Connections

Veterinarians and Honey Bees

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And More …
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The Veterinary Medical Center of Long Island invites you to attend our annual Practice Excellence Continuing Education Series being held at the Crest Hollow Country Club Wednesday October 25, 2017 from 6pm to 10pm.

Dr. Joshua Morgenstern, DACVIM (Cardiology) will be discussing The A, B, C’s of ECG Analysis and Dr. Gina Barone, DACVIM (Neurology) will be presenting on Advances in Anticonvulsant Therapy and Dr. Noelle La Croix, DACVO & Dr. Jill MacLeese, DACVO will be presenting a collaborative review on New Therapies for Glaucoma.

RSVP to gcarastro@vmcli.com by 10/20/2017
Seating is Limited & Dinner will be served
This program provides 4 hours of NY State Education approved CE credit!

Our Goal is to Exceed Your Expectations.
Advanced Imaging, Treatment Therapies & Diagnostic Modalities

- 24 Hour Critical Care
- Arthroscopy
- Bronchoscopy
- Digital Radiography
- Endoscopy
- Fluoroscopy
- High Speed Spiral CT
- Interventional Radiology
- Low Light Laser Therapy
- Minimally Invasive Surgery
- MRI
- Rehabilitation Therapy
- Telemetry
- Ultrasound

Complimentary NYS Accredited Online CE’s Are Available 24 Hours A Day
Our Newest CE Option Offers Convenient NYS Accredited Online Courses for Both Doctors and Technicians Anytime by Visiting us on the Web at

We Currently Offer the Following NYS Accredited Online Courses

www.VMCLI.com under the CE Tab

- Understanding & Maintaining NY Controlled Substance Compliance
  This course meets your NY State Licensure Requirement!
- Hazardous Communication & Global Harmonized System Training

In Practice CE Events Are Now Available Right in the Comfort of Your Own Hospital
Call or visit us on the web at www.VMCLI.com to customize a CE Event to fit your practice needs!
Meg Thompson, DVM, DACVR

We continue to move forward at NYSVMS. Our new Executive Director Tim Atkinson is settling in and has hired a new staff member, Sara-Melissa Conklin as Membership and Chapter Coordinator. Jennifer Hill, Membership Assistant has moved back to her hometown Albuquerque, NM, but will continue to work with us on a part-time basis. They will be busy as we enter member dues renewal season! Your dues renewal notice will be sent out this month so be on the lookout in your email.

NYSVMS once again held a successful event at the NYS Fair in Syracuse this summer. The Hall of Veterinary Health featured several new exhibits, along with daily live presenters educating over 17,000 people on the importance of veterinary medicine. Go to page 18 to read more on our biggest public education event of the year. Thank you to all of our sponsors and volunteers for making this event possible!

This issue also features a portion of the State of Pet Health report by Banfield Pet Hospital. This year’s report focused on overweight pets, a growing concern in our field. To view the report in its entirety, go to: www.banfield.com/Banfield/media/PDF/Downloads/soph/2017-SOPH-Infographic.pdf.

If you attended the recent NYS-VC Fall, you witnessed the transformation of the Cornell University College of Veterinary Medicine campus. This capital project created new classrooms for pre-clinical education, renovated existing anatomy, tutorial and student surgery areas, established facilities for meetings and events, developed an e-learning center and created outstanding spaces for collaboration and study. The vacated former diagnostic lab and necropsy suites were replaced, Schurman Hall was given an infrastructure upgrade, and improved public spaces and a new cafeteria brought the veterinary college students and staff a better sense of community.

James Law Auditorium was replaced with a three-story building that houses the Flower-Sprecher Veterinary Library, modular resource center, and administrative offices. There are also two additional tiered lecture halls, a relocated dining area, a multi-purpose Atrium for large gatherings (where much of this year’s NYS Veterinary Conference Fall took place), a larger footprint for the gross anatomy lab, study spaces that support both quiet study and group learning and rain gardens and a green roof to handle water run-off. Cornell’s CVM was originally housed in the middle of campus, in what is now Ives Hall. At the time, the building was one of the most innovative veterinary facilities in the country, serving 300 students and faculty and supporting the entire teaching, research, and service needs of a program mainly dedicated to large animal medicine. Since then, the College has grown and diversified to meet society’s changing needs.

Dean George C. Poppensiek spearheaded the construction of the Veterinary Research Tower, which opened in 1974, and Dean Edward Melby fought courageously for a new teaching hospital that was critical to preserving the College’s standing and to meeting the challenges and opportunities of expanding clinical programs. And after many years of planning, the New York State Veterinary Diagnostic Laboratory opened in 2010, uniting multiple diagnostic services that had been in separate facilities.

