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Recommendations of 2007 Animal Husbandry Workgroup

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Executive Summary

The animal husbandry workgroup was formed by the 2007 Minnesota Legislature to address several issues related to whether non-veterinarians should be allowed to perform a variety of animal health care and husbandry services in the State of Minnesota. The Legislature specifically charged the group with developing recommendations related to animal chiropractic, equine teeth floating and artificial insemination.

The Minnesota Department of Agriculture (MDA) was directed to convene this workgroup, as the MDA was seen as a neutral party with no statutory authority or compelling interest in the issues. As directed, the Department appointed and convened a working group of veterinarians and non-veterinarians to address the issues and submit the following findings of the workgroup to the agriculture policy and finance committees of the House and Senate. It should be clear that the recommendations contained in this report are those of the workgroup, and should not be construed as being supported or endorsed by the MDA.

The Legislature should recognize the current enforcement/violation waiver for non-veterinarians performing animal husbandry services will expire June 1, 2008. If the Legislature fails to act on this package of recommendations in comprehensive manner, the workgroup members recommend the Legislature addresses the deadline expiration.

Workgroup Members

Dr. Josée Gerard, Practicing Animal Chiropractor
Christopher Johnson, Practicing Equine Teeth Floater
Dr. Julia Wilson, Veterinarian Practicing Equine Dentistry
Dr. Pierce Fleming, Veterinarian Practicing Animal Chiropractic
Dr. Kim Voller, Veterinarian Practicing Artificial Insemination
Dr. John Lawrence, Representative from Board of Veterinary Medicine
Dr. Tom Tweeten, Minnesota Horse Council
Thom Peterson, Minnesota Farmers Union
Dennis Egan, Minnesota Farm Bureau Federation
Dr. Jeff Reneau, University of Minnesota Extension Service

Introduction

Summary of meetings:

September 4—This introductory meeting attempted to provide background information to adequately outline the issues the workgroup would need to address. As part of the agenda, Senator Steve Dille and Representatives Al Juhnke and Lyle Koenen provided comments on legislative history and expectations for the group. Additionally, the workgroup reviewed the statutory language, and heard from expert speakers regarding animal chiropractic, equine teeth floating and artificial insemination.

October 23—Prior to the meeting, a survey was sent via e-mail to members requesting feedback on several fundamental issues related to non-veterinarians performing services. At the October 23

meeting, workgroup members reviewed the survey results and started developing preliminary recommendations.

November 20—The workgroup refined preliminary recommendations and discussed proper definitions and certification procedures for non-veterinarians to perform certain services. In addition, the workgroup heard a presentation from Dr. Pedro Rivera of the Healing Oasis Center on animal chiropractic care.

December 18—The workgroup started finalizing recommendations.

January 8—The workgroup held a final meeting/conference call to finalize the report.

Animal Chiropractic

BACKGROUND

The workgroup discussion focused on whether licensed doctors of chiropractic should be allowed to perform animal chiropractic service. The workgroup, from an early point, agreed that they should be allowed to perform these services, but the majority of the discussion focused on procedural issues surrounding protecting animal health and comfort.

The major points of contention centered on: 1) whether a veterinarian must first perform an evaluation and offer a referral for chiropractic service; 2) educational and certification requirements; 3) how the respective professional associations should coordinate to address the issues.

Recommendation #1:

A precise definition of animal chiropractic services is needed. The Legislature, Minnesota Board of Veterinary Medicine and Minnesota Board of Chiropractic Examiners should jointly promulgate rules (2500 and 9100) and/or develop uniform statutes (chapters 148 and 156) that standardize the definition of animal chiropractic services.

Recommendation #2:

In order to legally represent oneself as a “certified animal chiropractor” or a “veterinarian certified to practice animal chiropractic care,” an individual must first be either a licensed doctor of chiropractic or a licensed doctor of veterinary medicine.

Recommendation #3:

In addition to being a licensed doctor of chiropractic or veterinary medicine, an individual must also obtain additional training and specified certification and maintain that specified certification via continuing education.

The Minnesota Board of Veterinary Medicine and Minnesota Board of Chiropractic Examiners should jointly promulgate standards or rules, which set a minimum level of training before an individual can apply to be a “certified animal chiropractor.” As a starting point, the boards should consider adopting the standards of the American Veterinary Chiropractic Association (AVCA) and International Veterinary Chiropractic Association (IVCA). Once individuals have

completed training and certification, each board would accredit their individual members to perform the services.

Recommendation #4:

To maintain certification to practice animal chiropractic, doctors of chiropractic should be required to either: 1) Have their clients obtain a referral from a licensed doctor of veterinary medicine; or 2) Engage in timely post-service collegial/clinical communication with a licensed doctor of veterinary medicine who is familiar with the patient.

