

Department of Consumer Affairs
Veterinary Medical Board

Department of Consumer Affairs
1747 N. Market Blvd.
1st Floor Hearing Room
Sacramento, California

Wednesday, November 14, 2018
10:00 a.m.

Thursday, November 15 and Friday, November 16, 2018
9:00 a.m.



Board Members

Cheryl Waterhouse, DVM, President
Christina Bradbury, DVM
Jaymie Noland, DVM
Mark Nunez, DVM
Jennifer Loreda, RVT
Kathy Bowler, Public Member
Judie Mancuso, Public Member
Alana Yanez, Public Member

Executive Officer
Jessica Sieferman

1747 North Market Blvd., Ste 230 • Sacramento, CA 95834 • www.vmb.ca.gov
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Veterinary Medical Board

1747 N. MARKET BOULEVARD, SUITE 230, SACRAMENTO, CA 95834
TELEPHONE: 916-515-5220 FAX: 916-928-6849 | WWW.VMB.CA.GOV



**QUARTERLY MEETING AGENDA
November 14-16, 2018
AND TELECONFERENCE
November 14-15, 2018**

Main Meeting Location:
Department of Consumer Affairs
1747 N. Market Blvd.
1st Floor Hearing Room
Sacramento, California 95834

**Additional Teleconference Location
on November 14-15:**
The Humane Society of the United
States
Pets for Life
2940 E. 1st Street
Los Angeles, CA 90033

***ACTION MAY BE TAKEN ON ANY ITEM
ORDER OF ITEMS SUBJECT TO CHANGE***

10:00 a.m., Wednesday, November 14, 2018

1. Call to Order/Roll Call/Establishment of a Quorum
2. Introductions
3. Public Comment on Items Not on the Agenda
Note: The Board may not discuss or act on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections [11125](#), [11125.7\(a\)](#).)
4. Review and Approval of Board Meeting Minutes
 - A. August 29-30, 2018
 - B. September 4, 2018
5. Report and Update from Department of Consumer Affairs
6. Election of 2019 Officers
7. Veterinary Medicine Multidisciplinary Advisory Committee (MDC) Report – Dr. Jeff Pollard
 - A. Review, Discussion, and Possible Board Action on MDC Items and Recommendations ([MDC Agenda](#))
8. Update, Discussion, and Possible Action on Proposed Regulations:
 - A. Status of Pending Regulations
 - B. Sections [2030-2030.5](#), Article 4, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Minimum Standards for Veterinary Premises/Practices

MISSION: To protect consumers and animals by regulating licensees, promoting professional standards, and diligent enforcement of the California Veterinary Medicine Practice Act.

- C. Section [2036](#), Article 4, Division 20, Title 16 of the CCR Regarding Animal Health Care Tasks for a Registered Veterinary Technician (RVT) and Sections 2090-2096, Article 11, Division 20, Title 16 of the CCR Regarding Drug Compounding
 - D. Section [2006](#), Article 1, Division 20, Title 16 of the CCR Regarding Board [Disciplinary Guidelines](#)
 - E. Sections [2006](#) and 2006.5, Article 1, and Section [2076](#), Article 8, Division 20, Title 16 of the CCR Regarding Uniform Standards for Substance Abusing Licensees
 - F. Comments Received for Regulatory Proposal Regarding Sections [2070](#) and [2071](#), Article 7, Division 20, Title 16 of the CCR Regarding Proposed Fee Increases
9. Recess until November 15, 2018, at 9:00 a.m.

9:00 a.m., Thursday, November 15, 2018

- 10. Reconvene - Establishment of a Quorum
- 11. Introductions
- 12. Public Hearing Regarding the Corporate Practice of Veterinary Medicine; Possible Board Action
- 13. Discussion and Possible Action on Office of Professional Examination Services (OPES) Review Report Regarding Veterinary Technician National Examination Validation and Occupational Analysis – Heidi Lincer, Chief, OPES, Department of Consumer Affairs
- 14. Update, Discussion, and Possible Action Regarding 2018 Legislation and Implementation Plan:
 - A. AB [2138](#) (Chiu, Chapter 995, Statutes of 2018) Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction
 - B. AB [2215](#) (Kalra, Chapter 819, Statutes of 2018) Cannabis: veterinarians: animals
 - C. AB [2300](#) (Maienschein, Chapter 236, Statutes of 2018) Continuing education: veterinarians
 - D. SB [1480](#) (Hill, Chapter 571, Statutes of 2018) Professions and vocations
 - E. SB [1491](#) (Committee on Business, Professions and Economic Development, Chapter 703, Statutes of 2018) Healing arts
- 15. Discussion and Possible Board Action on 2019 Legislative Proposals
 - A. Amend Business and Professions Code Sections 4853, 4853.1, and 4853.6 Regarding Premises Permits Following Disciplinary Actions Against a Licensee Manager and Premises Permit Application Requirements for Owners and Licensee Managers
- 16. Discussion and Possible Action on Amendments to the Board and Committee Member Administrative Procedure Manual
- 17. Update and Possible Action on [Proposed Revisions](#) to Pharmaceutical Compounding – Nonsterile Preparations, General Chapter 795 of the United States Pharmacopeia (USP) – Cheryl Waterhouse, DVM
- 18. Board President Report –Cheryl Waterhouse, DVM
- 19. RVT Report – Jennifer Loreda, RVT
- 20. Executive Officer and Staff Reports

VISION: An environment in which Californians have access to high-quality veterinary care for all animals.

- A. BreEZe Update and Improvements
- B. Outreach Efforts
- C. California Horse Racing Board Partnership
- D. Administrative/Budget
- E. Enforcement
- F. Licensing/Examination
- G. Hospital Inspection

21. Future Agenda Items

22. Recess until November 16, 2018, at 9:00 a.m.

9:00 a.m., Friday, November 16, 2018

23. Reconvene - Establishment of a Quorum

24. Introductions

25. Special Order of Business

- A. Petition for Reinstatement – James Coghlan, DVM License No. [9742](#)
- B. Petition for Reinstatement– Lisa Grosso, RVT, Registration No. [9644](#)

CLOSED SESSION

26. Pursuant to Government Code Section [11126\(c\)\(3\)](#), the Board Will Deliberate on the Above Petitions and Disciplinary Actions.

RETURN TO OPEN SESSION

27. Adjournment

This agenda can be found on the Veterinary Medical Board website at www.vmb.ca.gov. Action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the Board President and may be taken out of order. Items scheduled for a particular day may be moved to an earlier or later day to facilitate the effective transaction of business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public. This meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit thedcapage.wordpress.com/webcasts/. The meeting will not be cancelled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe and participate, please plan to attend at a physical location. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

The meeting locations are accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting the Board at (916) 515-5220, email: vmb@dca.ca.gov, or send a written request to the Veterinary Medical Board, 1747 N. Market St., Suite 230, Sacramento, CA 95834. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (916) 326-2297.

VALUES: *Consumer Protection*Integrity*Professionalism*Responsiveness*Transparency*

Veterinary Medical Board

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MEETING MINUTES VETERINARY MEDICAL BOARD

Main Meeting Location:
Department of Consumer Affairs
1747 N. Market Blvd.
1st Floor Hearing Room
Sacramento, California 95834

**Additional location via teleconference on
Wednesday, August 29, 2018:**
The Pets for Life Facility
2940 E. 1st Street
Los Angeles, CA 90033

10:00 a.m. Wednesday, August 29, 2018

1. Call to Order/Roll Call/Establishment of a Quorum

Dr. Cheryl Waterhouse called the Veterinary Medical Board (Board) meeting to order at 10:05 a.m. Executive Officer, Ms. Jessica Sieferman, called roll; seven members of the Board were present at 1747 N. Market Blvd. and one member of the Board was present via teleconference location, at 2940 E. 1st St., and a quorum was established. Ms. Jennifer Loreda, Registered Veterinary Technician (RVT) was absent.

2. Board President's Remarks, Board Member Comments and Introductions

Dr. Waterhouse welcomed Ms. Sieferman to her new role as Board Executive Officer.

Members Present

Cheryl Waterhouse, Doctor of Veterinary Medicine (DVM), President
Richard Sullivan, DVM, Vice President
Kathy Bowler, Public Member
Judie Mancuso, Public Member
Jaymie Noland, DVM
Mark Nunez, DVM
Alana Yanez, Public Member (*present via teleconference*)

Staff Present

Jessica Sieferman, Executive Officer
Ethan Mathes, Administrative Programs Manager
Amanda Drummond, Administrative Program Analyst
Tara Welch, Legal Counsel

Guests Present

Felicia Bhe

Valerie Fenstermaker, California Veterinary Medical Association (CVMA)

Paul Hansbury, Lovingly and Legally Grown

Erica Hughes, California Animal Welfare Organization

Marilyn Jasper, Humane Society of the Sierra Foothills and Public Interest Coalition

Heidi Lincer, Office of Professional Examination Services (OPES)

Sonya Logman, Business, Consumer Services, and Housing Agency (Agency)

Bonnie Lutz

Patrick Le, Department of Consumer Affairs (DCA), Board and Bureau Relations

Grant Miller, DVM, CVMA

Allyne Moon, California Registered Veterinary Technician Association (CaRVTA)

Ken Pawlowski, DVM, CVMA

Tavi G. Ropp, OPES

Ann Salisbury, DCA, Division of Legal Affairs

Cindy Savely, RVT, CVMA and Sacramento Valley Veterinary Technician Association

Diann Sokoloff, Office of the Attorney General, Department of Justice

Susan Tibbon, Lovingly and Legally Grown

3. Review and Approval of May 23-24, 2018 Board Meeting Minutes

The Board made minor changes to the May 23-24, 2018 meeting minutes.

- Dr. Richard Sullivan moved and Ms. Judie Mancuso seconded the motion to approve the minutes, as amended. The motion carried 7-0.

4. Report and Update from Department of Consumer Affairs

Mr. Patrick Le from DCA and Ms. Sonya Logman from Agency introduced themselves to the Board and thanked them for the opportunity to present on updates from DCA and to welcome Ms. Siefertman to her new role as Board Executive Officer. Updates from DCA include a Director's Leadership Call on June 25th with thirty (30) board presidents and vice presidents, which provided updates on DCA topics including Assembly Bill (AB) 2138, the Executive Officer salary study, and improvements DCA is making to the regulatory review process. Mr. Le also updated the Board on ongoing enforcement and licensing workgroups and the Substance Abuse Coordination Committee, and additional dates added for board member training.

5. Multidisciplinary Advisory Committee Report – Dr. Jeff Pollard

Dr. Sullivan presented on behalf of Dr. Jeff Pollard, Multidisciplinary Advisory Committee (MDC) Chair. Dr. Sullivan stated that at the MDC meeting, four new members were welcomed: Dr. Jeff Lazarcheff; Dr. Meg Warner; Ms. Leah Shufelt, RVT; and public member Mr. Stuart Eckmann. Ms. Kristi Pawlowski, RVT, was elected as MDC Vice-Chair. Dr. Sullivan reported

the MDC discussed the Complaint Audit Subcommittee, which identified that Board expert witnesses were using bias and incorrect language in some of their reports and continued education of expert witnesses is required. The MDC and members of the public also expressed interest in continuing the reviews of closed disciplinary cases by the Subcommittee.

The MDC also discussed minimum standards for shelter medicine, but due to time constraints, the discussion was tabled and will be continued at the November MDC meeting. The Committee requested that legal counsel provide research regarding specific regulations. Additional discussion by the MDC included pet ambulances and standards of care regarding dental radiographs. The MDC decided not to make any recommendations to the Board, as standard of care of dental radiographs is unnecessary, and there are regulations already in place that address pet ambulances.

The Board and members of the public debated the issue of pet ambulances and intra-oral dental radiographs further. Ms. Sieferman identified that pet ambulances already fall under the purview of the Board, and the Board would develop an FAQ to distribute to the public and other state agencies on the Board's oversight over these practices. The Board discussed the need for premises to have intra-oral dental radiograph equipment and determined that this issue needed to be further discussed by the MDC.