If you attended NYS-VC Fall, I hope you enjoyed your time on our new campus. If you haven’t visited us yet, I hope you join us soon! •
The recent advancements in technology aimed at improving access to health care, in both human and veterinary medicine, have been undeniably successful in facilitating the delivery of medical services. Unbound by geographic limitations, telemedicine better affords health care professionals to effectively reach traditionally underserved and remote areas cost-effectively. It is these characteristics that support the use of telemedicine in the veterinary medical field to better achieve significant professional objectives, such as the promotion of animal welfare.

According to the AVMA and other leading authorities, telehealth is “the overarching term that encompasses all uses of technology geared to remotely deliver health information or education. Telemedicine is the use of medical information exchanged from one site to another via electronic or other means, should be provided with professionalism.” There are several emerging subcategories under these concepts. Most notably, one of the newer subcategories of telehealth is known as “mobile health” or “mHealth.” These are online platforms that are designed to render health care services to new or existing client-patients. While the use of technology to deliver veterinary health care services online and through mobile applications is strongly encouraged by organizations such as the AVMA, there are a number of legal considerations that veterinarians should weigh prior to engaging in the practice of telehealth, telemedicine, or mobile health. These three categories, for ease of reference, will be referred to collectively as “telemedicine.”

In recognition of the increasing demand and prevalence of telemedicine, states have begun to consider legislation that would regulate veterinarians providing these services. The State of New York, however, has not acted to specifically regulate veterinary telemedicine. Consequently, there are currently no laws pertaining to the use of telemedicine by veterinarians to deliver medical services remotely.

There are, however, laws in New York that relate to the delivery of human telemedicine. Some of the areas these laws address include defining the scope of telemedicine, payment and reimbursement, credentialing and privileging, and requirements regarding licensure in the context of telemedicine. Despite application and utility to the delivery of telemedicine, these laws have not carried over to veterinary medicine. Thus, we are left with little legislative or regulatory guidance in the context of veterinary telemedicine.

It is this absence of regulatory guidance that leaves the exact path forward somewhat unclear for veterinarians who provide, or are considering to provide, telemedicine health care services. Nevertheless, there are existing laws and regulations that have a general application to the practice of veterinary medicine that apply and inform the manner in which a veterinarian should practice telemedicine in the State of New York. Before we turn to these state legal considerations, it is necessary to highlight the important and thoughtful work of the AVMA, which provides, in some contexts, particular guidance for the appropriate manner in which to practice veterinary telemedicine.

Earlier this year, the AVMA Practice Advisory Panel, which was tasked with researching and summarizing the “breadth and depth” of veterinary telemedicine, released a “Final Report on Telemedicine.” The Advisory Panel’s (AP) comprehensive report provided guidance and recommendations for the appropriate application of veterinary telemedicine to be taken by the AVMA and veterinarians alike. A common thread stringing together the many issues addressed in the report was the importance of establishing a valid VCPR. According to the AVMA, a VCPR is present when: “[1] The veterinarian has assumed the responsibility for making medical judgements regarding the health of the patient and the client has agreed to follow the veterinarian’s instructions; [2] The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of: a timely examination of the patient by the veterinarian, or medically appropriate and timely visits by the veterinarian to the operation where the patient is managed; [3] The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and treatment; [4] The veterinarian provides oversight of treatment, compliance and outcome; and [5] patient records are maintained.” Although the AVMA already suggests a valid VCPR before veterinary medical services are rendered, the report repeatedly stressed that this requirement continues to apply “regardless of the delivery tool or business model used to enable the practitioner-client communication.”

Following the recommendations of the report in July 2017, the AVMA House of Delegates passed a “Policy on Telemedicine” and corresponding modifications to the Model Veterinary Practice Act. The policy defines telemedicine as an effective “tool” designed to “augment” the veterinary practice, and emphasized the importance of establishing a VCPR when engaging in telemedicine. More specifically, the policy states “[g]iven the current state of technological capabilities, available research, and the current state and regulatory landscape, the AVMA believes that veterinary telemedicine should only be conducted within an existing VCPR, with the exception for advice given in an emergency until that patient can be seen by a veterinarian.” The Model Veterinary Practice Act, however, does not allow for a VCPR to be established through purely electronic means. Similarly, Federal law requires a VCPR for prescribing extra-label...
drugs for animals and issuing Veterinary Feed Directives. Like the AVMA, the federal government does not allow the VCPR in place prior to providing veterinary medical service, including those provided through telemedicine (unless a veterinarian is engaged in a practice that is regulated by federal law requiring a VCPR). Notably however, the NYS takes the opposite approach of the AVMA and federal government. Currently there is no legal obligation in the State of New York to establish a VCPR to provide veterinary medical service, including those provided through telemedicine (unless a veterinarian is engaged in a practice that is regulated by federal law requiring a VCPR). Notably however, the NYS Veterinary Board of Medicine practice guidelines require veterinarians to have a valid VCPR in place prior to providing services. While neither the practice guidelines nor the AVMA model act report or policies carry the force of law, collectively they illustrate an apparent best practice for the profession and as a result should be carefully considered by veterinarians prior to engaging in a telemedicine practice.

