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Emily B. Caudill REGULATIONS COMPILER

1   BOARDS AND COMMISSIONS

2   Board of Veterinary Examiners

3   (Amended After Comments)

4   201 KAR 16:737. Responsibilities for AAHP providers; limitations on practice.

5   RELATES TO: KRS 321.175, 321.181[(1)-(4)], 321.187, 321.200, 321.203, 321.205, 321.235,  
6   321.251, 321.255

7   STATUTORY AUTHORITY: KRS ~~[321.175(2)(c), (4), (5), ]~~321.181(1)-(4), 321.203, 321.205,  
8   321.235(1)(a)-(c)(2)(b)2., 321.236, 321.255

9   CERTIFICATION STATEMENT: This certifies that this administrative regulation complies with  
10  the requirements of 2025 RS HB 6, Section 8.

11  NECESSITY, FUNCTION, AND CONFORMITY: ~~[KRS 321.175(4) states the purpose of the~~  
12 ~~Kentucky Veterinary Medicine Practice Act is to promote, preserve, and protect the public~~  
13 ~~health, safety, and welfare by and through, in part, setting limitations and responsibilities~~  
14 ~~for AAHP licensure.]~~KRS 321.235(1)(b) requires the board to promulgate administrative

15 regulations to implement and enforce KRS Chapter 321 and 201 KAR Chapter 16. KRS  
16 321.235(2)(b)2. authorizes the board to promulgate administrative regulations to establish  
17 conditions for licensing,~~[permitting]~~~~[-and]~~ limitations upon the~~[on]~~ practice of~~[upon]~~ allied  
18 animal health professional (AAHP) licensees, and limitations on~~[permittees]~~~~[- KRS~~  
19 ~~321.235(2)(b)2. authorizes the board to promulgate administrative regulations to limit]~~ the  
20 scope of practice allowable by AAHP providers on animals. This administrative regulation

21 establishes the responsibilities for AAHP providers licensed~~[permitted]~~ by the board,~~[-and]~~

limitations ~~upon[on]~~ their practice on animal patients, and allowable scope of practice  
for[establishes] an allied animal health professional's ~~[allowable scope of]~~ practice on animals.

### Section 1. Prohibitions on Practicing Veterinary Medicine.

(1) Except as provided for in KRS 321.200 and this administrative regulation, an allied animal health professional licensee~~[permittee]~~ shall not practice veterinary medicine.

(2) An AAHP provider shall be held to the same standard of care as a veterinarian if the licensee~~[permittee]~~ provides services within the scope of practice as established in this administrative regulation.

### Section 2. Communications with Veterinarians.

(1) To ensure patient safety, an allied animal health professional licensee~~[permit holder]~~ may communicate with an animal patient's veterinarian regarding services to be rendered by the AAHP provider on an animal to ensure:

(a) Appropriate services are provided; and

(b) No concerns exist related to an animal patient's condition, current treatment regime, and medicines.

(2) If the AAHP provider does not communicate with the animal patient's veterinarian prior to initiation of services, then ~~if in the event of~~ an adverse outcome occurs the liability lies solely with the AAHP provider.

(3) AAHP licensees~~[permittees]~~ shall communicate findings, services provided, or relevant information to the client and the client's veterinarian within an appropriate timeframe according to the condition, but no more than three (3) business days after services are rendered.

(4) Communication between an AAHP licensee~~[permittee]~~ and a veterinarian shall be recorded in the medical record.

(5) An AAHP licensee~~[permittee]~~ providing services to a patient that results in harm shall be cause for the AAHP licensee~~[permittee]~~ to be liable for that harm. The patient's veterinarian shall not be liable for harm as a result of services provided by an AAHP licensee~~[permittee]~~.

#### Section 3. Limitations on Practice.

(1) An AAHP licensee~~[permittee]~~ shall be limited in their practice on animal patients, as established in KRS 321.255 and this section, or the practice shall be considered the practice of veterinary medicine and subject to penalty for practicing without a veterinarian license from the board.

(2) An AAHP licensee[licensees] shall only provide AAHP services to the species for which the licensee has received training.

(3) An AAHP licensee's~~[permittee's]~~ practice shall not be construed to allow ~~[any of the following]~~ on animals the:

(a) Performance of radiographs or other medical imaging;

(b) Performance of surgery;

(c) Performance of shockwave, laser, ultrasound, electrotherapy, or similar therapies;

(d) Rehabilitation activities;

(e) Prescription or~~;~~ dispensation~~[, or administration]~~ of medications, supplements, or nutraceuticals, or diet;~~[-or]~~

(f) Provision of dietary guidance;

(g) Administration of medications, except in the context of KRS 321.200(1)(b);

(h) For AAHP equine dental provider (EDP) licensees, offering~~[offer]~~ or conducting~~of~~~~[conduct]~~ a veterinary oral exam on the mouth of patients; or

(i)(f) Practice of veterinary medicine outside the scope of the allied animal health professional's licensed~~[permitted]~~ practice area.