- Dr. Mark Nunez moved and Ms. Judie Mancuso seconded the motion to refer back to the MDC the specific question on whether or not a veterinarian should be required to have dental radiograph equipment at their premises, with the language to be added to California Code of Regulations (CCR) section 2030(f)(4). The motion carried 5-2. Dr. Richard Sullivan and Dr. Jaymie Noland voted no.

6. Update, Discussion, and Possible Action on Proposed Regulations

A. Status of Pending Regulations

The Board discussed the status of current pending regulations and spoke with Mr. Le regarding the steps DCA is implementing to expedite the regulatory review process. The Board also had a discussion regarding the status of the regulations currently under review by staff and which pending regulations should be given priority.

- Dr. Richard Sullivan moved and Dr. Mark Nunez seconded the motion to make Drug Compounding and Animal Physical Rehabilitation priority for staff to complete the rulemaking process. The motion carried 6-1. Ms. Judie Mancuso voted no.

B. Amend Sections 2030-2030.5, Article 4, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Minimum Standards for Veterinary Premises/Practices

Dr. Sullivan addressed the Board regarding Minimum Standards for Veterinary Premises and provided background on the discussion. The Board discussed each of the sections and made amendments to the proposed language as follows.

[CCR section 2030](#)

CCR section 2030 was amended to serve as an introduction to the Minimum Standards for all veterinary premises. The Board made minor amendments to the proposed language.

[CCR section 2030.05](#)

The proposed language for CCR section 2030.05, as presented, was accepted by the Board, and no further amendments were made.

[CCR section 2030.1](#)

The Board discussed confusion regarding subsections (j) and (k) of the language because they do not provide for the ability to refer out for diagnostic and radiological services. The Board agreed to add “on the premises or through other commercial facilities” to the end of subsections (j) and (k).

- Dr. Mark Nunez moved and Dr. Jaymie Noland seconded the motion to make amendments to the proposed language for CCR section 2030.1 subsections (j) and (k). The motion carried 7-0.

Concern was later raised that the proposed revisions were restrictive and would not provide veterinarians the authority to obtain services from non-commercial entities. The Board agreed to strike the previously voted on language and instead add “either on the premises or through outside services” to the end of subsections (j) and (k).

- Dr. Richard Sullivan moved and Dr. Jaymie Noland seconded the motion to make amendments to the proposed language for CCR section 2030.1 subsections (j) and (k). The motion carried 7-0.

[CCR section 2030.15](#)

The Board recommended amendments to CCR subsections (j) and (k) to provide consistency to the regulation. The Board also discussed the need to modify subsections (g), as sometimes the examination room also serves as the treatment room, and (q), to allow for owners to be able to provide for the sanitary disposal of deceased animals.

- Dr. Jaymie Noland moved and Dr. Richard Sullivan seconded the motion to make amendments to the proposed language for CCR section 2030.15 subsections (g), (j), (k), and (q). The motion carried 7-0.

[CCR section 2030.2](#)

The Board recommended amendments to CCR subsections (l) and (m) to provide consistency to the regulations.

- Dr. Richard Sullivan moved and Ms. Kathy Bowler seconded the motion to make amendments to the proposed language for CCR section 2030.2 subsections (l) and (m). The motion carried 7-0.

[CCR section 2030.3](#)

The Board discussed changing the requirements for a veterinarian documenting the health of an animal at a vaccination clinic, prior to receiving vaccinations, and determined that the veterinarian whose license is posted at the event and who signs the vaccination certificate is responsible for visually evaluating that the animal is healthy enough to be vaccinated. The Board also made minor changes to subsection (c).

- Dr. Richard Sullivan moved Ms. Alana Yanez seconded the motion that the veterinarian whose license is displayed at the event and who signs the vaccination certificate is the individual responsible for evaluating the health of each animal. The motion carried 7-0.

The Board deliberated on the definition of “animal vaccination practice” and whether to define this as a location, event, or by practice. The public and Board staff provided their input into recommendations for developing this section.

- Dr. Richard Sullivan moved Ms. Alana Yanez seconded the motion to define an “animal vaccination practice” as a “location where the scope of veterinary practice is provided to the public during a scheduled vaccination event and is limited to only vaccines and preventative procedures for parasite control”. The motion carried 7-0.

After further deliberation, the Board determined that the best definition of vaccination clinic is an “animal vaccination practice” to ultimately define the practice of administering vaccines instead of defining the facility or location.

- Dr. Mark Nunez motioned and Ms. Alana Yanez seconded the motion to define an “animal vaccination practice” as “the scope of veterinary practice that is provided to the public during a scheduled vaccination event and is limited to only vaccines and preventative procedures for parasite control.” The motion carried 6-0. Ms. Judie Mancuso was absent for the vote.

The Board agreed that there is a need to establish documentation requirements of a vaccine clinic and identified information needed for rabies and additional vaccines. With further input from the public, the Board also determined that there was a need to document parasitic control administered at a vaccination clinic. The Board created new subsections (d) and (e) to identify these requirements.

- Dr. Richard Sullivan motioned and Dr. Mark Nunez seconded the motion to create new subsections (d) and (e). However, the rabies vaccination requirements were for canines only, and the Board, not wanting to be too descriptive, elected not to put the motion to a vote and the motion was withdrawn.

The Board requested legal counsel research this topic further and return to the November Board meeting with a recommendation for language for this section.

[CCR section 2030.4](#)

The Board recommended amendments to CCR subsections (f), (g), and (i) to provide consistency to the regulations. The Board also discussed the need to modify subsection (c), to clarify the hours of operation and extended periods of closure requirements.

- Dr. Richard Sullivan moved Dr. Jaymie Noland seconded the motion to approve the language, as amended. The motion carried 7-0.

[CCR section 2030.5](#)

The Board recommended amendments to subsections (b), (d), and (e) to provide consistency to the regulations. The Board also separated section (i) to include a section (j) for consistency with prior regulations.

- Ms. Kathy Bowler moved Ms. Judie Mancuso seconded the motion to approve the language as amended. The motion carried 7-0.

C. [Amend Sections 2032.15 and 2032.25, Article 4, Division 20, Title 16 of the CCR Regarding Veterinarian-Client-Patient Relationships \(VCPRs\).](#)

The Board made minor and non-substantive changes to both CCR sections 2032.15 and 2032.25 to provide additional clarity and consistency to the regulations.

- Dr. Richard Sullivan moved and Ms. Kathy Bowler seconded the motion to approve the proposed regulatory changes to sections 2032.15 and 2032.25, Article 4, Division 20, Title 16 of the CCR, as modified, direct the Executive Officer to take all steps necessary to initiate the rulemaking process, authorize the Executive Officer to make any technical or non-substantive changes to the rulemaking package, notice the proposed text for a 45-day public comment period, and if no adverse comments are received during the 45-day comment period and no hearing is requested, adopt the proposed regulatory changes, as modified. The motion carried 7-0.

D. [Amend Sections 2036.1, 2064, 2065, 2065.1, 2065.2, 2065.6, 2065.7, 2065.8, 2066, and 2068.5 of Article 6, Division 20, Title 16 of the CCR Regarding Registered Veterinary Technician \(RVT\) School Approval and RVT Student Exemption](#)

The Board discussed and made minor changes to both CCR sections 2065.7 and 2065.8 and approved the proposed language, as amended.

- Dr. Mark Nunez moved and Ms. Kathy Bowler seconded the motion to approve the proposed regulatory changes to sections 2036.1, 2064, 2065, 2065.1, 2065.2, 2065.6, 2065.7, 2065.8, 2066, and 2068.5, Article 6, Division 20, Title 16 of the CCR, as modified, direct the Executive Officer to take all steps necessary to initiate the rulemaking process, authorize the Executive Officer to make any technical or non-substantive changes to the rulemaking package, notice the proposed text for a 45-day public comment period, and if no adverse comments are received during the 45-day comment period and no

hearing is requested, adopt the proposed regulatory changes as modified. The motion carried 7-0.

E. Amend Section 2006, Article 1, Division 20, Title 16 of the CCR Regarding Board Disciplinary Guidelines

Due to time constraints, the Board postponed this discussion until the November Board meeting.

7. 2018 Legislation of Interest; Review and Possible Board Action to Adopt Positions on Legislative Bills

A. AB 710 (Wood, 2018) Cannabidiol

Dr. Waterhouse provided a brief overview of AB 710 and updated that it had been signed by the Governor. The Federal Drug Administration (FDA) approved a pharmaceutical grade cannabidiol (CBD), and if the federal government schedules this drug as a Schedule 2-5, then veterinarians will be able to prescribe, furnish, or dispense a product composed of CBD. A Board position or motion was not needed as this bill has already been signed by the Governor.

B. AB 1753 (Low, 2018) Controlled substances: CURES database.

Ms. Sieferman provided a brief overview of AB 1753 and updated that there are substantive amendments as of August 24th, and the bill has been ordered to third reading. A motion was not needed as the Board did not change their position.

C. AB 1776 (Steinorth, 2018) The County of San Bernardino pilot project: Emergency medical transport of police dogs: pilot project.

Ms. Sieferman updated the Board that AB 1776 was amended on August 6th and provided a brief overview of the changes. The Board continued their support of the bill and requested staff send a request for signature letter to the Governor.

- Ms. Judie Mancuso moved and Ms. Kathy Bowler seconded the motion to submit a request for signature letter to the Governor for AB 1776. The motion carried 7-0.

D. AB 2138 (Chiu, 2018) Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction.

Ms. Sieferman provided an overview of AB 2138 and updated that there were significant amendments to the bill, including changing the statute of limitations to consider licensee convictions to seven (7) years instead of five (5). She identified that there were concerns from the other DCA boards that this bill does not enhance consumer protection, and several

boards have opposed the bill. While amendments to the bill have been made since its initial draft, the changes do not address all the concerns of DCA boards.

- Dr. Mark Nunez moved and Ms. Kathy Bowler seconded the motion to submit a request for veto letter to the Governor for AB 2138. The motion carried 6-1. Ms. Alana Yanez voted no.

E. [AB 2215 \(Kalra, 2018\) Cannabis: veterinarians: animals.](#)

Ms. Sieferman updated the Board on the status of AB 2215 and informed the Board that the bill has been amended to remove certain oversight requirements over animal CBD products. Assembly member Kalra's office understood the Board's concerns and stated they hope to address the Board's concerns in future legislative bills as they continue working with the Board.

The Board and members of the public discussed the various aspects of AB 2215, expressed their support and concerns with the bill, and ultimately identified that this bill is an initial step and one that needed to be enacted in order to allow for veterinarians to discuss cannabis with clients and lay groundwork for future bills.

- Ms. Judie Mancuso moved and Dr. Richard Sullivan seconded the motion to submit a request for signature letter to the Governor for AB 2215. The motion carried 7-0.

F. [AB 2300 \(Maienschein, 2018\) Continuing education: veterinarians.](#)

Dr. Waterhouse advised the Board that AB 2300 was signed by the Governor. A motion was not needed as this bill has already been signed by the Governor.

G. [AB 2362 \(Rubio, 2018\) Safe transportation of dogs and cats.](#)

Dr. Waterhouse updated the Board that AB 2362 is currently enrolled to the Governor. The Board discussed AB 2362, and members of the public identified concerns that they had with the bill. The Board decided to continue their watch position. A motion was not needed as the Board did not change their watch position.

H. [AB 2483 \(Voepel, 2018\) Indemnification of public officers and employees: antitrust awards.](#)

Ms. Sieferman updated the Board that AB 2483 had died in committee. A motion was not needed as this bill did not make it out of committee.

I. [AB 2589 \(Bigelow, 2018\) Controlled substances: human chorionic gonadotropin.](#)

Dr. Waterhouse advised the Board that AB 2589 was approved by the Governor yesterday. A motion was not needed as this bill has already been signed by the Governor.

J. [AB 2958 \(Quirk, 2018\) State bodies: meetings: teleconference](#)

Ms. Sieferman introduced and summarized AB 2958, which allows additional means for boards to hold teleconference meetings. Ms. Sieferman stated she had no concerns about this bill and did not think it would negatively impact the Board. The Board decided not to adopt a position for this bill.