There are other significant legal considerations that veterinarians should take into account before engaging in telemedicine. The standards of care and the rules relating to unprofessional conduct remain the same in telemedicine as they are for traditional in-person practice. For instance, veterinarians are required to safeguard the client-patient’s privacy. Therefore, it is important for veterinarians to inquire about the privacy policy of the technology platforms they are considering using in their telemedicine practice; whether through email, texts, phone calls, client portals, mobile applications or interactive websites. These technology platforms, depending on how they are designed, could possibly disclose information to third-party vendors or lead to other inadvertent disclosures. Among other things, when entering into agreements that support their telemedicine practice, veterinarians should consider including terms in such agreements that prohibit the third-party vendors from accessing, using, or otherwise disclosing any of the veterinarian’s information, and further obligate the third-party vendor to destroy or return all of the information upon termination of the arrangement.

Likewise, the issue of security is another important aspect to consider in the practice of telemedicine. Veterinarians have the obligation to ensure reasonable and appropriate security safeguards are in place to protect the privacy and integrity of the client-patient’s information. Maintaining the security of medical records and identifiable information requires veterinarians to ensure the means and manner of which information is stored or transmitted is secure. Before contracting with third-party vendors who will have access to patient-client information, veterinarians should evaluate the security standards of the vendor and include among other things terms in the contract that would require the vendor to take all reasonable steps to safeguard the security of the platform and consequently the information stored or transmitted.

Another issue for consideration is identifying the geographical location of the potential clients. Currently NYS licensed veterinarians, aside from a few narrow exceptions, may only practice within the geographical boundary of the state. Yet due to the nature of telemedicine, there is a possibility that an out-of-state relationship may arise. Some leading authorities have argued that veterinarians under certain circumstances should be able to continue to deliver veterinary medical services across state lines. For example, a veterinarian licensed in the State of New York may provide treatment for an animal in New York, but through the use of telemedicine the veterinarian and client continue to communicate, regarding the treatment of an animal, when the client is located in Vermont. As foreseeable as this circumstance may appear, the veterinarian risks unprofessional conduct in potentially both jurisdictions (i.e., the state in which the veterinarian is licensed and state where the animal is located). While NYS exempts “any veterinarian who is licensed in a bordering state and who resides near a border of this state” to provide veterinary services in limited circumstances, it is these expansion of services across state lines that expose veterinarians to significant risk. The AVMA® takes the position that these, and other similar situations, should be allowed. But this AVMA position does not have binding legal authority. An additional consideration relates to the appropriate maintenance of medical records. In NYS, veterinarians are required to create an adequate record of all visits, diagnoses and prescribed treatments for a period of at least three years. This requirement applies even for consultations or communication conducted through telemedicine. Further, the state requires veterinarians to obtain informed consent before the course of service commences. Therefore, veterinarians who are engaged in telemedicine, and especially mobile health, should obtain informed consent and include the informed consent in the medical record.

Another issue for consideration is whether any arrangements with third-party vendors would violate New York State’s law against improper fee-splitting or the prohibition on the corporate practice of veterinary medicine. For example, third-party vendors, depending on the structure

Continued on page 20
When traditional treatments for atrial fibrillation (AF) fail, a new procedure by cardiologists at the Cornell University College of Veterinary Medicine can offer an alternative way to reset the quivering heart of a horse back to its normal heartbeat – transvenous electrical cardioversion (TVEC).

“I’m very excited to be able to offer this procedure,” said associate director of the Feline Health Center and staff cardiologist Bruce Kornreich, DVM, PhD, who along with fellow Cornell cardiologist Romain Pariaut, DVM, DACVIM, DECVIM-CA, recently performed a TVEC to treat a horse diagnosed with atrial fibrillation. “AF is a very common condition in horses that we’re often asked to diagnose and treat. This is another tool in our toolbox to convert these patients back to a normal heart rhythm.”

TVEC, which involves carefully placing electrodes in the heart to reset its rhythm with an electric shock, was offered by The Equine Hospital until about five years ago when the hospital could no longer purchase the catheters needed for the procedure. Recently, the catheters came back onto the market, around the time that Cornell veterinary students examined On-Star, a 19-year-old mare from the Cornell Equine Park teaching herd. “The students picked up the arrhythmia and we diagnosed it as AF,” says Dr. Gillian Perkins, medical director of the Equine and Nemo Farm Animal Hospital, who coordinated the procedure.

AF is the most common cause of an irregular heartbeat in horses, and veterinarians often diagnose the condition in racehorses. AF occurs when the organized electrical signals that normally control heart rate and contraction become disorganized, causing a rapid and erratic heartbeat. Horses can survive for years with AF, but the condition often causes poor performance.