NOTE: There was official dissent registered on recommendation #4, as some workgroup members would rather REQUIRE an evaluation, diagnosis, and referral by a licensed doctor of veterinary medicine BEFORE any chiropractic services could be performed by a doctor of chiropractic certified to perform animal chiropractic services. Some workgroup members also wanted to require the chiropractor to submit a post-visit summary report back to the veterinarian who performed the evaluation and diagnosis and offered the referral.

Recommendation #5:

The Legislature, Minnesota Board of Veterinary Medicine, and Minnesota Board of Chiropractic Examiners should jointly develop a protocol for administering penalties for individuals found to be performing animal chiropractic services without certification.

Animal Physical Rehabilitation

BACKGROUND

There was recognition among the workgroup members that a clear line must be drawn between animal chiropractic and animal physical rehabilitation services, primarily due to the amount of bodily injury that can be caused by improper manipulations or adjustments to the animal. Accordingly, the workgroup recommends that certain individuals should be allowed to represent themselves as being “certified to perform animal physical rehabilitation services.” In general, animal physical rehabilitation services are those aimed at treating or preventing the onset of conditions resulting from injury, disease, and other causes that affect mobility, but do not involve any type of “manipulations or adjustments of the body.”

Recommendation #1:

A precise definition of “animal physical rehabilitation” services is needed. The Legislature, Minnesota Board of Veterinary Medicine and Minnesota Board of Physical Therapy should jointly promulgate rules and/or develop uniform statutes that properly define these services.

Recommendation #2:

In order to legally perform animal physical rehabilitation services, an individual must first be either a: 1) human physical therapist; 2) human physical therapist assistant; 3) doctor of veterinary medicine; or 4) certified veterinary technician.

Recommendation #3:

In addition to being a: 1) human physical therapist; 2) human physical therapist assistant; 3) doctor of veterinary medicine; or 4) certified veterinary technician, to represent oneself as certified in animal physical rehabilitation, the individual must also obtain additional training, such as the program offered by the University of Tennessee or other similar programs. Once the training has been obtained, the individual will be certified by either the Minnesota Board of Veterinary Medicine or Minnesota Board of Physical Therapy.

Accordingly, the Minnesota Board of Veterinary Medicine and Minnesota Board of Physical Therapy should jointly promulgate standards or rules that set a minimum level of training before an individual can apply to be certified to perform animal physical rehabilitation services.

Recommendation #4:

Non-veterinarians performing these services must: 1) obtain a veterinary evaluation, diagnosis and referral before services are performed, and 2) submit a post-visit summary report back to the referring veterinarian.

Recommendation #5:

Veterinary technicians performing these services must be under the direct supervision of a veterinarian. Physical therapist assistants must be under the direct supervision of either a licensed doctor of veterinary medicine or a certified physical therapist who has also been trained and certified to perform animal physical rehabilitation services.

The employers or supervisors of veterinary technicians or physical therapist assistants who perform the actual animal physical rehabilitation services are accountable for the services of their subordinates/employees.

Recommendation #6:

The Legislature, Minnesota Board of Veterinary Medicine and Minnesota Board of Physical Therapy should jointly develop a protocol for administering penalties for individuals found to be performing animal rehabilitation services without certification and accreditation.

Animal Massage

BACKGROUND

The workgroup discussed at length the option of requiring individuals to obtain training and certification, via the Minnesota Board of Veterinary Medicine, to perform animal massage services. However, the workgroup could not reach consensus on the matter, in particular due to the fact that the State of Minnesota does not regulate human massage.

Recommendation #1:

A precise definition of animal massage therapy is needed. The Legislature, the Minnesota Board of Veterinary Medicine should define “animal massage therapy” in statute. As a starting point, the definition of massage therapy is the manipulation of the muscle tissue and skin by the use of hands or hand-held non-mechanical devices.

Recommendation #2:

Individuals who perform these services do not need official training or certification. However, they should NOT be able to legally represent themselves as being able to perform any type of animal chiropractic or animal physical rehabilitation services. If these individuals are found to be performing these types of services, they should be subject to enforcement actions by the Boards or the courts.

Recommendation #3:

The Minnesota Board of Veterinary Medicine should explore the option of creating standards for individuals to become “certified animal massage therapists,” perhaps by collaborating with Minnesota massage therapy schools.

Equine Teeth Floating

BACKGROUND

The workgroup discussed at length the issue of whether to allow lay individuals to perform equine teeth floating without veterinary supervision in the State. The workgroup, from an early point, agreed that there should be a path for individuals to legally perform these services, but the majority of the discussion focused on procedural issues surrounding protecting animal health and comfort.

The major points of contention centered on: 1) whether a veterinarian must supervise the procedure; 2) how or whether an individual should show proficiency; 3) how individuals practicing these services should be monitored by the Board of Veterinary Medicine.

Recommendation #1:

The workgroup recognizes there is a difference between comprehensive equine dentistry and basic teeth floating work. The Legislature and Minnesota Board of Veterinary Medicine should refine the definition of equine teeth floating in statute to address the nuances between the two, such as the handling of incisors, pre-molars, bit seats, and caps. In general, lay equine teeth floating is the floating of cheek teeth using manual instruments, no administration of medications, or no diagnosis of dentistry conditions.