K. [AB 3013 \(Chu, 2018\) Veterinary medicine: animal physical rehabilitation.](#)

Dr. Waterhouse updated the Board that AB 3013 had died in committee. A motion was not needed as this bill did not make it out of committee.

L. [SB 1305 \(Glazer, 2018\) Emergency medical services providers: dogs and cats: immunity.](#)

Dr. Waterhouse updated the Board on the status of Senate Bill (SB) 1305 and informed the Board that it had been amended. The Board discussed the benefits of this bill and agreed to change their position from a watch to support.

- Ms. Judie Mancuso moved and Ms. Kathy Bowled seconded the motion to submit a request for signature letter to the Governor for SB 1305. The motion carried 6-1. Dr. Mark Nunez voted no.

M. [SB 1480 \(Hill, 2018\) Professions and vocations.](#)

Ms. Sieferman updated the Board on the status of SB 1480 and SB 1491 and requested the Board support this legislation as they include the Board's omnibus bill language.

- Ms. Kathy Bowler moved and Dr. Richard Sullivan seconded the motion to submit a request for signature letter to the Governor for SB 1480 and SB 1491. The motion carried 7-0.

N. [SB 1491 \(Committee on Business, Professions and Economic Development, 2018\) Healing arts.](#)

SB 1491 and SB 1480 were discussed together, and a motion encompassing both bills was completed under agenda item 7.(M). documented above.

8. [Discussion and Possible Action on Amendments to the Board and Committee Member Administrative Procedure Manual](#)

Due to time constraints, the Board decided to postpone this discussion until the November meeting.

9. Discussion and Possible Action on American Association of Veterinary State Boards (AAVSB) Resolution 2018-1 and Practice Act Model Changes

Dr. Waterhouse identified that there are four items that needed discussion prior to the AAVSB annual conference in September.

Dr. Sullivan identified concerns regarding the AAVSB definition of a veterinarian-client-patient relationship and that he felt the Board already adequately addressed their concerns regarding telemedicine in the letter they submitted to AAVSB previously.

Due to time constraints, the Board continued this discussion on the second day of the meeting.

The Board discussed the AAVSB's Resolution 2018-1 memo regarding the Vault Program through AAVSB which would assist board verification of an applicant's credentials. The Board identified that the Vault Program would result in additional fees for applicants, and the Board may be abdicating their responsibility for investigating these applicants. The Board identified that while this would not be as valuable tool for the Board, due to the strong regulatory consumer protection system in California and the obligation to collect the applicant information directly, it could be useful for smaller veterinary jurisdictions.

- Ms. Judie Mancuso moved and Dr. Jaymie Noland seconded the motion that the Board's Executive Committee prepare a list of pros and cons of joining the AAVSB Vault Program database to be presented to the AAVSB at the September annual meeting. The motion carried 6-0.
- Ms. Kathy Bowler moved and Dr. Jaymie Noland seconded the motion that the remaining AAVSB issues identified be given to the executive committee for discussion and recommendations to be discussed at the AAVSB September meeting. The motion carried 6-0.

10. Board President Report – Dr. Cheryl Waterhouse

Due to time constraints, this discussion took place on the second day of the meeting.

Dr. Waterhouse discussed that since the last meeting, she wrote letters of support for both AB 2215 and SB 1480 and testified in support of AB 2215. She also wrote a letter to US Pharmacopeia (USP) regarding compounding for non-sterile preparations. Dr. Waterhouse also met with new Executive Officer, Ms. Sieferman, and participated in a June AAVSB webinar.

Dr. Waterhouse presented the RVT report on behalf of Ms. Loreda and reported that the AAVSB Veterinary Technician Educational Equivalence Subcommittee has made progress in exploring licensing pathways for graduates of foreign RVT programs, and a more updated report will be provided following the AAVSB annual meeting. Dr. Waterhouse discussed the difficulty for RVT schools to receive and post on their website the Veterinary Technician National Examination statistics from AAVSB and the need to explore possible solutions.

11. Discuss and Possible Action on Office of Professional Examination Services Review Report Regarding Veterinary Technician National Examination Validation and Occupational Analysis– Heidi Lincer, Chief, Office of Professional Examination Services, Department of Consumer Affairs

Due to time constraints, the Board decided to table this discussion until the November meeting.

12. Executive Officer & Staff Reports

Dr. Waterhouse noted that, due to time constraints, the Board will not be discussing the staff reports during the meeting; however, if the Board members have concerns or questions, they can reach out to Ms. Sieferman for clarification.

13. Public Comment on Items Not on the Agenda

Ms. Marilyn Jasper discussed regulations regarding supervising veterinarians at rodeos and the reporting requirements for injuries or deaths of the animals at rodeos.

Ms. Jasper raised concern that these regulations were not being enforced and encouraged the Board to look at them further. Ms. Sieferman provided her contact information to Ms. Jasper so she could submit additional comments in writing for further follow up by Board staff.

14. Future Agenda Items

Ms. Sieferman addressed the Board that a favorable appellate court case was decided in favor of the Board, and the deputy attorney general (DAG) on that case was requesting that the Board publish this as a precedential decision for future reference to both the Board and other boards within DCA. If the Board wishes to consider this, then a special meeting via teleconference will need to be held; the Board can discuss AAVSB topics at that time as well. The Board discussed holding the teleconference meeting on September 10, 2018.

The Board continued their discussion of future agenda items on the second day of the meeting.

Ms. Sieferman addressed the Board that the originally proposed September 10, 2018 date for the teleconference would not work as the DAG needed more time to prepare the writ. A special 48-hour meeting will need to be held, and the AAVSB discussion cannot be held during this meeting as it does not meet the 48-hour special meeting requirement. The Board agreed to have the teleconference meeting on September 4, 2018, from 3:00-4:00 p.m.

15. Recess until Thursday, August 30, 2018, at 9:00 a.m.

9:00 a.m., Thursday, May 24, 2018

16. Reconvene - Establishment of a Quorum

Dr. Waterhouse called the Board meeting to order at 9:03 a.m. Ms. Sieferman called roll; five members of the Board were present and thus a quorum was established. Ms. Yanez, Ms. Loreda, and Dr. Noland were absent. Dr. Noland arrived at 9:11 a.m.

17. Introductions

Members Present

Cheryl Waterhouse, DVM, President
Richard Sullivan, DVM, Vice President
Kathy Bowler, Public Member
Judie Mancuso, Public Member
Mark Nunez, DVM
Jaymie Noland, DVM (*arrived at 9:11 a.m.*)

Staff Present

Jessica Sieferman, Executive Officer
Ethan Mathes, Administrative Programs Manager
Amanda Drummond, Administrative Program Analyst
Sidney Villareal, Probation Monitor
Tara Welch, Legal Counsel

Guests Present

Jeffrey Hare, DVM
Jessica Salgado, RVT
Ann Salisbury, DCA, Division of Legal Affairs
Diann Sokoloff, Office of the Attorney General, Department of Justice
Meaghan Speers, RVT
Jodi Till, Diamond Court Reporters
Marilyn A. Woollard, Administrative Law Judge (ALJ)

18. Special Order of Business

A. Petition for Modification of Penalty – Jessica Salgado, RVT, Registration No. 11644

ALJ Marilyn A. Woollard presided over the petition for reduction of penalty hearing. Supervising DAG Diann Sokoloff updated and presented the case against Ms. Jessica Salgado, RVT. Ms. Salgado represented herself and presented her request for modification of penalty. Ms. Salgado answered questions from the DAG and members of the Board. ALJ Woollard closed the hearing.

B. Petition for Modification of Penalty – Meaghan Speers, RVT, Probationary Registration No. 12121

ALJ Woollard presided over the petition for reduction of penalty hearing. Supervising DAG Diann Sokoloff updated and presented the case against Ms. Meaghan Speers, RVT. Ms. Speers represented herself and presented her request for modification of penalty. Ms. Speers answered questions from the DAG and members of the Board. ALJ Woollard closed the hearing.

C. Petition for Modification of Penalty – Jeffrey Hare, DVM License No. 21564

ALJ Woollard presided over the petition for reduction of penalty hearing. Supervising DAG Diann Sokoloff updated and presented the case against Dr. Jeffrey Hare. Dr. Hare represented himself and presented his request for modification of penalty. Dr. Hare answered questions from the DAG and members of the Board. ALJ Woollard closed the hearing.

CLOSED SESSION

19. Pursuant to Government Code Section 11126(c)(3), the Board Will Deliberate on the Above Petitions and Disciplinary Actions.

Petition for Modification of Penalty – Jessica Salgado, RVT, Registration No. 11644
The Board moved to grant the petition for termination of probation.

Petition for Modification of Penalty – Meaghan Speers, RVT, Registration No. 12121
The Board moved to grant the petition for termination of probation and, upon meeting all requirements for registration, a permanent RVT registration shall be issued.

Petition for Modification of Penalty – Jeffrey Hare, DVM, License No. 21564
The Board moved to grant the petition for termination of probation.

In the Matter of the Statement of Issues Against Amy Frazee, Temporary Veterinarian License Applicant - Board Case No. 4602018000540
The Board moved to adopt the Corrected Stipulated Settlement and Disciplinary Order Nunc Pro Tunc.

In the Matter of the Statement of Issues Against Tess Peavy, Veterinarian License Applicant- Board Case No. 4602017000794
The Board moved to reject the stipulated settlement and submit a counter offer.

In the Matter of the Accusation Against Atif Wardany, DVM, and Mobile Pet Hospital of Sacramento, Atif Wardany, DVM, Managing Licensee - Board Case No. 1002033704
The Board moved to adopt the stipulated settlement.

In the Matter of the Statement of Issues Against Andrea Hurtado, RVT Applicant- Board Case No. 4602018000144

The Board moved to adopt the Decision After Non-Adoption.

In the Matter of the Statement of Issues Against Edwin Ong, VACSP Applicant - Board Case No. 4602018000591

The Board moved to non-adopt the Corrected Proposed Decision without additional evidence and receive written arguments from both parties.

In the Matter of the Statement of Issues Against Margarita Peraza, VACSP Applicant - Board Case No. 4602018000141

The Board moved to adopt the Decision After Non-Adoption.

In the Matter of the Statement of Issues Against Gerhard Schulze Allen, Veterinarian License Applicant - Board Case No. 4602018000539

The Board moved to adopt the Corrected Proposed Decision with minor and technical corrections.

In the Matter of the Statement of Issues Against Kelly Sellen, RVT Applicant- Board Case No. 4602018000402

The Board moved to adopt the Decision after Non-Adoption.

RETURN TO OPEN SESSION

20. Reconvene Open Session

Open Session reconvened at 3:37 p.m. Ms. Judie Mancuso departed during closed session and was not present at the return to open session.

Ms. Sieferman addressed the Board and members of the public that the Board was unable to discuss agenda items 6(E), 8, and 11. and they will need to be postponed to a future meeting. The Board discussed holding a special meeting to discuss agenda item 6(E), Disciplinary Guidelines, and decided to discuss that topic and the other postponed agenda items at the November Board meeting.

- Dr. Jaymie Noland moved, and Ms. Kathy Bowler seconded, to postpone the Disciplinary Guidelines discussion to the November Board meeting. The motion carried 4-1. Dr. Richard Sullivan voted no.

The Board also discussed additional agenda items to discuss in November, which included diversion evaluation member appointments, RVT drug compounding, corporate practice of veterinary medicine, DEA facility licensure, reviewing MAXIMUS diversion program costs, RVT average pass rates, continuing the discussion on minimum standards for premises, and an

analysis of the increase in complaint filings and other complaint trends. The Board decided to extend the November meeting to three days to address these issues.

21. Adjournment

- Dr. Jaymie Noland moved and Dr. Richard Sullivan seconded to adjourn the meeting.

The meeting adjourned at 3:47 p.m.