Traditionally, veterinarians have treated AF with quinidine, a drug that can reverse irregular heartbeat in about 85 percent of treated horses. The drug has several possible side effects, however, including gastrointestinal problems, low blood pressure, and even sudden death. For horses that don’t respond well to quinidine, or that have had AF for several years, TVEC may be a better treatment option.

TVEC works just like the paddles of a defibrillator that doctors routinely use on humans, and even make the horses “jump” from the muscle spasm. In horses, however, the thick chest muscles and lungs make it impossible to shock the heart from the outside, so instead, veterinarians place three-foot long catheters tipped with electrodes into the heart via the right jugular vein.

“The most difficult part of the procedure for us is to guide the catheter,” says Pariaut. “In horses it’s a long path to the heart from the outside.” After sedating the standing horse, they carefully maneuver one catheter into the right atrium, while a second continues its journey down into the right ventricle and up into the pulmonary artery. They use a cardiac ultrasound to monitor their progress and then perform an x-ray to verify that the metal electrodes are sandwiching the right atrium. Finally, they anesthetize the horse, stand back, and apply a carefully timed electric shock to return the heart to a normal rhythm.

On-Star’s procedure took approximately four hours and required a veritable village of clinicians, including cardiologists, internists, radiologists, anesthesiologists, and licensed veterinary technicians. Combined with the expense of the catheters, the initial diagnostic evaluation, and hospitalization, the procedure costs between $3,500 to $4,000. Of course, TVEC carries its own risks, not the least of which are associated with the general anesthesia. With this in mind, Pariaut and Kornreich tried to reduce the amount of time that On-Star was under anesthesia through careful attention to electrode placement. With both TVEC and quinidine, there is also the possibility that horses will spontaneously go back into AF. One recent study found that between one-third and one-half of horses successfully converted from AF to normal heart rhythm will revert back after treatment. So far, On-Star is doing well and has had no complications.

Generous funding from the Harry M. Zweig Memorial Fund and the large animal medicine and cardiology sections made TVEC possible for On-Star, and for future patients diagnosed with AF. “We expect that offering this technique will draw cases to our hospital, thereby improving our ability to train large animal medicine and cardiology residents and veterinary students,” says Perkins. “We are very pleased that On-Star, a member of our teaching herd, could help us move forward in this capacity.”

“We’re very thankful to everyone involved for their support,” says Kornreich. “We are excited to have TVEC available once again, and we hope that we’ll now be doing it routinely.”

*Cornell University College of Veterinary Medicine.*
Chronic pain affects 10 percent of the adult population. It also accompanies conditions such as rheumatoid arthritis and migraine, for which pain management remains crucial in patient care. However, chronic pain does not always respond to existing analgesic drugs.

Veterinarians use a cardiac ultrasound to monitor their progress and then perform an x-ray to verify that the metal electrodes are sandwiching the right atrium.

Veterinarians placed three-foot long catheter tipped with electrodes into the right atrium, while a second continued down into the right ventricle and up into the pulmonary artery.

All photos courtesy of Cornell University College of Veterinary Medicine.
Partnering with a veterinarian can help pet owners understand and manage their pets’ weight and overall health.

Approximately 1 out of 3 dogs & cats are overweight, and these numbers continue to grow; over the past 10 years we’ve seen...

- Overweight cats: ↑169%
- Overweight dogs: ↑158%
Why does pet obesity matter?

Carrying those extra pounds may have serious consequences for a pet's overall health, not to mention the increased cost to pet owners.

DID YOU KNOW?

1. Obesity in cats and dogs has been linked to **MORE THAN 20 AILMENTS**

2. A healthy weight may delay the onset of **MANY CHRONIC DISEASES**

3. As the prevalence of overweight pets has increased over the past 10 years, so have certain comorbidities, **SUCH AS ARTHRITIS (+82%) AND TRACHEAL COLLAPSE (+83%) IN DOGS**

Over a 4-year period, owners of overweight...

**Dogs**

Spend **17% MORE IN HEALTHCARE COSTS** vs. owners of healthy-weight dogs. These owners also spend NEARLY **25% MORE ON MEDICATIONS**

**Cats**

Spend **36% MORE IN DIAGNOSTIC PROCEDURES** vs. owners of healthy weight cats.
Why do pets become overweight?

Lack of exercise
Like people, exercise for pets is a key component of maintaining a healthy weight.

Misconceptions about what qualifies as ‘overweight’
Overweight pets are becoming the new normal due to how common they are, leading some owners to underestimate the true body condition of their pet.

Overfeeding
Pets are part of the family, and owners often use food as a form of communication and love.

Additionally, some pet owners are uncertain about how much food they should be feeding their pet.

Certain diseases
Diseases like arthritis can make movement uncomfortable, discouraging pets from maintaining regular activity levels.

Breed & genetics
Just as genetics can play a role in human health, certain dog and cat breeds are predisposed to becoming overweight.