Recommendation #2:

The workgroup recommends that an individual who performs equine teeth floating services does not need to be a licensed doctor of veterinary medicine or be under the supervision of a veterinarian; however they should be required to obtain licensure by the Board of Veterinary Medicine to legally float teeth in Minnesota.

NOTE: There was official dissent registered on recommendation #2. One workgroup member felt that anyone should be allowed to perform these services without any type of licensure, while some others felt that any lay teeth floater must be under the direct supervision of a veterinarian.

Recommendation #3:

In order for a lay individual to become licensed, they must pass a proficiency examination (written and hands-on) administered by the Board of Veterinary Medicine. In addition to administering the examination, the Board should make available study materials that would assist individuals to prepare for the examination. However, it is the individual’s responsibility to obtain the necessary training that would allow them to pass the proficiency examination.

The Board should be allowed to charge a reasonable fee to administer the examination, and for licensure.

Recommendation #4:

There should be no enforcement actions taken against unlicensed lay teeth floaters until 3 months after the proficiency examination is made available.

Recommendation #5:

The Minnesota Board of Veterinary Medicine should explore the option of creating an internship or apprenticeship program under a licensed doctor of veterinary medicine for lay individuals interested in performing equine teeth floating services.

Additionally, the Board should pursue publishing a best management practices guide to equine teeth floating.

Recommendation #6:

The Board should administer penalties for individuals found to be practicing equine teeth floating without licensure.

Artificial Insemination of Equine and Canine

Recommendation #1:

Only licensed veterinarians should be allowed to perform: 1) surgical artificial insemination or 2) frozen semen inseminations.

Complementary and Alternative Medicine

BACKGROUND

The workgroup recognizes there may be other emerging fields in animal care that may need to be addressed, including but not limited to: 1) acupuncture; 2) acupressure, 3) homeopathy; 4) imaging; 5) aromatherapy; 6) hypnosis; 7) relaxation therapy; 8) therapeutic touch; 9) vibrational medicine; 10) animal behavior consultation; 11) magnetic therapy; 12) non-surgical laser therapy; 13) animal training; 14) energy work; 15) hoof trimming; or 16) saddle fitting.

Since most of these activities do not pose a significant risk to the health of the animal, the group believes many fall outside of the purview of requiring government oversight of training or certification. Individuals performing these types of services should be closely monitored by accreditation boards to ensure they are not crossing over to perform regulated activities, particularly diagnosing health conditions.

However, the Minnesota Board of Veterinary Medicine should continue to examine if any of these activities should be further regulated. In particular, the Board should examine those procedures deemed to be “invasive” and which have the potential to cause harm to the animal if done improperly (e.g. acupuncture, herbal medicine, homeopathy, or diagnosis of health problems).

Currently, the American Veterinary Medical Association (AVMA) Model Practice Act includes alternative and complementary therapies in the definition of the practice of veterinary medicine, and does not provide for the practice of these methods by non-veterinarians. Sixteen states follow this model and list specific Complementary and Alternative Veterinary Medicine (CAVM) treatments in the definition of the practice of veterinary medicine. Six states take the approach of

specifically excluding certain treatments from the definition of the practice of veterinary medicine, but require some type of supervision by a licensed veterinarian.

Consumer Education and Awareness/Disclosure

Recommendation #1

Whether performing animal chiropractic, animal physical rehabilitation, animal massage, equine teeth floating, artificial insemination, or other animal health care or husbandry services, animal owners should always be encouraged to obtain an official diagnosis from a licensed doctor of veterinary medicine. Non-veterinarians performing services on animals should always advise their clients to obtain a veterinary diagnosis BEFORE performing services. Following services, written or verbal communication to the veterinarian providing the primary health care of the animal also should be included.

Recommendation #2:

All of the professional boards should work together to establish a widely recognized “owner consent” form that would be presented to animal owners before services are performed.

The “owner consent” form could include language:

- 1) Informing the animal owner or their designee of the purpose, procedures, benefits and risks of the service being performed;
- 2) Explicitly stating that the procedures exclude veterinary diagnosis, and that the owner is encouraged to obtain a diagnosis from a veterinarian before the service is performed;
- 3) Disclosing whether the individual is bonded or insured;
- 4) Obtaining animal owners’ written consent before the procedure is performed.

Recommendation #3

All of the professional boards should work together to establish referral networks between the licensed doctors and lay individuals who show proficiency in performing animal health care and husbandry services.

Board of Veterinary Medicine

The majority of these recommendations will require the Board of Veterinary Medicine to conduct extensive work to more fully address the issues. Accordingly, the workgroup felt it appropriate to recommend the Legislature provide a general fund appropriation to the Board for administration of the recommendations.