(4)(3) ~~[For] AAHP licensees[permittees specializing in animal chiropractic, the applicant]~~ shall:

(a) Conform with applicable requirements of the Horseracing Integrity and Safety Authority (HISA) and the Kentucky Horse Racing and Gaming Corporation; and

(b) Comply with other state and federal laws.

#### Section 4. EDP Students.

(1) An EDP licensee who was granted licensure by the board through the traditional licensure pathway and who is certified by a board-approved AAHP program may provide immediate supervision to EDP students, if[so long as] both the licensed EDP and the EDP student are under the indirect supervision of a Kentucky licensed veterinarian.

(a) The supervising veterinarian shall[must] sign a statement taking on the liability for each student.

(b) An EDP licensee [as in the above subsection] may supervise no more than three (3) students concurrently.

(2) An EDP who was granted licensure by the board through the legacy pathway shall not [be authorized to-]provide supervision to EDP students.

(3) The supervising veterinarian shall:

(a) Hold a license as a veterinarian in good standing with the board;[-]

(b) Provide indirect supervision of EDP students who are supervised by board-licensed AAHP EDPs, totaling no more than six (6) students concurrently, except as allowable in paragraph (c) of this subsection;

1 (c) Provide direct supervision in an EDP workshop setting to no more than twenty (20) EDP  
2 students;

3 (d) Be readily available and responsive to the needs of the patient that are beyond the scope of  
4 practice allowable by an EDP in KRS 321.255 and as established in this administrative  
5 regulation; and

6 (e) Be~~[Obligated to be]~~ available for and ~~[to]~~provide follow-up~~[follow up]~~ care to patients  
7 worked on by students.

8 (4) Prior to an EDP student beginning practice in the commonwealth, the veterinarian supervisor  
9 shall complete and submit to the board the Registration for Supervision of EDP Students form or  
10 online equivalent form provided by the board, including all required attachments. One (1)~~[such]~~  
11 attachment shall be a written agreement between the supervising veterinarian, the supervising  
12 AAHP EDP, and the EDP student outlining and acknowledging their respective responsibilities  
13 for supervision and liability regarding the patient and client.

14 (5) An EDP student shall be limited in practice to six (6) consecutive months on live, privately  
15 owned animals.

16 (a) ~~The [For good cause shown, the]~~board may extend in writing the allowable period of study  
17 for an EDP student for no more than six (6) months at a time and collectively not more than  
18 two (2) years in total time.

19 (b) There shall be no limitation for EDP student work on equine cadavers, except for that which  
20 may exist in state or federal laws related to animal cadavers.

21 Section 5. Record Keeping. An AAHP licensee~~[permittee]~~ shall keep medical records on all animal  
22 patients on which they practice their profession pursuant to KRS 321.187 and this section.

(1) The AAHP licensee's~~[permittee's]~~ animal patient medical records shall contain sufficient information to justify and describe the course of care on the patient. The records shall contain, at a minimum:

(a) Name, address, and telephone number of the client, as defined ~~by~~in KRS 321.181~~(21)~~(22);

(b) Identity of the animal patient, including name, age, sex, and breed;

(c) Name, address, and telephone number of the animal patient's veterinarian;

(d) Dates of consultations, observations~~[examinations]~~, or services provided;

(e) Brief history of the condition of each animal;

(f) AAHP provider findings and observations;

(g) Plan for services, including expected duration and frequency;

(h) Notations related to provided services;

(i) Progress and disposition of the case;

(j) Name of the AAHP provider or providers~~[practitioner or practitioners]~~ providing service to the patient;

(k) Name and contact information of any person consulted for medical advice regarding the patient; and

(l) Communication attempts of the AAHP licensee~~[permittee]~~ to the veterinarian of record.

(2) For AAHP EDP licensees, in addition to the information in the medical record as established in subsection (1) of this section, the dental chart shall include:

(a) A disclaimer stating that the work provided is not inclusive of a veterinary oral exam and is ancillary to veterinarian services;

(b) Notes of observations made;

(c) If sedation is administered as allowable by the client or supervising veterinarian, documentation of:

1. Drug name;[<sub>5</sub>]

2. Amount of drug administered;

3. **Route of administration;**

4. Time of administration; and[<sub>5</sub>]

5. If[4. And if-] additional drugs are provided, subsequent name of drug, dosage, **route**, and time of administration for each additional administration event; and[<sub>5</sub>]

(d) Include a check box for referral to a veterinarian, which shall, as warranted:

1. ~~Be[<sub>5</sub>, be]~~ checked if[~~in the event~~] EDP observations determine the need for veterinary attention for the patient;[<sub>5</sub>] and

2. **Include** corresponding notes [~~shall be included~~] in the observation section of the chart detailing observations and concerns.