Veterinary Medical Board

1747 N. MARKET BOULEVARD, SUITE 230, SACRAMENTO, CA 95834
TELEPHONE: 916-515-5220 FAX: 916-928-6849 | WWW.VMB.CA.GOV



SPECIAL TELECONFERENCE MEETING MINUTES Veterinary Medical Board

The Veterinary Medical Board met via teleconference on
Tuesday, September 4, 2018, at the following locations:

Waterhouse Animal Hospital
1115 East Champlain
Fresno, California

VCA Miller-Robertson Animal Hospital
8807 Melrose Avenue
West Hollywood, California

The Pets for Life Facility
2940 East 1st Street
Los Angeles, California

Bay Cities Pet Hospital
20447 Hawthorne Boulevard
Torrance, California

Laguna Beach Community
and Susi Q Senior Center
380 3rd Street, Art Room
Laguna Beach, California

Veterinary Medical Board
1747 North Market Boulevard, Suite 230
VMB Conference Room
Sacramento, California

Thursday, September 4, 2018 – 3:00 p.m. – 4:00 p.m.
OR UNTIL COMPLETION OF BUSINESS

1. Call to Order / Roll Call / Establishment of a Quorum

Veterinary Medical Board (Board) President, Cheryl Waterhouse, DVM, called the meeting to order at 3:12 p.m. via telephone conference. Executive Officer, Ms. Jessica Sieferman, called roll; six members of the Board were present, and thus a quorum was established. Dr. Jaymie Noland and Ms. Jennifer Loreda, Registered Veterinary Technician (RVT) were absent.

2. Finding of Necessity for Special Meeting (Gov. Code, § 11125.4)

Dr. Cheryl Waterhouse announced that the meeting was convened to discuss a pending litigation matter on which the Board must take immediate action. Ms. Sieferman explained that the Board may entertain a motion that compliance with the 10-day meeting notice requirement would impose a substantial hardship on the Board because the Board will not be able to meet and adopt a position on the filing of a request for publication relative to pending litigation in sufficient time for such request to be drafted, approved, and filed in the Court of Appeal by the September 14, 2018 filing deadline.

- Dr. Richard Sullivan moved and Ms. Kathy Bowler seconded the motion to approve the finding of necessity for a special meeting. The motion carried 6-0.

3. Introductions

Members Present

Cheryl Waterhouse, DVM, President
Richard Sullivan, DVM, Vice President
Kathy Bowler, Public Member
Judie A. Mancuso, Public Member
Mark Nunez, DVM
Alana Yanez, Public Member

Staff Present

Jessica Sieferman, Executive Officer
Ethan Mathes, Administrative Program Manager
Amanda Drummond, Administrative Program Coordinator
Tara Welch, Attorney III, Legal Affairs Division, Department of Consumer Affairs (DCA)

Guests Present

Myrllys Stockdale, Assistant Chief Counsel, Legal Affairs Division, DCA
Linda Sun, Supervising Deputy Attorney General, Office of the Attorney General, Department of Justice
Shawn Cook, Supervising Deputy Attorney General, Office of the Attorney General, Department of Justice
Stephen Svetich, Deputy Attorney General, Office of the Attorney General, Department of Justice

4. Public Comment on Items Not on the Agenda

No public comments were received.

5. Closed Session

- A. Pursuant to Government Code Sections 11125.4(a)(1) and 11126(e), the Board will confer with and Receive Advice from Legal Counsel and Deliberate Regarding *James C. Shenouda v. Veterinary Medical Board*, Court of Appeal, Second Appellate District, Division Four, Case No. B284738**

The Board went into closed session to confer with and receive advice from legal counsel and deliberated to take possible action on the filing of a request for publication relative to pending litigation.

6. Return to Open Session

Dr. Cheryl Waterhouse announced that the September 10, 2018 board meeting was cancelled.

7. Adjournment

Ms. Judie Mancuso moved to adjourn. The Board adjourned at 4:09 p.m.

Veterinary Medical Board

1747 N. MARKET BOULEVARD, SUITE 230, SACRAMENTO, CA 95834
TELEPHONE: 916-515-5220 FAX: 916-928-6849 | WWW.VMB.CA.GOV



MEETING NOTICE and AGENDA MULTIDISCIPLINARY ADVISORY COMMITTEE

Committee Members

Jeff Pollard, DVM, Chair
Kristi Pawlowski, RVT, Vice-Chair
Allan Drusys, DVM
Kevin Lazarcheff, DVM
Margaret Warner, DVM
Leah Shufelt, RVT
Stuart Eckmann, Public Member
Jennifer Loreda, RVT

November 13, 2018
1747 N. Market Blvd.
1st Floor Hearing Room
Sacramento, California

Action may be taken on any item listed on the agenda.

10:00 a.m., Tuesday, November 13, 2018

1. Call to Order/ Roll Call/ Establishment of a Quorum
2. Committee Chair's Remarks, Committee Member Comments, and Introductions
3. Review and Approval of August 28, 2018 Committee Meeting Minutes
4. Executive Officer Report
 - A. BreEZe Updates and Improvements
 - B. Outreach Efforts
 - C. Licensing Program
 - D. Enforcement Program
5. Update from the Public and Private Shelters and Minimum Standards and Protocols for Shelter Medicine Subcommittee; Potential Recommendation to Full Board
6. Discussion and Consideration of Intra-Oral Dental Radiographic Equipment Requirements – Section [2030](#), Article 4, Division 20, Title 16 of the California Code of Regulations; Potential Recommendation to Full Board
7. Update from the Minimum Standards and Protocols for Pet Ambulances Subcommittee; Potential Recommendation to Full Board
8. Public Comment on Items Not on the Agenda
Note: The Committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125 and 11125.7(a).)

9. Future Agenda Items and 2019 Meeting Dates
 - A. Multidisciplinary Advisory Committee Assignment Priorities
 - B. Agenda Items for Next Meeting
 - C. 2019 Meeting Dates

10. Adjournment

This agenda can be found on the Veterinary Medical Board website at www.vmb.ca.gov. Action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Committee are open to the public.

This meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit thedcapage.wordpress.com/webcasts/. The meeting will not be cancelled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe and participate, please plan to attend at a physical location. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee prior to the Committee taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

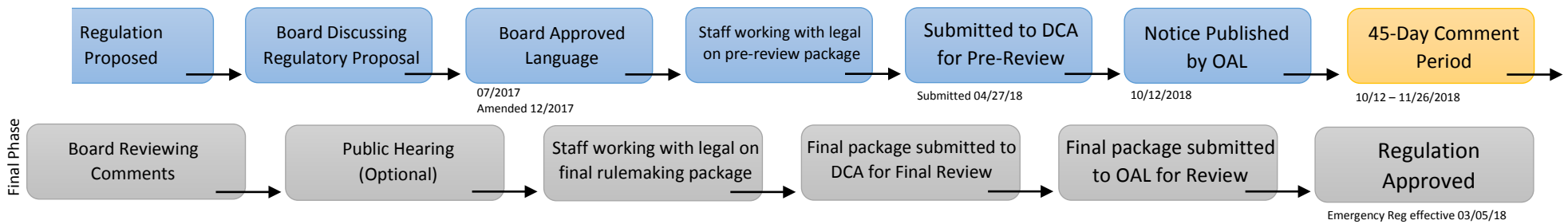
The meeting locations are accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting the Committee at (916) 515-5220, email: vmb@dca.ca.gov, or sending a written request to the Veterinary Medical Board, 1747 N. Market St., Suite 230, Sacramento, CA 95834. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (916) 326-2297.

MISSION

The mission of the Veterinary Medical Board is to protect consumers and animals by regulating licensees, promoting professional standards and diligent enforcement of the practice of veterinary medicine.

Status of Pending VMB Regulations – November 2018

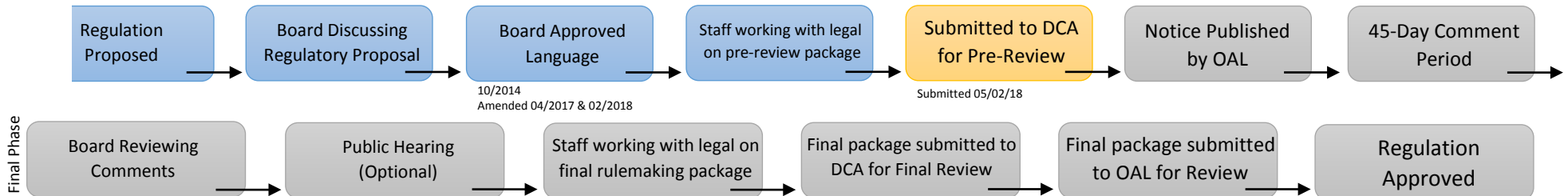
Schedule



CCR Section: [2070](#), [2071](#)

Notes: The emergency rulemaking package was approved [03/05/2018](#) and a standard rulemaking package has been submitted to DCA for pre-review effective 04/27/2018. The package was noticed by OAL on [10/12/2018](#) and the [45-day comment period](#) will close on 11/26/2018. A re-adoption of the emergency regulations package was approved by OAL on [08/01/2018](#) and granted a 90-day extension. A 2nd re-adoption of the emergency regulations package approved by OAL on [10/16/2018](#). The complete rulemaking package must be submitted to OAL for final review by 03/05/2019.

Consumer Protection Enforcement Initiative (CPEI)

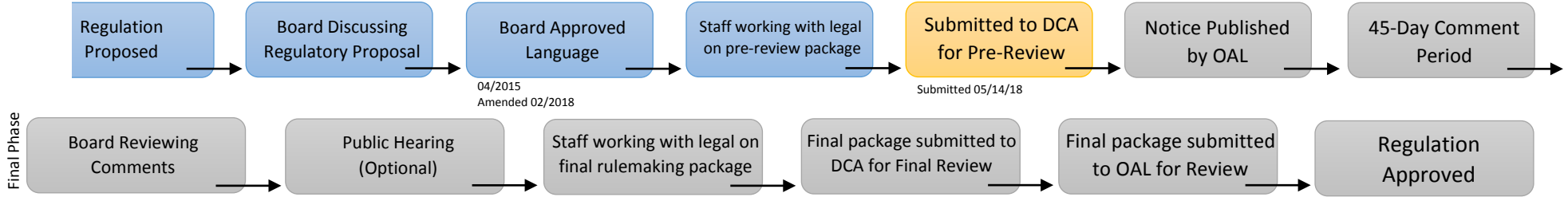


CCR Section: [2003](#), [2017](#), [2042](#)

Notes: The CPEI rulemaking package was originally submitted through DCA for pre-review in 07/2017, but due to recommendations received from Legal Affairs, the package was returned to the Board and amendments were made to the proposed language effective [02/2018](#). The rulemaking package has been re-submitted to DCA for pre-review effective 05/02/2018. The package is with Agency for review as of 10/24/18.

Status of Pending VMB Regulations – November 2018

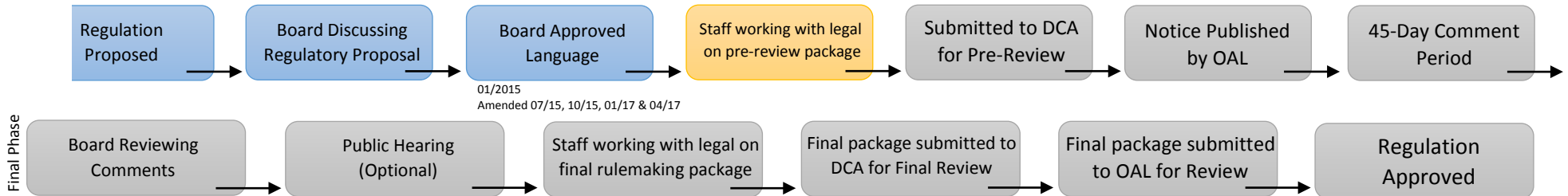
Telemedicine



CCR Section: 2032.1

Notes: The Telemedicine proposed language was approved in [04/15](#) and then amended in [02/2018](#). The rulemaking package has been submitted to DCA for pre-review effective 05/14/2018.