Dog breeds with a higher prevalence of obesity:
• Labrador Retrievers
• Cairn Terriers
• Cocker Spaniels

Cat breeds with a higher prevalence of obesity:
• Manx
• Maine Coons
Body condition scoring is a way to determine if a pet is underweight, ideal weight or overweight. Discuss your pet's current and ideal weight with your veterinarian.

### How Can I Tell If My Pet is Overweight?

<table>
<thead>
<tr>
<th>BODY CONDITION SCORE</th>
<th>DOGS</th>
<th>CATS</th>
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<tr>
<td><strong>1</strong> VERY THIN</td>
<td>![Dog]</td>
<td>![Cat]</td>
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<tr>
<td>Seversely defined ribs and waist</td>
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<td><strong>2</strong> THIN</td>
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<td>![Cat]</td>
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<tr>
<td>Easily visible ribs and waist</td>
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<td><strong>3</strong> IDEAL WEIGHT</td>
<td>![Dog]</td>
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<td>Ribs easily felt, but not seen</td>
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<td>Obvious waist</td>
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<td><strong>4</strong> OVERWEIGHT</td>
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<tr>
<td>Ribs not easily seen or felt</td>
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<td>Waist barely visible</td>
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<td>Cannot feel ribs</td>
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<td></td>
</tr>
<tr>
<td>Waist absent</td>
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**Dogs**
- **Top view:**
- **Side view:**

**Cats**
- **Top view:**
- **Side view:**

**How Can I Tell If My Pet Is Overweight?**

- **Very Thin:** Severely defined ribs and waist.
- **Thin:** Easily visible ribs and waist.
- **Ideal Weight:** Ribs easily felt, but not seen. Obvious waist.
- **Overweight:** Ribs not easily seen or felt. Waist barely visible.
- **Obese:** Cannot feel ribs. Waist absent.
Veterinarians and Honey Bees

Veterinarians are now taking beekeepers as clients and honey bees as patients. This development is creating quite a buzz among both veterinarians and beekeepers because neither group asked for this union—this is a FDA arranged marriage.

Honey bees are food producing animals that get sick, and antibiotics control some of their diseases. The FDA has been part of a national effort to decrease antibiotic resistance among bacteria. They worked with antibiotic manufacturers to remove growth promotion from the approved indications and to replace all over-the-counter approvals of antibiotics given to food producing animals in food or water with prescription or veterinary feed directive approvals. The FDA has recognized veterinarians as the people with the training and knowledge to sort through what antibiotic use in food producing animals is appropriate.

For some veterinarians, adding honey bees to their list of...
Veterinarians should realize that the FDA previously assigned all drugs to be either VFD or RX STATUS. Do not write a VFD when using an RX product. Veterinarians are familiar with writing a prescription. Based on the guidelines issued by the Board of Veterinary Medicine, it is a best practice for the veterinarian to have a VCPR to issue a prescription. To make a valid VCPR, the veterinarian must personally examine the animal and understand its care. This means the veterinarian must visit the bee yard where the bees live. The veterinarian also must be available for emergency follow up care. Luckily, there are very few, if any, emergencies with honey bees. A prescription for honey bees requires all the normal stuff like names, drug, dose, and directions, but honey bees are food producing animals, so be sure to include a withholding time! The withholding time for honey bees is the number of days after giving the last dose of antibiotic before the bees start to collect honey for human consumption. In NY, honey collection starts around May first and ends in September. If a beekeeper travels with their bees, that season may start earlier. Understanding the care of the bees will dictate if travel is something to consider. The withdrawal time for oxytetracycline is to not collect honey for 42 days after the last treatment. For many beekeepers in New York, if they need to feed antibiotics in the spring, they must start treatment in March to be able to abide by that withholding. Starting in March it is tough for many parts of NYS because of the weather conditions. The VFD is slightly different from the prescription because it requires more information and does not allow legal extra-label drug use. The AVMA has posted a fillable form online for members to use: https://www.avma.org/KB/Resources/Documents/AVMA-VFD-form.pdf. A VFD requires a valid VCPR, as defined by the federal regulations, and most of the same information as on a standard prescription, but with a few extra details. First, the veterinarian must enter the drug level in grams per ton. Oxytetracycline is the only VFD drug for bees and 200 mg per ounce of feed is the approved dose on the label. That label dose is the same as 6400 grams per ton. Tylosin and Lincomycin are the other antibiotics approved for use in honey bees, but only oxytetracycline has an approved VFD form for bees. Which kind to write, prescription or VFD, confuses many veterinarians. The directions for all three antibiotics state to mix the antibiotic powder in confectioner’s sugar and feed to the bees by sprinkling the mixture in the hive. Veterinarians thus conclude that they need to issue a VFD for any antibiotics for bees, but that is incorrect. The FDA assigned each medication a STATUS based on its typical use in MAJOR species like cows, pigs, and poultry. Honey bees are a MINOR species.