(3) For an AAHP-EDP, the dental chart may comprise the medical record if all required information as established in subsections (1) and (2) of this section is included.

(4) Patient medical records shall be complete and accurate.

(5)[(3)] Patient medical records shall be maintained in the AAHP licensee's registered facility or other location[~~permittee's office~~] for at least five (5) years past the date of the last patient visit.

Cessation from practice, either temporarily or permanently, does not relieve the practitioner from compliance with this section.

(6)[(4)] An AAHP licensee[~~permittee~~] shall not violate the confidential relationship between the licensee[~~permittee~~] and the client, pursuant to KRS 321.187(6). Consultation by the

1 ~~licensee~~~~[permittee]~~ with another AAHP ~~licensee~~~~[permittee]~~ or veterinarian for the benefit of the  
2 patient shall not constitute a violation of confidentiality.

3 (a) An AAHP ~~licensee~~~~[permittee]~~ shall not release information concerning a client or care of a  
4 client's animal, except as authorized by KRS 321.187(6).

5 (b) An AAHP ~~licensee~~~~[permittee]~~ shall, if requested by the client, communicate their findings,  
6 service plan, or records with the client's designated veterinarian.

7 Section 6.~~[Section 5.]~~ Duty to Report. AAHP ~~licensees~~~~[permittees]~~ shall report to the board:

8 (1) Any change of name, address, phone, or email within thirty (30) days;

9 (2) A written response to a grievance or inquiry from the board in accordance with 201 KAR  
10 16:610; and

11 (3) Disciplinary action or conviction in any jurisdiction.

12 Section 7.~~[Section 6.]~~ Compliance and Disciplinary Action.

13 (1) AAHP ~~licensees~~~~[permittees]~~ shall be subject to disciplinary action for violation of:

14 (a) KRS Chapter 321 and 201 KAR Chapter 16; and

15 (b) Other applicable federal, state, and local laws.

16 (2) The board shall report any grievance or disciplinary action received against an AAHP  
17 permittee to the professional licensing board in the human area of specialty and may consult with  
18 that board as experts in their professional field.

19 Section 8. Incorporation by Reference.

20 (1) "Registration for Supervision of EDP Students", 08/2025, is incorporated by reference.

21 (2) This material may be inspected, copied, or obtained, subjected to applicable copyright law,  
22 at the Kentucky Board of Veterinary Examiners, 4047 Iron Works Parkway, Suite 104,



- 1 Lexington, Kentucky 40511, Monday through Friday, 8:30 a.m. to 4:30 p.m. This material may
- 2 also be obtained at [kbve.ky.gov](http://kbve.ky.gov).

APPROVED: 7/31/2025; and 10/23/2025

A handwritten signature in black ink, appearing to read "Michelle M. Shane", written over a horizontal line.

Michelle M. Shane, KBVE Executive Director for  
John C. Park, DVM, Board Chair  
Kentucky Board of Veterinary Examiners

12/15/2025

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 16:737

Contact Person: Michelle Shane

Phone: 502-564-5433

Email: Michelle.Shane@ky.gov

Subject Headings: Animals: Domestic; Chiropractic; Equine and Horses; Occupations and Professions; Veterinary Services

(1) Provide a brief summary of:

(a) What this administrative regulation does:

This administrative regulation establishes the responsibilities for an allied animal health professional (AAHP) licensee and limitations on the allowable scope of work on animals patients.

(b) The necessity of this administrative regulation:

This administrative regulation is necessary to communicate clear requirements regarding limitations on scope of practice on animal patients and the duties of AAHP licensees.

(c) How this administrative regulation conforms to the content of the authorizing statutes:

KRS 321.175(2)(c), (4) and (5) establish that the intent of the Kentucky Veterinary Medicine Practice Act is to regulate the professions of veterinary medicine, including the work of authorized allied animal health professionals. KRS 321.181(1)-(4) define key AAHP terminology. KRS 321.235(1)(a)-(c) and (2)(b)2 require the board to ensure the competence of credential holders and to administer credentialing programs to ensure competency to practice and to protect the public. This administrative regulation will assist in effective administration by clearly expressing what requirements have been established by the board. KRS 321.251 defines the allowable AAHP professions, including equine dental providers, and required licensure by the Board. KRS 321.253 requires AAHP providers to maintain and renew a license to provide AAHP services in the Commonwealth.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:

This administrative regulation will assist in effective administration by clearly expressing the responsibilities and limitations for AAHP provider licensees as established by the board.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation:

This amendment updates the administrative regulation for conformity with Acts Chapter 87; changes the “permit” to a “license”; and defines limitations and responsibilities for the added AAHP equine dental providers (EDPs); places limitations on EDP students who are learning to practice, including who may supervise these students and required registration with the board.