Disciplinary Guidelines

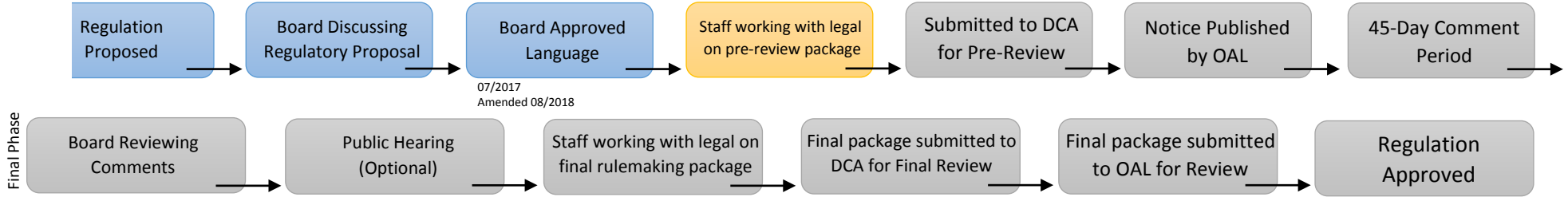


CCR Section: 2006

Notes: The Disciplinary Guidelines rulemaking package proposed language was approved in [01/15](#) and then amended [07/2015](#), [10/2015](#), [01/2017](#) and [04/2017](#). The regulatory package is pending review from the Board at the November 2018 meeting.

Status of Pending VMB Regulations – November 2018

Primary Technician Education

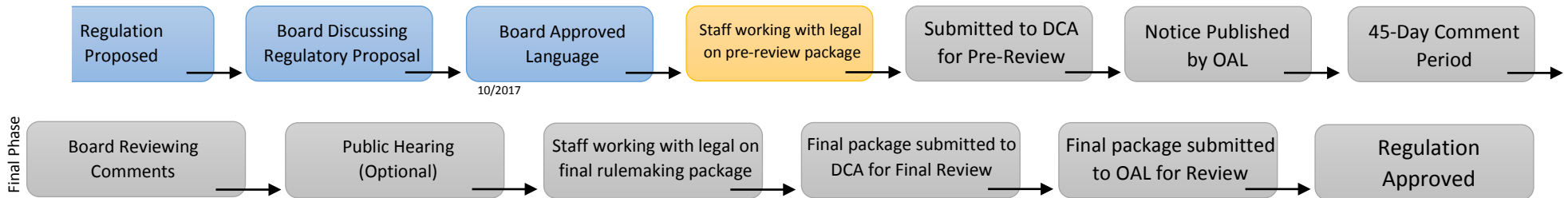


CCR Section: 2036.1, [2064](#), 2065.1, 2065.2, [2065.6](#), [2065.7](#), [2065.8](#), [2066](#), [2068.5](#)

Notes: *RVT Alternate Route:* In [02/2015](#) the MDC approved proposed language. In [07/2015](#) the Board approved proposed language.
RVT Student Exemption: In [07/2015](#) the MDC approved proposed language. In [10/2015](#) the Board approved proposed language.
RVT AVMA School Approval: In [07/2016](#) the Board approved proposed language.

The RVT Alternate Route, RVT Student Exemption and RVT AVMA School Approval were combined and approved in [07/2017](#). The language was amended at the [08/2018](#) Board meeting. Staff is currently working with legal to develop the initial rulemaking package prior to submitting to DCA for pre-review.

Drug Compounding

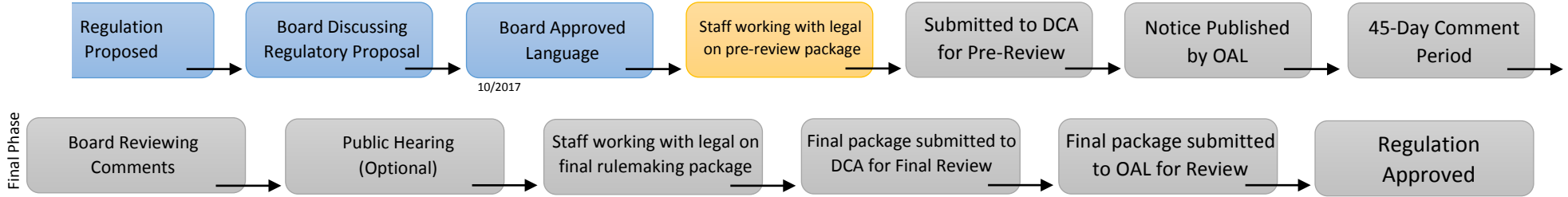


CCR Section: 2090-2096

Notes: The Drug Compounding rulemaking package proposed language was approved in [10/2017](#). Board staff is working with management and legal to develop the initial rulemaking package prior to submitting to DCA for pre-review.

Status of Pending VMB Regulations – November 2018

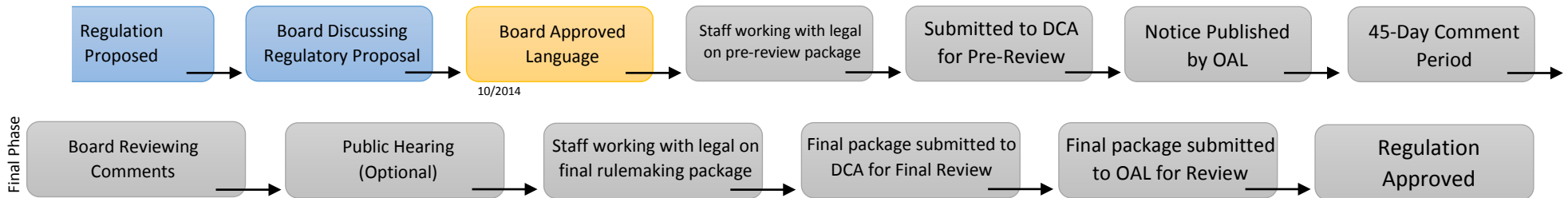
Animal Rehabilitation



CCR Section: 2038.5

Notes: The Animal Rehabilitation rulemaking package was previously filed with OAL and withdrawn in [11/2015](#). Three taskforce meetings were held to discuss this issue ([06/2016](#), [10/2016](#), [02/2017](#)). In [10/2017](#) the Board approved proposed language. Board staff is working with management and legal to develop the initial rulemaking package prior to submitting to DCA for pre-review.

Uniform Standards for Abuse

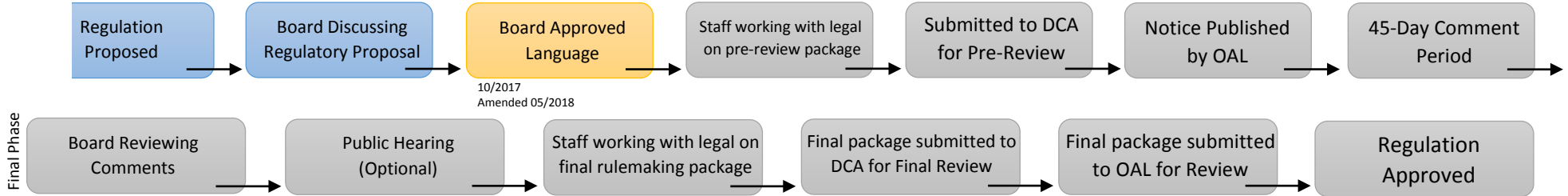


CCR Section: [2006](#), [2006.5](#), [2076](#)

Notes: The Uniform Standards for Abuse rulemaking proposed language was approved in [10/2014](#) and was on hold per legal from 04/2015-03/2016. Pending amendments to be re-submitted to the Board for review and approval. The regulatory package is pending review from the Board at the November 2018 meeting.

Status of Pending VMB Regulations – November 2018

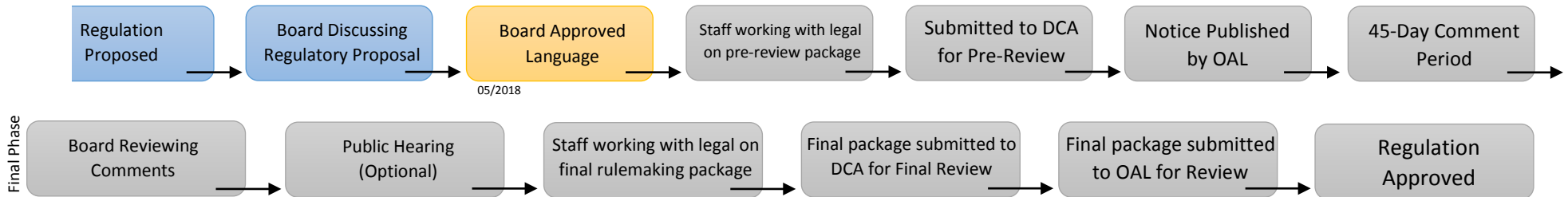
Emergency Animal Care



CCR Section: [2069](#)

Notes: The Emergency Animal Care rulemaking package proposed language was approved by the Board in [10/2017](#) but brought back for further discussion at its [02/2018](#) meeting. The Board approved language at the [05/2018](#) meeting.

Tasks Under Indirect Supervision

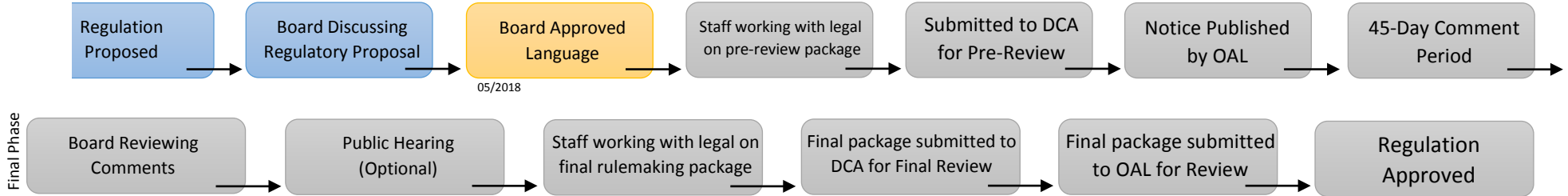


CCR Section: [2036](#)

Notes: The RVT Tasks rulemaking package proposed language was approved by the MDC at their [10/2017](#) meeting and discussed at the Board's [02/2018](#) meeting. The Board approved language at the [05/2018](#) meeting.

Status of Pending VMB Regulations – November 2018

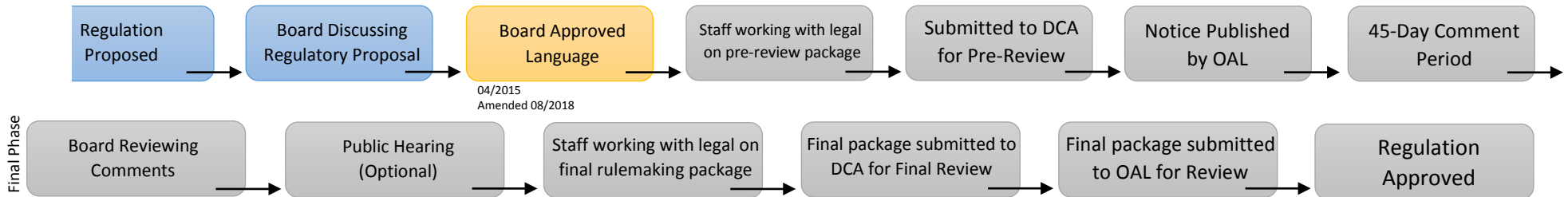
Duties of Supervising Veterinarian



CCR Section: [2035](#)

Notes: The Duties of a Supervising Veterinarian proposed regulations were approved by the Board at the [05/2018](#) meeting. This regulation was previously called “Extended Duty” for Registered Veterinary Technicians.

