person who continues to violate any of the provisions of this article or rules of the board after ten days following receipt of the board's written request for termination of such connection;

---

(v) Addiction to, dependence on, or the habitual use or abuse of intoxicating liquors, a habit-forming drug, as defined in section 12-22-102 (13), or a controlled substance, as defined in section 12-22-303 (7);

(w) A determination that he is mentally incompetent by a court of competent jurisdiction and such court has entered, pursuant to part 3 or part 4 of article 14 of title 15 or section 27-10-109 (4) or 27-10-125, C.R.S., an order specifically finding that the mental incompetency is of such a degree that he is incapable of continuing to practice veterinary medicine;

(x) Engaging in the practice of veterinary medicine while on inactive status as determined pursuant to section 12-64-110.5;

(y) Engaging in any act prohibited in article 22 of this title, regarding the dispensing of drugs, medicines, poisons, or controlled substances, as defined in section 12-22-303 (7);

(z) Failing to report a known violation of any of the provisions of this section;

(aa) Administering, dispensing, distributing, or prescribing any prescription drug other than in the course of a veterinarian-client-patient relationship;

(bb) An act or omission which fails to meet generally accepted standards of veterinary practice;

(cc) Practicing or performing services beyond a licensee's scope of competence;

(dd) Engaging in any act prohibited in article 22 of this title.

(1.5) When a complaint or an investigation discloses an instance of misconduct which, in the opinion of the board, does not warrant formal action but which should not be dismissed as being without merit, the board may send a letter of admonition to any licensed veterinarian. Such letter shall be sent to the veterinarian by certified mail, with a copy to the complainant, and shall advise such veterinarian that he may, within twenty days after receipt of the letter, make a written request to the board to institute a formal hearing pursuant to section 24-4-105 to determine the propriety of the alleged misconduct. If such request is timely made, the letter of admonition shall be deemed vacated, and the matter shall be processed by means of formal proceedings.

---

(2) The record of conviction of a felony in a court of competent jurisdiction shall be sufficient evidence for such disciplinary action to be taken as may be deemed proper by the board. For the purposes of this article, a conviction shall be deemed to be a conviction which has been upheld by the highest appellate court having jurisdiction or a conviction upon which the time for filing an appeal has passed.

(2.5) With respect to denying the issuance of a veterinary license or to taking disciplinary action against a veterinarian, the board may accept as prima facie evidence of grounds for such action any federal or state action taken against a veterinarian from another jurisdiction if the violation which prompted the disciplinary action in such jurisdiction would constitute grounds for disciplinary action under this section.

(3) Nothing in this article shall be construed to prevent the practice of veterinary medicine by a professional service corporation composed of licensed veterinarians which may exercise such powers and shall be subject to such limitations and requirements, so far as applicable, as are provided in section 12-36-134, relating to professional service corporations for the practice of medicine.

(4) In addition to any other penalty which may be imposed pursuant to this section, any person violating any provision of this article or any rules or regulations promulgated pursuant to this article may be fined not less than one hundred dollars nor more than one thousand dollars for any such violation.

12-64-111.5 - Review of board - disciplinary actions.

After July 1, 1993, but no later than September 1, 1993, the sunrise and sunset review committee shall review the number of complaints received by the board from July 1, 1991, through July 1, 1993, and shall assess the disciplinary action taken by the board with respect to the disposition of such complaints.

12-64-112 - Hearing procedure.

(1) Repealed.

(2) Hearings shall be conducted in conformity with sections 24-4-105 and 24-4-106, C.R.S.

---

12-64-113 - Reinstatement.

Any person whose license is suspended or revoked may, at the discretion of the board, be reinstated or relicensed at any time without an examination by majority vote of the board upon written application made to the board justifying relicensing or reinstatement.

12-64-114 - Enforcement.

(1) No person who practices veterinary medicine without a currently valid license may receive any compensation for services so rendered.

(2) Any person who practices veterinary medicine without a license commits a class 3 misdemeanor and shall be punished as provided in section 18-1-106, C.R.S. Each act of such unlawful practice shall constitute a distinct and separate offense.

(3) The board or any citizen of this state may bring an action to enjoin any person from practicing veterinary medicine without a currently valid license. If the court finds that the person is violating, or is threatening to violate, this article, it may enter an injunction restraining him from such unlawful acts.

(4) The successful maintenance of an action based on any one of the remedies set forth in this section shall in no way prejudice the prosecution of an action based on any other of the remedies.

12-64-115 - Abandonment of animals.

(1) Any animal placed in the custody of a licensed veterinarian for treatment, boarding, or other care which is unclaimed by its owner or his agent for a period of more than ten days after written notice, by certified mail, return receipt requested, is given to the addressee only at his last known address shall be deemed to be abandoned and may be turned over to the nearest humane society or animal shelter or disposed of as such custodian may deem proper.

---

(2) The giving of notice to the owner, or the agent of the owner, of such animal by the licensed veterinarian, as provided in subsection (1) of this section, shall relieve the licensed veterinarian and any custodian to whom such animal may be given of any further liability for disposal. Such procedure by the licensed veterinarian shall not constitute grounds for disciplining procedure under this article.

(3) For the purpose of this article, the term "abandoned" means to forsake entirely, or to neglect or refuse to provide or perform the legal obligations for care and support of an animal by its owner, or his agent. Such abandonment shall constitute the relinquishment of all rights and claims by the owner to such animal.

12-64-116 - Veterinary students.

(1) All duties performed by a veterinary student must be under the on-the-premises supervision of a licensed veterinarian. If the student does not conform to the following requirements, the licensed veterinarian is in violation of this article. A veterinary student:

(a) Is permitted to administer therapeutic or prophylactic drugs only under the direct, on-the-premises supervision of a licensed veterinarian;

(b) Is permitted to perform surgery, only if he is competent and has the necessary training and experience, under the direct, on-the-premises personal supervision of a licensed veterinarian;

(c) Shall associate himself with a licensed veterinarian, and his work shall be limited to practice under the direct, on-the-premises supervision of the licensed veterinarian;

(d) Shall not participate in the operation of a branch office, clinic, or allied establishment unless a licensed veterinarian is present on the premises.

---

12-64-117 - Veterinary student preceptors.

All duties of a veterinary student preceptor must be performed upon the request of the licensed veterinarian who is responsible for appropriately supervising, on the premises, the veterinary student preceptor's work. It is unlawful for the veterinary student preceptor to participate in the operation of a branch office, clinic, or allied establishment unless a licensed veterinarian is present on the premises.

12-64-118 - Emergency care or treatment.

Any licensed veterinarian who, along a highway or at any public place, in good faith administers emergency care or treatment, or euthanasia for humane reasons, to an animal, without compensation, either voluntarily or at the request of any state or local governmental officer or employee, shall not be liable for civil damages for good faith acts in the administration of such care or treatment. This immunity shall not apply in the event of a wanton or reckless disregard of the rights of the owner of such animal.

12-64-119 - Review of board of veterinary medicine - repeal of article.

This article is repealed July 1, 2001. Prior to such repeal the state board of veterinary medicine shall be reviewed as provided for in section 24-34-104, C.R.S.