(b) The necessity of the amendment to this administrative regulation:

This amendment is necessary to establish conformity with Acts Chapter 87 and to define limitations and responsibilities for the added AAHP EDP applicants.

(c) How the amendment conforms to the content of the authorizing statutes:

KRS 321.175(2)(c) states the intent of KRS Chapter 321 is to regulate the professions of veterinary medicine, including work done by authorized allied animal health professional (AAHP) providers. KRS 321.175(4) states that regulation is necessary to protect the public and animals of the commonwealth. KRS 321.175(5) states that KRS Chapter 321 shall fully occupy the field of AAHP provider work on animals to be enforced by the Board. KRS 321.181(1)-(4) defines key terms related to AAHP providers. KRS 321.235(1)(a)-(c) requires the board to implement and enforce the chapter and to promulgate administrative regulations to do so. KRS 321.235(2)(b)2 allows the Board to establish minimum requirements for AAHP licensees. KRS 321.251 defines the allowable AAHP professions, including equine dental providers, and requires licensure by the Board. KRS 321.253 requires AAHP providers to maintain and renew a license to provide AAHP services in the Commonwealth.

(d) How the amendment will assist in the effective administration of the statutes:

This amendment will assist in effective administration by clearly expressing the responsibilities and limitations for AAHP provider licensees as established by the board.

(3) Does this administrative regulation or amendment implement legislation from the previous five years? This administration implements legislation by the General Assembly in Acts Chapter 95 in 2023 and Acts Chapter 87 in 2025.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:

Future applicants to the board for an AAHP license. The board anticipates receiving approximately 30 initial applications for this credential under the new laws, and one-two (1-2) annually in future years.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment:

Licensees will be required to work within a limited scope of practice as established by the General Assembly and the board, and must also be responsible for creating appropriate medical records to document services provided to animal patients and clients in Kentucky. Further, any EDP who wishes to train students will need to register those students with the Board and operate within the boundaries as established in the regulation.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4):

No costs are associated with compliance, as this administrative regulation simply establishes the duties and limitations on AAHP permittees as approved by the board.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4):

Administrative ease of clear communications of the limited scope of practice and responsibilities for AAHP permittees, and limitations and requirements for EDP students and their authorized supervisors.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: Enforcement of this regulation will be accomplished using current funding.

(b) On a continuing basis: The KBVE expects that, on an ongoing basis, the agency will enforce the provisions of this regulation using the current funding available to the agency.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment: KBVE does not receive any general funds. All funds for the agency come from application fees, service fees, and administrative fines.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: There is no anticipation of an increase in fees to implement this administrative regulation, as the KBVE is already running an administrative program to process applications and an enforcement program to ensure compliance.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This regulation does not establish or increase any fees, directly or indirectly.

(10) TIERING: Is tiering applied? Tiering is not applied because this administrative regulation applies to all AAHP licensees.

## FISCAL IMPACT STATEMENT

201 KAR 16:737

Contact Person: Michelle Shane

Phone: 502-564-5433

Email: Michelle.Shane@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation: KRS 321.181(1)-(4), 321.203, 321.205, 321.235(1)(a)-(c)(2)(b)2., 321.236, 321.255.

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act: This administration is expressly authorized by the General Assembly in Acts Chapter 95 in 2023 and Acts Chapter 87 in 2025.

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: The promulgating agency is the Kentucky Board of Veterinary Examiners. There Kentucky Horse Racing and Gaming Corporation who separately licenses equine dental providers to work on race tracks may be impacted by having to verify EDP licensure with KBVE for all “dental techs” licensed by that agency; the KHRGC can complete verifications at no cost through online licensure lookup through the KBVE website.

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

### 1. Expenditures:

For the first year: The KBVE expects that it may enforce this provision of its regulations using existing fund available to the agency in the first year.

For subsequent years: The KBVE expects that, in subsequent years, the agency will enforce the provisions of this regulation using the funding available to the agency.

### 2. Revenues:

For the first year: There is no revenue generated by this filing.

For subsequent years: There is no revenue generated by this filing.

### 3. Cost Savings:

For the first year: There will be no cost savings; this administrative regulation simply codifies responsibilities and limitations for AAHP licensees, making them easily accessible for regulated entities.

For subsequent years: There will be no cost savings; this administrative regulation simply codifies responsibilities and limitations for AAHP licensees.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): KBVE does not anticipate that any local entities will be impacted.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year: N/A

For subsequent years: N/A

2. Revenues:

For the first year: N/A

For subsequent years: N/A

3. Cost Savings:

For the first year: N/A

For subsequent years: N/A

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): KBVE does not anticipate that any other regulated entities will be impacted.

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:

For the first year: N/A

For subsequent years: N/A

2. Revenues:

For the first year: N/A

For subsequent years: N/A

3. Cost Savings:

For the first year: N/A

For subsequent years: N/A



(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: This administrative regulation does not set fees and will not bring in revenue. This filing only impacts individuals who hold a license to practice as an AAHP provider in Kentucky.