Veterinarian-Client-Patient Relationships (VCPRs)

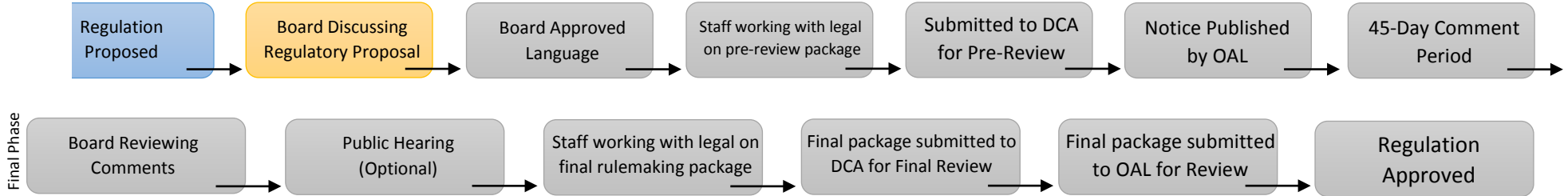


CCR Section: [2032.15](#), [2032.25](#)

Notes: VCPRs was originally included with Telemedicine and Minimum Standards and approved at the [04/2015](#) meeting, but a byproduct of separating the Telemedicine from Minimum Standards cause the VCPRs to be dropped off. The language was re-presented to the Board at the [08/2018](#) meeting where additional changes were approved.

Status of Pending VMB Regulations – November 2018

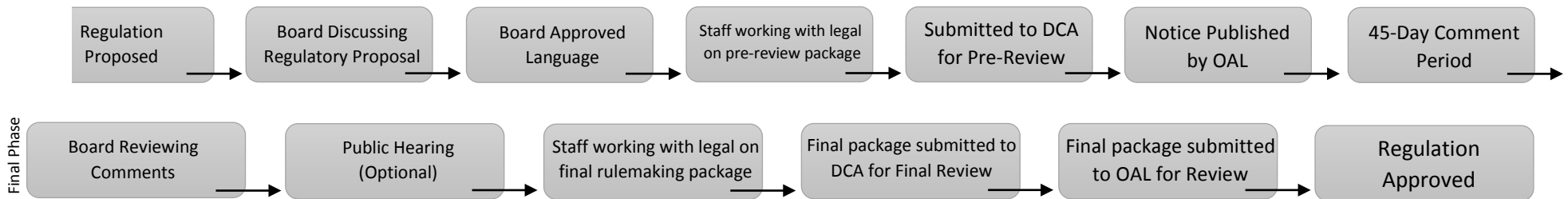
Minimum Standards for Alternate Veterinary Premises



CCR Section: [2030](#), [2030.05](#), [2030.1](#), [2030.15](#), [2030.2](#), [2030.3](#), [2030.4](#), [2030.5](#)

Notes: The Minimum Standards for Alternate Veterinary Premises proposed regulations were approved by the MDC at their [02/2018](#) meeting and forwarded to the Board for discussion. The regulatory package is pending review from the Board at the November 2018 meeting.

Veterinary Student Exemption/RVT Exam Eligibility

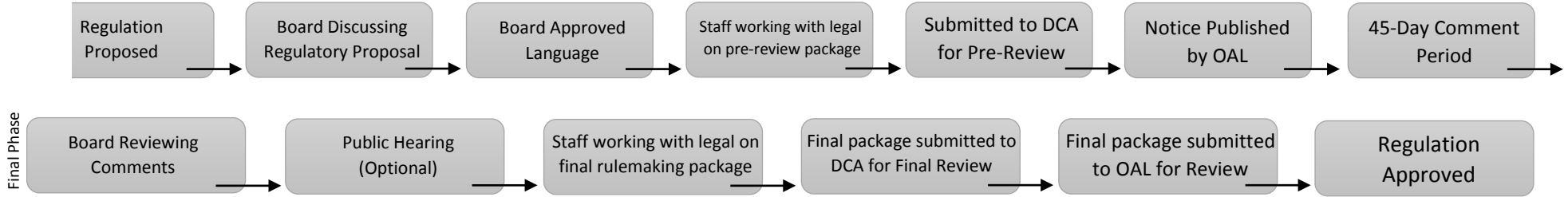


CCR Section: [2027](#), [2027.5](#)

Notes: The Veterinary Student Exemption proposal was discussed and conceptionally approved 04/2017. This regulation is pending updates required by new Business and Professions Code (BPC) 4841.2 per [SB 1480](#) (Hill, Chapter 571, Statutes of 2018).

Status of Pending VMB Regulations – November 2018

Iter Minimum Standards



CCR Section: [2035](#), 2035.5, 2030.6, 2030.7,

Notes: The Shelter Minimum Standards concept is currently being discussed by the MDC and has not been submitted to the Board.

VETERINARY MEDICAL BOARD
2019 RULEMAKING CALENDAR

SCHEDULE A: PROPOSED REGULATIONS IMPLEMENTING STATUTES ENACTED DURING THE YEAR 2018

Subject:	CCR Title & Sections Affected:	Statute(s) Being Implemented:			
Responsible Agency Unit:	Contact Person & Phone Number:	Projected Dates:			
		Notice Published:	Public Hearing:	Adoption by your agency:	To OAL for review:

VETERINARY MEDICAL BOARD
2019 RULEMAKING CALENDAR

SCHEDULE B: PROPOSED REGULATIONS IMPLEMENTING STATUTES ENACTED PRIOR TO THE YEAR 2018

Subject: Schedule of Fees	CCR Title & Sections Affected: Title 16, CCR, Section 2070 and 2071	Statute(s) Being Implemented: BPC section 4808, 4842.5, and 4905			
Responsible Agency Unit: Veterinary Medical Board	Contact Person & Phone Number: Amanda Drummond – (916) 515-5238	Projected Dates:			
		Notice Published: 10/12/2018	Public Hearing: N/A	Adoption by your agency: 1/2019	To OAL for review: 3/2019
Report on the status of all uncompleted rulemaking described on previous calendars: Emergency regulations were approved by OAL on 03/05/2018. The Board submitted the certificate of completion to DCA for the initial review process on 4/27/2018. A re-adoption of emergency regulations was approved by OAL on 8/1/18 and 10/16/18 to grant additional time for the certificate of completion to be finalized. The certificate of completion was noticed by OAL on 10/12/2018 and the public comment period closed on 11/26/18. The final rulemaking file for the certificate of completion must be submitted to OAL by 3/5/19.					

Subject: Consumer Protection Enforcement Initiative (CPEI) (SB 1111)	CCR Title & Sections Affected: Title 16, CCR, Sections 2003, 2017, 2042	Statute(s) Being Implemented: BPC sections 141, 475, 480, 490, 820, 4804.5, 4808, 4836.2, 4837, 4853.5, 4853.6, 4856, 4875, 4875.3, and 4883. GC sections 11415.60, 11500 – 11528.			
Responsible Agency Unit: Veterinary Medical Board	Contact Person & Phone Number: Amanda Drummond – (916) 515-5238	Projected Dates:			
		Notice Published: 12/2018	Public Hearing: N/A	Adoption by your agency: 5/2019	To OAL for review: 8/2019
Report on the status of all uncompleted rulemaking described on previous calendars: The CPEI rulemaking package was originally submitted through DCA for pre-review in 07/2017, but due to recommendations received from Legal Affairs, the package was returned to the Board and amendments were made to the proposed language effective 02/2018. The rulemaking package has been re-submitted to DCA for pre-review effective 05/02/2018. Agency has the package for review as of 10/24/18.					

Subject: Telemedicine	CCR Title & Sections Affected: Title 16, CCR, Section 2032.1	Statute(s) Being Implemented: BPC sections 686, 2290.5, 4021, 4022, 4808, and 4883			
Responsible Agency Unit: Veterinary Medical Board	Contact Person & Phone Number: Amanda Drummond – (916) 515-5238	Projected Dates:			
		Notice Published: 1/2019	Public Hearing: N/A	Adoption by your agency: 5/2019	To OAL for review: 8/2019
Report on the status of all uncompleted rulemaking described on previous calendars: The Telemedicine proposed language was approved in 04/15 and then amended in 02/2018. Staff is working with legal to develop the initial rulemaking package prior to submitting to DCA for pre-review. The rulemaking package has been submitted to DCA for pre-review effective 05/14/2018.					

Subject: Veterinary Technician Education	CCR Title & Sections Affected: Title 16, CCR, Section 2036.1, 2064, 2065, 2065.2, 2065.6, 2065.7, 2065.8, 2066, and 2068.5	Statute(s) Being Implemented: BPC section 4808, 4830, 4841.1, 4841.5, 4843, and 4853			
Responsible Agency Unit: Veterinary Medical Board	Contact Person & Phone Number: Amanda Drummond – (916) 515-5238	Projected Dates:			
		Notice Published: 4/2019	Public Hearing: N/A	Adoption by your agency: 8/2019	To OAL for review: 11/2019
Report on the status of all uncompleted rulemaking described on previous calendars: The Veterinary Technician Education regulatory package is three parts (RVT Alternate Route, RVT Student Exemption and RVT AVMA School Approval). The Board reviewed all three parts and approved the regulatory package as a whole 07/2017. The proposed regulatory language was amended 08/2018.					

Subject: Animal Physical Rehabilitation	CCR Title & Sections Affected: Title 16, CCR, Section 2038.5	Statute(s) Being Implemented: BPC sections 4808, 4825, 4826, 4836, and 4883			
Responsible Agency Unit: Veterinary Medical Board	Contact Person & Phone Number: Amanda Drummond – (916) 515-5238	Projected Dates:			
		Notice Published: 4/2019	Public Hearing: N/A	Adoption by your agency: 8/2019	To OAL for review: 11/2019
Report on the status of all uncompleted rulemaking described on previous calendars: The Animal Rehabilitation rulemaking package was previously filed with OAL and withdrawn in 11/2015. Three taskforce meetings were held to discuss this issue (06/2016, 10/2016, 02/2017). In 10/2017 the Board approved proposed language.					

Subject: Drug Compounding	CCR Title & Sections Affected: Title 16, CCR, Section 2090, 2091, 2092, 2093, 2094, 2095 and 2096	Statute(s) Being Implemented: BPC section 4826.5			
Responsible Agency Unit: Veterinary Medical Board	Contact Person & Phone Number: Amanda Drummond – (916) 515-5238	Projected Dates:			
		Notice Published: 4/2019	Public Hearing: N/A	Adoption by your agency: 8/2019	To OAL for review: 11/2019

Subject: Disciplinary Guidelines	CCR Title & Sections Affected: Title 16, CCR, Section 2006	Statute(s) Being Implemented: BPC sections 141, 480, 490, 4808, 4830.5, 4830.7, 4836.2, 4836.5, 4837, 4839.5, 4855, 4856, 4857, 4875, 4876 and 4883. GC sections 11400.20 and 11425.50(e)			
Responsible Agency Unit: Veterinary Medical Board	Contact Person & Phone Number: Amanda Drummond – (916) 515-5238	Projected Dates:			
		Notice Published: 5/2019	Public Hearing: N/A	Adoption by your agency: 9/2019	To OAL for review: 12/2019
Report on the status of all uncompleted rulemaking described on previous calendars: The Disciplinary Guidelines rulemaking package proposed language was approved in 01/15 and then amended 07/2015, 10/2015, 01/2017 and 04/2017.					

Subject: Uniform Standards for Substance Abuse	CCR Title & Sections Affected: Title 16, CCR, Section 2006	Statute(s) Being Implemented: BPC Sections 4830.5, 4830.7, 4837, 4839.5, 4855, 4856, 4857 and 4883			
Responsible Agency Unit: Veterinary Medical Board	Contact Person & Phone Number: Amanda Drummond – (916) 515-5238	Projected Dates:			
		Notice Published: 5/2019	Public Hearing: N/A	Adoption by your agency: 9/2019	To OAL for review: 12/2019



MEMORANDUM

DATE	November 14, 2018
TO	Veterinary Medical Board
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Agenda Item 8B. Sections 2030-2030.5, Article 4, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Minimum Standards for Alternate Veterinary Premises/Practices

Background:

The Minimum Standards for Alternate Veterinary Premises/Practices has been an ongoing project between the Multidisciplinary Advisory Committee (MDC) Premises Permit Subcommittee, Veterinary Medical Board (Board) staff, the California Veterinary Medical Association (CVMA) and various stakeholders. The Board originally requested the CVMA to initiate a taskforce to discuss premise practice types.