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varies from about 10,000 in winter to 50,000 or more in summer. Don’t try to count them, just the number of hives.

The premises listed on the VFD form should be a 911 address or a set of GPS coordinates. Identification on the individual beehives also tends to be lax. In NYS, there is no identification requirement for individual hives or apiaries. In other states, the beekeeper must paint a registration number on their hives.

The final part of the VFD is the expiration. Unlike a prescription, a VFD must expire no later than 6 months after issuance.

The VFD form also has a place for special instructions. If you issue a VFD order for any indication except “CONTROL of American Foulbrood (AFB) or European Foulbrood (EFB),” then you are issuing a VFD order in an extra-label manner which is illegal. Note that “PREVENTION of American Foulbrood” is not on the label, but is what most beekeepers will request. There is a compliance guideline that says the FDA will not enforce that prohibition against extra-label uses in certain situations in MINOR species like honey bees. If you believe your use of the VFD drug meets those conditions, then on the VFD form in the special instructions, write something like “this extra-label use is in accordance with Compliance Guideline 615.115 Extra-label Use of Medicated Feeds for Minor Species.”

If you need to see how the manufacturer of a VFD drug recommends mixing the drug and carrier food, visit the website to look up “Blue Bird” labels which are example labels provided by the feed manufacturer: https://www.fda.gov/AnimalVeterinary/Products/AnimalFoodFeeds/MedicatedFeed/BlueBirdLabels/ucm081795.htm.

Some beekeeping suppliers sell medicated feeds when presented a VFD. The beekeeper can buy small cans suitable for treating 5 hives for under $10. The beekeeper can also buy pallet lots of medicated feed suitable for treating thousands of hives.

If you offer a prescription instead of a VFD, you can source the medications from various veterinary suppliers or the beekeeper can buy the product from a pharmacy. The smallest bag costs less than $30 and will provide about 500 treatments.

The unsuspecting purchaser could then have AFB appear in their hives if untreated. There is also research showing that antibiotics interfere with normal gut flora that could inhibit growth of more pathogenic organisms. While there are many reasons not to feed antibiotics to bees, the veterinarian new to bees is in a tough spot not approving

SAVE THE DATE
Saturday, November 4, 2017
8am – 4pm
Animal Medical Center’s 3rd Annual One Health Conference:
Connecting Human and Veterinary Medicine, A Comparative Approach to Cardiology
Weill Cornell Medicine
Belfer Research Building
413 East 69th Street
New York, NY 10021
Register at: amcny.org/onehealth
antibiotic orders for a beekeeper. There isn’t much money saved by not treating, but there is risk that American Foulbrood appears when treatments stop.

Honey bees are a fascinating species to work with and can provide a diversion from your normal practice. If you want to learn more about honey bees, consider taking a class from a local beekeeping club or community college. The Empire State Honey Producers Association (www.ESHPA.org) has a list of clubs in New York. Beekeepers are typically busiest in the summer, so classes tend to be winter and spring. With increased interest in bees, the classes fill quickly. There is also a group for veterinary medicine for honey bees. The Honey Bee Veterinary Consortium (www.HBVC.org) offers a newsletter and information online with section where beekeepers can look for veterinarians in their state who treat bees. For more veterinary specific information, look for continuing education events, like the full day Honey Bee Health track that was offered at NYS-VC Fall. The FDA has brought beekeepers and veterinarians together as part of their efforts to regulate antibiotic use in food producing animals, but there are many diseases and conditions in bees that veterinarians could help diagnose, treat and prevent.

Christopher J. Cripps, DVM, Betterbee

Christopher J. Cripps, DVM is one of the owners of Betterbee, a beekeeping supply business in Greenwich, N.Y. He is the president of the Southern Adirondack Beekeeping Association and one of the founding members of the Honey Bee Veterinary Consortium, which serves as the webmaster. He also serves on the New York State Apiary Industry Advisory Committee.

All photos courtesy of Christopher Cripps, DVM.
NYSVMS held the Hall of Veterinary Health at the NYS Fair in Syracuse educating the public on all aspects of veterinary medicine Aug. 23-Sept. 4. This year’s Hall offered daily live presentations and first aid demonstrations, as well as hands-on exhibits and activities. Over 17,000 attended this year’s Hall! The NYS Fair had record attendance of 1,161,912 this year.

This year NYSVMS received sponsorship funds from Boehringer Ingelheim which allowed us to create the following new exhibits:

Veterinary Dentistry exhibit: An updated exhibit with information on dental issues for all species is located on the wall next to Preparing Your Pet for a Vet Visit.

Lyme Disease/Rabies Display: A standalone pedestal exhibit on the floor near the dental exhibit with information on Lyme disease and rabies.