(b) Methodology and resources used to reach this conclusion: Budget reports and licensure reports were inputted into a large spreadsheet to calculate all board revenues, expenditures, proposed fees, and estimated quantities of applications based on historical numbers. Projections were calculated ten (10) years out to F.Y. 2036.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a “major economic impact”, as defined by KRS 13A.010(13): This administrative regulation shall not have a “major economic impact”, as defined in KRS 13A.010(13). This administrative regulation does not set fees and will not bring in revenue.

(b) The methodology and resources used to reach this conclusion: This amendment will not have a negative impact, as no fees are established or collected as a part of this administrative regulation.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

(1) “Registration for Supervision of EDP Students”, 08/2025, is the 3-page registration form that students of an AAHP EDP licensee are required to file before engaging in the unlicensed practice of an equine dental provider as they begin to learn the EDP discipline on their pathway to licensure. This form registers each student and their supervisors with the board so the board can ensure EDP students are operating within the limitations established by the board and the General Assembly. KRS 321.251 provides the board authority to establish administrative regulation procedures to license candidates as AAHP providers. KRS 321.235(2)(b)2 allows the Board to establish minimum requirements for AAHP licensees. KRS 321.175(2)(c), (4) and (5) establish that the intent of the Kentucky Veterinary Medicine Practice Act is to regulate the professions of veterinary medicine, including the work of authorized allied animal health professionals. KRS 321.235(1)(a)-(c) and (2)(b)2 require the board to ensure the competence of credential holders and to administer credentialing programs to ensure competency to practice and to protect the public. KRS 321.251 defines the allowable AAHP professions, including equine dental providers, and required licensure by the Board. This is a new form.

## STATEMENT OF CONSIDERATION

Relating to 201 KAR 016:737

### BOARDS AND COMMISSIONS

Kentucky Board of Veterinary Examiners  
(Amended After Comments)

I. The public hearing on 201 KAR 016:737, scheduled for Tuesday, October 21, 2025, at 1:30 PM EDT at the offices of the Kentucky Board of Veterinary Examiners (KBVE) was cancelled; however, written comments were received during the public comment period, which closed October 31, 2025.

II. The following people submitted written comments:

Name and Title

Agency/Organization/Entity/Other

Nathan Glaza, DVM  
Agency

Licking Valley Veterinary Service  
Kentucky Board of Veterinary Examiners

III. The following people from the promulgating administrative body responded to the written comments:

Name and Title

John C. Park, DVM, KBVE Chair

Gene Smith, DVM, KBVE Vice Chair

Dianne Dawes, DVM, KBVE Board Member

Tom Dorman, Citizen-at-large, KBVE Board Member

Tim Gardner, DVM, KBVE Board Member

Stephanie Kennedy, DVM, KBVE Board Member

Phil Prater, DVM, KBVE Board Member

Jennifer Quammen, DVM, KBVE Board Member

Amy Staton, EdD, LVT, KBVE Board Member

R. Steve Velasco, DVM, State Veterinarian, Proxy for KDA Commissioner Jonathan Shell

Michelle M. Shane, KBVE Executive Director

#### IV. Summary of Comments and Responses

(1) Subject Matter: Section 2(1) – Records confidentiality.

(a) Comment: Dr. Glaza – The commentor stated that some of their clients sign forms asking that their records not be released, so veterinarians will not be able to discuss anything with the Allied Animal Health Professional-Equine Dental Provider (AAHP-EDP). They expressed doubt that EDPs will even be able to understand confidentiality in records because they haven't been held to this standard in the past. The commentor asked, "Is [confidentiality] included in their laws they have to learn before becoming licensed?"

(b) Response: KRS 321.187(6) establishes the confidentiality of patient records but allows for discussion of the records with an AAHP provider. KRS 321.255(2)(b) establishes that an AAHP-EDP shall work under the indirect supervision of a veterinarian. KRS 321.181(61)(a) defines the supervising veterinarian as holding a Veterinary-Client-Patient Relationship (VCPR) with the patient, and (61)(d) defines that indirect supervision provides that the veterinarian shall be readily available for communication with the supervisee. However, nothing in the Veterinary Practice Act obligates a veterinarian to work with an AAHP provider. Clients seeking AAHP services will need to establish a relationship with a veterinarian who is willing to supervise / work with AAHP providers.

KBVE agrees that there will be a learning curve with licensure and that specific education and outreach shall be required with all new AAHP licensees. The Board has established a jurisprudence exam for each AAHP license type, ensuring that all AAHP providers are acquainted with the legal requirements to provide animal services in the Commonwealth.

There is incentive for the AAHP provider to communicate with the veterinarian. The risk of not having a relationship with the veterinarian in the event something goes wrong presents great liability to the AAHP provider. In response to this comment, the Board did not make any changes.