At the [October 2017 MDC meeting](#), CVMA reported their findings and recommended regulation revisions. Subsequently, Dr. Sullivan and Ms. Annemarie Del Mugnaio participated in meetings with CVMA and other stakeholders to capture multiple veterinary premises types. The MDC discussed, made additional recommendations, and approved the proposed language for Minimum Standards for Alternate Veterinary Premises/Practices at the [February 2018 MDC meeting](#).

The Board reviewed the proposed language at the August 2018 meeting and made multiple amendments. The Board also discussed CCR section [2030.3](#) regarding Minimum Standards for an Animal Vaccination Clinic, specifically focusing on the animal vaccination clinic definition and requirements. After significant discussion, the Board requested legal counsel research the topic of vaccine clinics and present recommended language for at the November Board meeting.

Attachments:

- Proposed amendments to CCR sections [2030-2030.5](#) reflecting August 2018 Board revisions (changes are denoted with strike through and underline)

Minimum Standards for Alternate Premises

2030. Minimum Standards – ~~Fixed Veterinary Premises.~~

All fixed premises where veterinary medicine and its various branches are being practiced, and all instruments, apparatus and apparel used in connection with those practices, shall be kept clean and sanitary at all times and shall conform to or possess the following minimum standards: Unless otherwise exempt pursuant to subdivision (b) of section 4853 of the code, the facilities and practice types in sections 2030.1 through 2030.5 are premises and shall be registered with the board and meet all of the requirements in section 2030.05.

- (a) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose.
- (b) A reception room and office, or a combination of the two.
- (c) An examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient and client.
- (d) If animals are housed or retained for treatment, the following shall be provided:
 - (1) Compartments for animals which are maintained in a comfortable and sanitary manner.
 - (2) Effective separation of known or suspected contagious animals.
 - (3) If there are to be no personnel on the premises during any time an animal is left at the veterinary facility, prior notice of this fact shall be given to the client. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the entrance of the premises, stating that there may be times when there are no personnel on the premises.
- (e) When a veterinary premises is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the veterinary premises will be re-opened and where after hours emergency care is available. If no after hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.
- (f) The veterinary premises shall meet the following standards:
 - (1) Fire precautions shall meet the requirements of local and state fire prevention codes.
 - (2) The facility, its temperature, and ventilation shall be maintained so as to assure the comfort of all patients.
 - (3) The disposal of waste material shall comply with all applicable state, federal, and local laws and regulations.
 - (4) The veterinary premises shall have the capacity to render diagnostic radiological services, either on the premises or through other commercial facilities. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
 - (5) Clinical pathology and histopathology diagnostic laboratory services shall be available within the veterinary premises or through outside services.
 - (6) All drugs and biologicals shall be maintained, administered, dispensed and prescribed in compliance with state and federal laws.
 - (7) Sanitary methods for the disposal of deceased animals shall be provided and maintained.
 - (8) Veterinary medical equipment used to perform aseptic procedures shall be sterilized and maintained in a sterile condition.
 - (9) Current veterinary reference materials shall be readily available on the premises.
 - (10) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.
 - (11) The veterinary premises shall have equipment to deliver oxygen in emergency situations.
 - (12) Appropriate drugs and equipment shall be readily available to treat an animal emergency.
- (g) A veterinary premises which provides aseptic surgical services shall comply with the following:

Commented [WT1]: When issues of ownership arise, a non-licensed entity could own the building (premises) but should not be involved in the practice of veterinary medicine. Thus, references to “practice types” as “premises” blurs the line between location and practice. Board should consider whether they want to continue the confusion between the practice as a location and the practice or act of veterinary medicine.

Commented [AD2]: Clarify in the ISOR; The Board is maintaining the exemption for mobile units already associated with a premises permit.

(1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparation. A veterinarian may perform emergency aseptic surgical procedures in another room

when the room designated for aseptic surgery is occupied or temporarily unavailable.

(A) A veterinary premises which is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall obtain compliance with this subdivision on or before January 1, 2014.

(B) The board may exempt a veterinary premises which is currently registered with the board, but does not have a separate aseptic surgery room, where it determines that it would be a hardship for the veterinary premises to comply with the provisions of this subdivision.

In determining whether a hardship exists, the board shall give due consideration to the following factors:

1. Zoning limitations.
2. Whether the premises constitutes a historical building.
3. Whether compliance with this requirement would compel the veterinary practice to relocate to a new location.

(2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves and non-surgical radiographic equipment.

(3) Open shelving is prohibited in the surgical room.

(4) The surgery room shall not contain a functional sink with an open drain.

(5) The doors into the surgery room must be able to be fully closed, fill the entire door space, be made of non-porous material and not provide access from outside the hospital. In cases where the size of the animal prevents entry to the hospital via a regularly sized door, doors for outside access are permitted as long as such doors are able to be fully closed, fill the entire door space and be made of non-porous material.

(6) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source.

(7) The floors, table tops, and counter tops of the surgery room shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.

(8) Surgical instruments and equipment shall be:

(A) Adequate for the type of surgical procedures performed.

(B) Sterilized as required by the surgical procedure performed and instruments used.

(9) In any sterile procedure, a separate sterile pack shall be used for each animal.

(10) All instruments, packs and equipment that have been sterilized shall have an indicator that reacts to and verifies sterilization.

(11) The following attire shall be required for aseptic surgery:

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves.

(B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.

(h) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear clean clothing and footwear when appropriate.

For purposes of this section, “clean surgery” shall mean the performance of a surgical operation for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853, 4854, and 4883, Business and Professions Code.

2030.05. Minimum Standards - Licensee Manager.

- (a) A Licensee Manager is the California licensed veterinarian named as the Licensee Manager on a facility’s premises registration permit.
- (b) The Licensee Manager is responsible for ensuring that the premises for which he/she is manager complies with the requirements in sections 4853, 4854, 4855 and 4856 of the ~~Business and Professions Code, Division 2, Chapter 11, Article 3 code~~. The Licensee Manager is responsible for ensuring that the physical and operational components of a premises meet the minimum standards of practice as set forth in sections 2030 through 2032.5 of the California Code of Regulations, Title 16, Division 20, Article 4.
- (c) The Licensee Manager is responsible for ensuring that no unlicensed activity is occurring within the premises or in any location where any function of veterinary medicine, veterinary surgery or veterinary dentistry is being conducted off the premises under the auspices of this premises license.
- (d) The Licensee Manager shall maintain whatever physical presence is reasonable within the facility to ensure that the requirements in subsections (a) – through (c) are met.
- (e) Each licensed veterinarian shall be responsible for their individual violations of the Veterinary Medicine Practice Act or any regulation adopted thereunder.

Commented [WT3]: New revision to conform reference to “premises registration” used in the BPC.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853, 4854, 4855, 4856, and 4883, Business and Professions Code.

2030.1. Minimum Standards - Small Animal Fixed Premises Facility.

For purposes of these ~~rules and~~ regulations, a “small animal fixed ~~premises facility~~” shall mean a ~~fixed veterinary premises which concentrates in providing building where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to common domestic household pets. In addition to the requirements in section 2030, small animal fixed premises shall provide:~~ A small animal fixed facility shall meet the following minimum standards:

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.
- (b) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose.
- (c) Fire precautions shall meet the requirements of local and state fire prevention codes.
- (d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients.
- (e) The floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.

- (f) Shall have a reception area and office, or a combination of the two.
- (g) Shall have an examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient, and client.
- (h) Current veterinary reference materials shall be readily available at the facility.
- (i) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.
- (j) Shall have the ability to provide diagnostic radiological services either on the premises or through outside services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
- (k) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services either on the premises or through outside services.
- (l) Shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care.
- (m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
- (n) If animals are housed or retained for treatment, the following shall be provided:
- (1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products.
 - (2) Effective separation of known or suspected contagious animals.
 - (3) Prior notice shall be given to the client if there are to be no personnel on-site during any time an animal is left at the facility. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the primary entrance of the premises, stating that there may be times when there are no personnel on the premises.
 - (4) ~~(4)~~ When medically and/or species appropriate for a given species, ~~where~~ animals are kept on the veterinary premises for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise runs/areas or by providing the animal with the opportunity for outdoor walks. ~~Where a premises has exercise runs, they shall be clean and sanitary and provide for effective separation of animals and their waste products.~~
- (o) When the facility is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.
- (p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.
- (q) Sanitary methods for the disposal of deceased animals shall be provided.
- (r) ~~(r)~~ When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.
- (s) If aseptic surgery is performed, the following shall be provided:
- (1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparations. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied of temporarily unavailable. The board may exempt a facility which is currently registered with the board, but does not have a separate aseptic surgery room, where it determines that it would be a hardship for the facility to comply with the provisions of this section. In determining whether a hardship exists, the board shall give due consideration to the following factors:
 - (A) Zoning limitations.
 - (B) Whether the facility constitutes a historical building.
 - (C) Whether compliance with this requirement would compel the veterinary practice to relocate to a new location.
 - (2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure

includes, but is not limited to, equipment used for dental prophylaxis, autoclaves and non-surgical radiographic equipment.

(3) Open shelving is prohibited in the surgical room.

(4) The surgical room shall not contain a functional sink with an open drain.

(5) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly, and not provide access from outside the facility when aseptic surgery services are provided.

(6) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source.

(7) Surgical instruments and equipment shall be:

(A) Adequate for the type of surgical procedures performed.

(B) Sterilized as required by the surgical procedure performed and instruments used.

(8) In any sterile procedure, a separate sterile pack shall be used for each animal.

(9) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization.

(10) The following attire shall be required for aseptic surgery:

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves. Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.

(t) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

2030.15 Minimum Standards – Large Animal Fixed Facility

For purposes of these regulations, a "large animal fixed facility" shall mean a building where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to equine and food animals and livestock as defined in section 4825.1 (c) and (d) of the code. A large animal fixed facility shall meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.

(b) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose.

(c) Fire precautions shall meet the requirements of local and state fire prevention codes.

(d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients.

(e) The floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.

(f) Shall have a reception area and office, or a combination of the two.

- (g) Shall have an examination room of sufficient size to accommodate the doctor, assistant, patient, and client.
- (h) Current veterinary reference materials shall be readily available at the facility.
- (i) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.
- (j) Shall have the ability to provide diagnostic radiological services either on the premises or through outside services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.
- (k) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services either on the premises or through outside services.
- (l) Shall have appropriate drugs and equipment to provide immediate emergency care.
- (m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.
- (n) If animals are housed or retained for treatment, the following shall be provided:
- (1) Compartments or exercise areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products.
 - (2) Effective separation of known or suspected contagious animals.
 - (3) Prior notice shall be given to the client if there are to be no personnel on-site during any time an animal is left at the facility. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the primary entrance of the premises, stating that there may be times when there are no personnel on the premises.
 - (4) When medically appropriate for a given species, where animals are kept at the facility for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise areas or by providing the animal with the opportunity for outdoor walks.
- (o) When the facility is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.
- (p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.
- (q) Deceased animals shall be disposed of in a sanitary method.
- (r) If aseptic surgery is performed, the following shall be provided:
- (1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparations. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. The board may exempt a facility which is currently registered with the board, but does not have a separate aseptic surgery room, where it determines that it would be a hardship for the facility to comply with the provisions of this section. In determining whether a hardship exists, the board shall give due consideration to the following factors:
 - (A) Zoning limitations.
 - (B) Whether the facility constitutes a historical building.
 - (C) Whether compliance with this requirement would compel the veterinary practice to relocate to a new location.
 - (2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves and non-surgical radiographic equipment.
 - (3) Open shelving is prohibited in the surgical room.
 - (4) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly, and not

provide access from outside the facility when aseptic surgery services are provided. In cases where the size of the animal prevents entry to the hospital via a regularly-sized door, doors for outside access are permitted as long as such doors are able to be fully closed, fill the entire door space and be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.

(5) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source.

(6) Surgical instruments and equipment shall be:

(A) Adequate for the type of surgical procedures performed.