Welcome station: A new welcome station to greet people when they walk in that held new printed maps to guide attendees around the exhibit.

Comparative anatomy white boards: Adding to our comparative anatomy exhibit which already features various animal skulls and a flip board game, are two white boards with skeletons of a horse and cow and cat and dog printed on them that children can color in with dry erase markers.

Returning favorites included: Dress Like a Surgeon, Teddy Bear ER, Preparing Your Pet for a Vet Visit and Building your Own Stethoscope. The Journey through Imaging exhibit the interactive imaging display, got two new iPads and stands. Two Cornell CVM students, Kristina Ceres and Isabel Jimenez, designed interactive iPad modules (immunology/vaccination and rabies, respectively) with the loan of iPads from Dr. Fletcher.

Thank you to Universal Imaging, who loaned the ultrasound machine and Midmark who provided the anesthesia and dental imaging machines for the Tools of the Trade section. Cornell CVM highlighted career paths toward becoming a veterinarian and different career options. They also hosted a demonstration about animal CPR and a selfie station where children could take pictures with various signs and props.

The two weekends of the Hall featured a stuffed animal giveaway for children to bring their stuffed animal through each exhibit and learn how to care for their new pet. On the weekends, the Cornell CVM Veterinary Educators Club led children through a “build your own stethoscope” activity.

For the first time a HVH Flag was designed and hung on the flagpole outside of the Hall attracting new visitors.

Other improvements included purchasing new tables and chairs for the exhibits and replacing the carpeting on the presentations stage with easy to clean vinyl flooring.

Free giveaways were donated by: Bayer, Boehringer Ingelheim Animal Health, Dechra, Hills Pet Nutrition, Patterson Veterinary Supply and Zoetis.

Daily live demonstrations rounded out the Hall events, starting with the return of Joan Meyers and her canine companions teaching dog obedience and training skills. Cindy Page, from the Page Wildlife Center, brought a variety of non-releasable hawks, falcons, and owls for 2 days. Personal Ponies, Ltd. did a live presentation with their UK Shetland Ponies and John Sykes, DVM, from the Bronx Zoo, taught kids how to care for sick animals at the zoo. Diana Sleiertin of MaxMan Reptile Rescue brought her variety of reptiles for display for 3 days. Alicia Brown, DVM and Jennifer Cromp gave a demonstration of how physical therapy and acupuncture techniques can help your dog. Karyn Bischoff, DVM, from Cornell CVM discussed veterinary toxicology and animal poisonings. And finally, the NYS Association of LVTs, organized by Tina Lynch, LVT, discussed career and educational opportunities.

For more photos from this year’s Hall of Veterinary Health, check out the HVH Facebook page at: https://www.facebook.com/NYSHVH/.
Many thanks to the 2017 Hall of Veterinary Health Volunteers:

Becky Callan, Susan Clark, LVT, Allison Cooperman, DVM, Andy Fleming, DVM, Selena Jattan, Tech student, Jennifer Marvin, DVM, Liz Maunder, LVT, Kimberly Potter, Pamela Reppert, DVM, Rebecca Reynolds, DVM, Danielle Richards, Tech student, Maureen Saunders, DVM, John Sonne, VMD, Robin Sturtz, DVM, Jennifer Sweredoski, LVT, Laura Westfall, DVM and Susan Wylegala, DVM.

Cornell University CVM students: Kristina Ceres, Vet Educator’s Club President; Mariah R. Beck, Lili Becktell, Bridget Bickers, Ariana Lynn Boltax, Eva Marie Quijano Carde, Chelsea Allison Colangelo, Erika Joyce First, Caitlin Marleigh Hepps Keeney, Nina Marie Kozak, Erica Rose Lachenauer, Eureka Mole Ma, Mark Daniel Massaro, Amy Marie Molitoris, Monique Yvonne Obsharski, Meghan Frances Oswald, Renee Christine Staffeld and Victoria Robertson.

HVH Operations Manager: Laura Cook, DVM, Hall of Veterinary Health Committee Chair: Heather Lago, DVM, HVH Committee: Kristina Cerse, Laura Cook, DVM, Daniel Fletcher, DVM, Robin Sturtz, DVM, John Sykes, DVM, Margret Thompson, DVM and Susan Wylegala, DVM.
of the business arrangement, may require a fee each time a mobile application is utilized, or may require a part of the fee for services. These and many other payment arrangements could constitute improper fee-splitting under New York law. Further, again depending on the “partners” involved in the mobile application, website, or technology platform, veterinarians should be mindful of avoiding corporate business arrangements, in which the veterinarian is an employee of an unlicensed professional or otherwise subject to the influence or control of unlicensed professionals. Such arrangements could violate New York’s prohibition on the corporate practice of veterinary medicine. As previously noted, New York does not specifically regulate the practice of telemedicine. When engaging in telemedicine, however, veterinarians should consider the many existing requirements of NYS and federal law that apply to the practice of the profession in general, together with the best practices provided by the AVMA and the NYS Board of Veterinary Medicine.