(2) Subject Matter: EDPs are not qualified to provide an exam.

(a) Comment: Dr. Glaza – The commentor stated that an EDP should not be able to make a determination that a dental exam is needed by a veterinarian because an AAHP provider is not qualified to evaluate the rest of the animal. They provided an example where a client sought dental services on two horses, and any services that would have been provided by an EDP in these cases would have been, in their opinion, malpractice. These animals could have been made to suffer greatly by just getting work done by an EDP. If an EDP ventures into evaluating the whole animal, this really crosses into the practice of veterinary medicine. It is impossible for an EDP to determine a dental is really needed without conducting a veterinary exam of the mouth. Providing EDPs the ability to do any kind of exam is a slippery slope, further removing veterinarians from patient care.

(b) Response: KBVE worked closely with stakeholders when the EDP statutes and regulations were being developed. Two Kentucky veterinarian boarded specialists in equine dentistry concurred with this commentor regarding the inability of a minimally trained EDP to accurately conduct an oral exam. The Board agreed as well, and endeavored to remove any reference to an "exam" in the AAHP scope of

practice and regulations. The exemption of the specific language “exam” as well as other requirements established for EDPs should assist in client communication and education on the limitations of EDP allowable scope of practice. In response to this comment, the Board did not make any changes.

(3) Subject Matter: AAHP treatment leading to adverse outcome is solely the responsibility of the AAHP provider.

(a) Comment: Dr. Glaza – The commentor supported Section 2(2) and (5) and thanked the Board for these inclusions.

(b) Response: These sections were not substantively amended in the regulation; these provisions are currently effective. In response to this comment, the Board did not make any changes.

(4) Subject Matter: Mechanism to ensure that EDPs are sending records timely, as required by Section 2(3).

(a) Comment: Dr. Glaza – The commentor asked how KBVE can ensure that EDPs are sending records to the supervising/VCPR veterinarian, as required by this section. How can they ensure they are receiving timely records?

(b) Response: The laws state that communication is required: EDPs must share records and findings with the supervising veterinarian. Failure to comply risks fine and penalty by the Board, as well as liability in the event something goes wrong with the care that was provided. In response to this comment, the Board did not make any changes.

(5) Subject Matter: Enforcement and fines.

(a) Comment: Dr. Glaza – The commentor asked if the Board will enforce these provisions, since they haven’t enforced the laws in the past. Additionally, they asked if the fines are high enough to discourage illegal practice.

(b) Response: Regardless of past practices, it is important to note the change in law today and the Board’s actions moving forward. Prior to the new AAHP-EDP statutes passage, the Board unanimously voted to confirm that equine dental services do fall within the practice of veterinary medicine. The modernized Practice Act reflects this in KRS 321.181(52)(a). In addition, the Board posted a declaration on the agency website stating its clear intent to enforce laws against unlicensed EDPs. Following that publication, the Board issued cease and desist letters in multiple EDP and other unlicensed AAHP cases. While the new AAHP program for EDPs and animal chiropractic providers (ACPs) is coming online, the Board will offer some leniency during the legacy candidate application window, as allowable under KRS 321.251(4), but shall enforce the Practice Act to the fullest extent of its powers following the closure of the legacy periods established in 201 KAR 16:732, Section 3.

Penalties are established in KRS 321.990. Fines are established in 201 KAR 16:614. Practice Act violations may be assessed up to \$5,000 per incident per day, which ultimately could be far more than licensure. In response to this comment, the Board did not make any changes.

(6) Subject Matter: Allowable services seem to indicate a veterinary oral exam is needed.

(a) Comment: Dr. Glaza – The commentor stated that the allowable scope of practice for EDPs established in KRS 321.255(2)(c) permits them to remove points and hooks. They asked how this is possible, because these pathologies require an exam to diagnose which is the practice of veterinary medicine.

(b) Response: As subject matter experts in veterinary medicine, the Board agrees with these comments. However, the General Assembly established the scope of practice for EDPs in statute and so the identification of points and hooks by an EDP is allowable according to statute. The KBVE is tasked with enforcing the law as established. In response to this comment, the Board did not make any changes.

(7) Subject Matter: Level of supervision – EDPs are being provided more autonomy than veterinarian students and licensed veterinary technicians (LVTs).

(a) Comment: Dr. Glaza – The commentor stated both veterinarian students and LVTs have much more extensive training than EDPs, so why are EDPs allowed to work under indirect supervision? LVTs should be more respected in the state. They asked, “Is dental work veterinary care??”

(b) Response: KRS 321.181(52) includes animal dentistry in the definition of “Practice of veterinary medicine”. The KBVE agrees that veterinary students and LVTs receive more training than an EDP. In 2023, LVTs were provided title protections in KRS 321.190(2)(b) and 321.441(2). Further, LVTs can do more than EDPs. 201 KAR 16:750 allows LVTs to practice equine dentistry, and allows LVTs to supervise veterinary assistants. In response to this comment, the Board did not make any changes.

(8) Subject Matter: Section 4(1)(a) – Incentive to allow an EDP to work under veterinarian supervision.

(a) Comment: Dr. Glaza – The commentor stated they don’t have incentive to take on liability for EDPs or an EDP student.

(b) Response: Nothing in KRS Chapter 321 or 201 KAR Chapter 16 requires any veterinarian to take on responsibility for supervision of an EDP if they don’t want to. In response to this comment, the Board did not make any changes.

(9) Subject Matter: Student EDPs and legacy candidates.

(a) Comment: Dr. Glaza – The commentor reacted to Section 4(2) by stating “So are we openly admitting legacy candidates do not have the training to supervise students? Are legacy candidates not as good as those that go through the pathway set out by the Board? If they aren’t as good, should they be practicing dental work on horses?”

(b) Response: The Board understands that legacy pathway candidates who have a pathway to licensure based on their on-the-job training and work experience lack foundational scientific knowledge about their work. Members of the Board along with multiple boarded equine dental specialists advised that a legacy pathway not be made available. Even the required training for new EDPs is limited, but does provide some essential knowledge that may be missing from a legacy candidate's training.

The Board is tasked with enforcement of the laws on the books. In developing regulations with stakeholder groups, the Board determined that new EDP students should only be trained by those with board-approved training, a solid foundation of knowledge for this new profession, and who receive annual CE in this practice area. Student EDPs are also required to be supervised by a Kentucky-licensed veterinarian who will be able to provide additional educational opportunities. This is why the Board has established limitations on EDP students and who may supervise these students. In response to this comment, the Board did not make any changes.

(10) Subject Matter: Record keeping.

(a) Comment: Dr. Glaza – The commentor stated that they feel like EDPs don't keep good records now and that EDPs will not be able to meet the record keeping requirements being established by the Board. They stated that they believe this section is essential because good record keeping is essential, but that they don't think the EDPs will be able to comply. The commentor further stated that many veterinarians don't keep good records. If veterinarians can't meet record keeping requirements, then EDPs will be a problem.

(b) Response: KRS 321.187 and 201 KAR 16:701 establish record keeping requirements for veterinarians. Failure to meet medical records standards are one of the primary issues seen by the KBVE Grievance Committee. That is why the Board developed a regulation to establish and make transparent the minimum standards for record keeping. The Board works to educate licensees about medical records standards through the disciplinary process, the KBVE monthly newsletter, and through speaking engagements and exhibiting at professional events. Complaints are investigated and, when warranted, credential holders are appropriately disciplined. The KBVE cannot speculate on the ability of an EDP or a veterinarian to meet the medical record keeping standards. Those standards are established in statute and regulation and shall be met as a condition of licensure, or an individual may be disciplined with fines, additional CE requirements, or other means in accordance with KRS 321.351. In response to this comment, the Board did not make any changes.

(11) Subject Matter: Contents of medical records – Section 5(1)(d) – “examinations”.

(a) Comment: Dr. Glaza – The commentor pointed out the word “examinations” exists in the regulation and is required to be recorded in the medical record.

(b) Response: KBVE thanks the commentor for bringing this error to the Board's attention. In response to this comment, the Board changed the word “examinations” to “observations”.

(12) Subject Matter: Contents of medical records – Section 5(1)(j) – “Name of the practitioner or practitioners providing services to the patient”.

(a) Comment: Dr. Glaza – The commentor stated that naming the practitioner may be impossible for some clients. They cite that they see some of their own clients only every few years. This section should allow that there may not be any practitioner to list.

(b) Response: The Board thanks the commentor for bringing this section to the Board’s attention. There appears to be some confusion on who “practitioner” is referencing. In response to this comment, the Board clarified that the “practitioner or practitioners” reference the AAHP provider(s) who provide services (and not a veterinarian).

(13) Subject Matter: Contents of medical records – Section 5(2)(c) – add route of administration.

(a) Comment: Dr. Glaza – The commentor stated that the route of drug administration should be added, as this may be a factor in an adverse event situation.

(b) Response: The Board agrees with this statement. In response to this comment, the Board made changes to the regulation in Section 5(2)(c) to add that the route of administration be recorded in the record.

(14) Subject Matter: Conformity with KRS Chapter 13A

(a) Comment: Agency – Following legal review, the agency notes changes are necessary to conform with KRS Chapter 13A.

(b) Response: In response to this comment, the Board made edits to the regulation for clarity of intent and conformity with KRS Chapter 13A and the KRS Chapter 321, the Kentucky Veterinary Medicine Practice Act.

#### V. Summary of Statement of Consideration and Action Taken by Promulgating Administrative Body

The public hearing on 201 KAR 016:737 was cancelled; however, written comments were received. The Kentucky Board of Veterinary Examiners responded to the comment as noted above and amends the administrative regulation as follows:

Page 1

RELATES TO

Line 5

After “321.181”,

Delete “(1)-(4)”.