**Frank J. Fanshawe, Esq., and Kristen Callioras, Law Clerk**


2 Florida Senate Bill 220: Veterinary Medicine, https://www.access.g po.gov/legislation.fsdocs/Senate/2017/220/ByVersion (attempting to redefine “Veterinary Medicine” to include telemedicine).

3 N.Y. Pub. Health Law § 2999- cc (2017), which excludes veterinarians from the definition of “telehealth provider.”


5 Principles of Veterinary Medical Ethics of the AVAM at https://www.avma.org/KB/Policies/Pages/ Principles-of-Veterinary-Medical-Ethics-of-the-AVMA.aspx. See also, New York State Board for Veterinary Medicine, Practice Guideline 5.11, which is a substantially similar definition to that embodied by the AVMA; Compare with the federal definition, which defines a VCPR as: “(1) A veterinarian has assumed the responsibility for making medical judgments regarding the health of (an) animal(s) and the need for medical treatment, and the client (the owner of the animal or animals or other caretaker) has agreed to follow the instructions of the veterinarian; (2) There is sufficient knowledge of the animal(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s); and (3) The practicing veterinarian is readily available for followup in case of adverse reactions or failure of the regimen of therapy. Such a relationship can exist only when the veterinarian has recently been and is personally acquainted with the keeping and care of the animal(s) by virtue of examination of the animal(s), and/or by medically appropriate and timely visits to the premises where the animal(s) are kept.” 21 CFR §30.3(1) (2017).

6 21 CFR §30.3(1) (2017); See also the AVMA Model Veterinary Practice Act (July 2017) which states, a VCPR “cannot be established solely by telephonic or other electronic means. Without a VCPR, any advice provided through electronic means shall be general and not specific to a patient, diagnosis or treatment. Veterinary telemedicine shall only be conducted within an existing VCPR, with the exception for advice given in an emergency until that patient can be seen by a veterinarian.” Available at https://www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx.

7 New York State Board for Veterinary Medicine, Practice Guideline 2: Providing Professional Services.

8 New York Education Law, Article 135 §6705(4) Exempt persons.

9 The AVMA advises that no veterinary medical services should be rendered without a prior existing VCPR, and when engaging potential clients through mobile health the advice given to individuals should “remain in general terms” and “not specific to an individual animal, diagnosis, treatment, etc. Thus, noncientific communications should be in the nonclinical realms of mHealth, web content, and other generalized messaging.”
Jay D. Hyman ‘57
Dr. Jay D. Hyman, 83, died on August 1, 2017. Born August 16, 1933, to Nat and Elizabeth Hyman, Jay was primarily raised in Woodmere, N.Y. He graduated from Cornell University in 1955 and Cornell College of Veterinary Medicine in 1957.
Jay later enlisted in the Air Force and completed a tour of duty in South Korea. After returning home, he practiced and maintained a veterinary clinic for 10 years in Gramercy Park in New York City.
In 1968, Jay joined the staff at the New York Aquarium as a veterinary consultant and worked with whales, dolphins, seals and porpoises. One of his major achievements was rescuing a rarely seen baby male Narwhale, referred to as the “Unicorn whale,” because the male grows an 8- to 10-foot spiral tusk. Jay also treated a stranded 10-ton Sperm Whale named “Physty” for pneumonia before releasing it back into the Atlantic Ocean.
Three weeks later, Jay was involved in a small plane accident, which left him disabled. Unable to practice veterinary medicine, he became involved with Cornell’s numerous activities. At the veterinary college, he served on the development and campaign committees, establishing a scholarship fund for veterinary students. Jay and his wife Anita co-chaired the wildlife studies program. Jay also raised funds for the raptor center, and supported Dr. Eloi Rodreques’ environmental research studies in Venezuela and Peru.
In 2001, he was awarded Life Trustee Membership. In 2006, he was honored with the Frank T. H. Rhodes Exemplary Alumni Service Award.
A lover and patron of the arts, Jay helped design a memorial bench for fellow Cornelian friends who passed away. He also donated artwork to the Herbert F. Johnson Museum, and he commissioned Muriel Kaplan, a Cornelian and artist, to sculpture and cast Frank and Rosa Rhodes in bronze. Lastly, Jay was responsible for commissioning three bronze dinosaur pieces at the Paleontological Research Institute in Ithaca, N.Y.
While living in Florida, Jay kept busy with his real estate leasing corporation and was an active participant at the Palm Beach Zoo in West Palm Beach where he served as a board member and president.
Jay’s robust presence will definitely be missed; his courage and inspiration will be greatly remembered. He is survived by his wife Anita; daughter Beth; and sister and brother-in-law Norma and Bob Walsky, and their three children, Josh, Avi and Noa. •
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