Page 1

STATUTORY AUTHORITY

Line 7

After “KRS”,

Delete “321.175(2)(c), (4), (5),”.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 11-14

After “CONFORMITY:”,

Delete “KRS 321.175(4) states the purpose of the Kentucky Veterinary Medicine Practice Act is to promote, preserve, and protect the public health, safety, and welfare by and through, in part, setting limitations and responsibilities for AAHP licensure.”.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 17

After “licensing,~~[permitting]~~”,

Delete “and”

After “limitations”, insert the following:

**upon the**

Delete “on”.

After “practice”, insert the following:

**of**

Delete “upon”.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY

Line 18-29

After “licensees”, insert the following:

**, and limitations on**

Delete “KRS 321.235(2)(b)2. authorizes the board to promulgate administrative regulations to limit”.

Page 2

NECESSITY, FUNCTION, AND CONFORMITY

Line 1-2

After “board”, insert the following:

<sup>1</sup>  
Delete “and”.

After “limitations”, insert the following:

**upon**

Delete “on”.

After “patients”, insert the following:

<sup>1</sup>

After “and”, insert the following:  
**allowable scope of practice for**  
Delete “establishes”.  
After “professional's”,  
Delete “allowable scope of”.

Page 2

Section 2(2)

Line 17

After “services, then”, insert the following:  
**if**  
Delete “in the event of”.  
After “adverse outcome”, insert the following:  
**occurs**

Page 3

Section 3(2)

Line 9

After “AAHP”, insert the following:  
**licensee**  
Delete “licensees”.

Page 3

Section 3(3)

Line 11-12

After “to allow”,  
Delete “any of the following”.  
After “animals”, insert the following:  
**the**

Page 3

Section 3(3)(h)

Line 21-22

After “AAHP”, insert the following:  
**equine dental provider (EDP)**  
Delete “EDP”.  
After “licensees,”, insert the following:  
**offering**  
Delete “offer”.  
After “or”, insert the following:  
**conducting of**  
Delete “conduct”.

Page 4

Section 4(1)

Line 10

After “EDP students,” insert the following:

**if**

Delete “so long as”.

Page 4

Section 4(1)(a)

Line 12

After “supervising veterinarian”, insert the following:

**shall**

Delete “must”.

Page 4

Section 4(1)(b)

Line 13

After “EDP licensee”,

Delete “as in the above subsection”.

Page 4

Section 4(2)

Line 15-16

After “shall not”,

Delete “be authorized to”.

Page 4

Section 4(3)(a)

Line 18

After “the board”, insert the following:

**;**

Delete “.”.

Page 5

Section 4(3)(d)

Line 3

After “regulation;”, insert the following:

**and**

Page 5

Section 4(3)(e)

Line 4

After “(e)”, insert the following:

**Be**

Delete “Obligated to be”.

After “for and”, insert the following:

Delete “to”.

After “provide”, insert the following:

**follow-up**

Delete “follow up”.

Page 5

Section 4(4)

Line 7

After “One”, insert the following:

**(1)**

Delete “such”.

Page 5

Section 4(5)(a)

Line 13

After “(a)”, insert the following:

**The**

Delete “For good cause shown, the”.

Page 5

Section 5(1)(a)

Line 23

After “as defined”, insert the following:

**by**

Delete “in”.

After “321.181”, insert the following:

**(22)**

Delete “(21)”.

Page 6

Section 5(1)(d)

Line 3

After “consultations,”, insert the following:

**observations**

Delete “examinations”.

Page 6

Section 5(1)(j)

Line 9

After “of the”, insert the following:

**AAHP provider or providers**

Delete “practitioner or practitioners”.

Page 6

Section 5(2)(c)1.

Line 20

After “name”, insert the following:

**;**

Delete “,”.

Page 6

Section 5(2)(c)2.

Line 21

After “administered”, insert the following:

**;**

Page 6

Section 5(2)(c)3.

Line 22

After “3.”, insert the following:

**Route of administration;**

**4.**

Page 6

Section 5(2)(c)3.

Line 22

After “administration”, insert the following:

**; and**

**5. If**

Delete “,”.

Page 7

Section 5(2)(c)4.

Line 1-2

At the beginning of the line,

Delete “4. And if”.

After “dosage,”, insert the following:

**route,**

After “administration event”, insert the following:

**; and**

Delete “.”.

Page 7

Section 5(2)(d)

Line 3-6

After “as warranted”, insert the following:

**i**

**1. Be**

Delete “, be”.

After “checked”, insert the following:

**if**

Delete “in the event”.

After “the patient”, insert the following:

**i**

Delete “,”.

After “and”, insert the following:

**2. Include**

After “notes”,

Delete “shall be included”.