(B) Sterilized as required by the surgical procedure performed and instruments used.

(7) In any sterile procedure, a separate sterile pack shall be used for each animal.

(8) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization.

(9) The following attire shall be required for aseptic surgery:

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves.

(B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.

(s) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

2030.2. Minimum Standards - Small Animal Mobile Clinic Facility.

For purposes of these regulations, a "small animal mobile clinic facility" shall mean a trailer or mobile facility established to function as a veterinary premises which concentrates in providing unit or vehicle where veterinary medicine and its various branches are being practiced and where veterinary services are being provided to common domestic household pets and is required by section 4853 of the code to be registered with the board.

(a) A small animal mobile clinic facility shall have meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.

(b)(1) Shall have Hot and cold water.

(c)(2) Shall have Aa 110-volt power source for diagnostic equipment.

(d)(3) Shall have Aa collection tank for disposal of waste material.

(4) Lighting adequate for the procedures to be performed in the mobile clinic.

(5) Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.

(6) Compartments to transport or hold animals, if applicable.

(b) A small animal mobile clinic shall also have:

~~(e)(1)~~ Indoor lighting for halls, wards, reception areas, examining and surgical rooms, which shall be adequate for its intended purpose.

~~(2) an examination room separate from other areas of the facility, which shall be of sufficient size to accommodate the doctor, assistant, patient and client.~~

~~(f)(3)~~ Fire precautions that meet the requirements of local and state fire prevention codes,

~~(g)(4)~~ The facility, temperature, and ventilation controls adequate shall be maintained so as to assure the comfort of all patients.

~~(5) a small animal mobile clinic which provides aseptic surgical services shall also have a room separate and distinct from other rooms, which shall be reserved for aseptic surgical procedures. Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. A small animal mobile clinic which provides aseptic surgical services and that is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall provide the board with the vehicle identification number of the mobile clinic and obtain compliance with this subdivision on or before January 1, 2006.~~

~~(A) A small animal mobile clinic that provides aseptic surgery shall also have an examination area separate from the surgery room that is large enough to conduct an examination.~~

~~(c) A small animal mobile clinic shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.~~

~~(d) A small animal mobile clinic shall provide either after hours emergency services to its patients or, if no after hours emergency care is available, full disclosure to the public prior to rendering services.~~

~~(h) The floors, table tops, and counter tops shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.~~

~~(i) Shall have an examination room of sufficient size to accommodate the doctor, assistant, patient, and client.~~

~~(j) Current veterinary reference materials shall be readily available at the facility.~~

~~(k) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.~~

~~(l) Shall have the ability to provide diagnostic radiological services either on the premises or through outside services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.~~

~~(m) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services either on the premises or through outside services.~~

~~(n) Shall have appropriate drugs, including oxygen, and equipment to provide immediate emergency care.~~

~~(o) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.~~

~~(p) If animals are housed or retained for treatment, the following shall be provided:~~

~~(1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products.~~

~~(2) Effective separation of known or suspected contagious animals.~~

~~(3) When medically appropriate for a given species, where animals are kept at the facility for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise runs/areas or by providing the animal with the opportunity for outdoor walks.~~

~~(4) Prior notice shall be given to the client if there are to be no personnel on-site during any time an animal is left at the facility.~~

~~(g) Prior notice shall be given to the client when the facility is closed. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after hour emergency care is available. If emergency services are not provided by the facility, a legible list of contact information for facilities or practices~~

that provide emergency services shall be provided to the client. If no after-hour emergency care is available, full disclosure shall be provided to the public prior to rendering services.

(r) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.

(s) Sanitary methods for the disposal of deceased animals shall be provided.

(t)(e) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

(u) If aseptic surgery is performed, the following shall be provided:

(1) A room, separate and distinct from all other rooms, which shall be reserved for aseptic surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable.

(2) Shall have an examination area separate from the surgery room.

(3) Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves, and non-surgical radiographic equipment.

(4) Open shelving is prohibited in the surgical room.

(5) The surgical room shall not contain a functional sink with an open drain.

(6) The surgery room shall be well lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source.

(7) Surgical instruments and equipment shall be:

(A) Adequate for the type of surgical procedures performed.

(B) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization

(C) A separate sterile pack shall be used for each animal.

(8) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.

(9) The following attire shall be required:

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves.

(B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.

(10) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel. For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853 and 4854, Business and Professions Code.

2030.3. Minimum Standards - Small Animal Vaccination ClinicPractice.

(a) ~~The term~~For purposes of these regulations, an “small-animal vaccination clinicpractice” shall mean a privately or publicly supported vaccination clinic where a veterinarian performs vaccinations and/or immunizations against disease on multiple animals, and where the veterinarian may also perform veterinary practice that is limited to only vaccinations and preventative procedures for parasite control and provided to the public during a scheduled vaccination event. An animal vaccination practice shall meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.

(b) Diagnostic tests shall not be performed, and dangerous drugs shall not be prescribed, dispensed, or administered.

(c) ~~(b)~~ A veterinarian must remain on site throughout the duration of an animal vaccination clinicpractice and must maintain responsibility for all medical decisions made. The veterinarian is responsible for proper immunization and parasitevaccination and preventative procedures for parasite control and the completeness of recommendations made to the public by the paraprofessional staff that the veterinarian supervises or employs. Notwithstanding section 2032.1, the veterinarian is responsible for evaluating that the patient appears healthy enough to receive vaccines or parasiticides as well as providing consultation and referral of clients when disease is detected or suspected.

(d) Notwithstanding section 2032.3, a record of the vaccinated animal shall include the following:

(1) Name or initials of the person responsible for entries.

(2) Name, address, and phone number of the client.

(3) Name or identity of the animal, herd, or flock.

(4) Except for herds or flocks, age, sex, breed, species, and color of the animal.

(5) Date of immunization.

(6) Description of parasite control administered.

(7) Description of the vaccine administered

(e) For rabies vaccinations, the record of the vaccinated animal shall include, in addition to the requirements under subsection (d), the following:

(1) The type of rabies vaccine administered.

(2) The name of the manufacturer of the rabies vaccine.

(3) The lot number of the rabies vaccine.

(e) Lighting shall be adequate for the procedures to be performed in the vaccination practice.

(f) Fire precautions shall meet the requirements of local and state fire prevention codes.

(g) When applicable, floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning, and shall be cleaned and disinfected regularly.

(h) ~~(e)~~ The disposal of waste material shall comply with all applicable state, federal, and local laws and regulations.

(i) Current veterinary reference materials shall be readily available at the practice.

(j) ~~(d)~~ All drugs and biologicals shall be stored, and maintained, administered, dispensed and prescribed according to the manufacturer’s recommendations and administered and in compliance with state and federal laws.

(k) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided.

(e) Lighting shall be adequate for the procedures to be performed in the vaccination clinic.

(f) Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.

(l) ~~(g)~~ Equipment shall be of the type and quality to provide for the delivery of vaccines and parasiticides in the best interest of the patient and with safety to the public.

Commented [WT4]: See location vs practice comment on page 1. Consider changing “practice” to “mobile facility” or keep the reference to “clinic” in the current regulation.

Commented [WT5]: Changed vaccine to vaccination for consistency with other subsections using this term.

Commented [WT6]: Moved this language because main point of the definition of “practice” is the services rendered rather than the location.

Commented [AD7]: Identify in the ISOR that a scheduled vaccination event does not mean an individual walking in periodically with one animal but is instead intended to serve many animals at one time.

Commented [WT8]: Deleting this adjective here as it is redundant with “parasiticides”

Commented [WT9]: Deleting “all” here as the animal patient may only receive a vaccine, but not parasite control as in paragraph (6).

Commented [WT10]: Shouldn’t this be included in the list?

Commented [WT11]: We need to clarify that the info under sub. (d) also needs to be noted with the rabies vaccine info; otherwise, it appears we are cutting out separate requirements for rabies vaccines with only 3 required pieces of information to be documented, which is contrary to the list of info under 17 CCR sec. 2606.4.

~~(m)(h)~~ Fresh, clean water shall be available for sanitizing and first aid. Disposable towels and soap shall be readily available.

~~(i)~~ A vaccination clinic shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.

~~(n)(f)~~ The vaccination clinic shall provide a legible list of the name, address, and hours of operation of all contact information for facilities or practices that provide or advertise emergency services and, when applicable, the location of other clinics provided by the same entity on that day, that are located within a 30-minute or 30-mile radius shall be provided to the client.

~~(o)(k)~~ The vaccination clinic shall maintain all vaccination records for a minimum of three (3) years from the date of the vaccination that they were administered.

~~(l)~~ If any diagnostic tests are performed or dangerous drugs are provided, administered, prescribed or dispensed, then a valid veterinary-client-patient relationship must be established, including a complete physical exam and Medical Records as set forth in section 2032.3.

~~(p)(m)~~ The veterinarian shall be identifiable to the public, including, but not limited to the posting of a copy of the veterinarian's license, as set forth in section 4850 of the code Business and Professions Code.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4853, 4854, and 4883, Business and Professions Code.

2030.4. Minimum Standards – Small Animal House Call Practice.

For purposes of these regulations, a "small animal house call practice" shall mean one in which veterinary medicine and its various branches are being practiced and where veterinary services are being provided to household pets at the location where the animal resides. A small animal house call practice shall meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.

(b) General anesthesia and aseptic surgical procedures shall not be performed.

(c) An answering machine, answering service, or other means shall be used to notify the public of the hours of availability and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.

(d) A legible list of contact information for facilities or practices that provide emergency services shall be provided to the client.

(e) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.

(f) Shall have the ability to provide diagnostic radiological services either on the premises or through outside services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.

(g) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services either on the premises or through outside services.

(h) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.

(i) Deceased animals shall be disposed of in a sanitary method.

(j) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

(k) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided.

(l) Current veterinary reference materials shall be readily available.

Commented [WT12]: Same concern re confusing the location/premises with the services provided/practice of vet med. Consider changing "animal house call practice" to "ambulatory facility"

(m) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel.

(n) For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

2030.5. Minimum Standards – Large Animal Ambulatory Practice.

For purposes of these regulations, a "large animal ambulatory practice" shall mean a practice where veterinary medicine and its various branches are being practiced either at the location of the animal or by operating in more than one location providing veterinary services to large animals belonging to multiple clients that are not permanently housed or boarded at that location(s). For purposes of this section, large animal pertains to equine and food animals and livestock, as defined in subdivisions (c) and (d) of section 4825.1 of the code. A large animal ambulatory practice shall meet the following minimum standards:

(a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times.

(b) An answering machine, answering service, or other means shall be used to notify the public the hours of availability and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.

(c) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations.

(d) Shall have the ability to provide diagnostic radiological services either on the premises or through outside services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.

(e) Shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services either on the premises or through outside services.

(f) All drugs and biologicals shall be stored and maintained according to the manufacturer's recommendations and administered, prescribed, and dispensed in compliance with state and federal laws.

(g) Current veterinary reference materials shall be readily available.

(h) Shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided.

(i) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear appropriate apparel.

(j) For purposes of this section, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4825.1, 4854, and 4883, Business and Professions Code.

Commented [WT13]: Consider changing "practice" to "facility"

Veterinary Medical Board

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MEMORANDUM

DATE	November 14, 2018
TO	Veterinary Medical Board
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Agenda Item 8C. Section 2036, Article 4, Division 20, Title 16 of the CCR Regarding Animal Health Care Tasks for a Registered Veterinary Technician (RVT) and Sections 2090-2096, Article 11, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Drug Compounding

Background:

The Veterinary Medical Board (Board) approved the Drug Compounding language at the [October 2017](#) Board meeting, which included a new CCR section 2092(f)(1) authorizing RVTs to compound drugs under veterinarian supervision. At the [February 2018](#) and [May 2018](#) Board meetings, the Board discussed CCR section [2036](#) regarding RVT Tasks Under Indirect Supervision; RVT Drug Compounding was tabled for a future discussion.

The proposed Drug Compounding language holds the supervising veterinarian responsible for the RVT's training and supervision prior to the RVT providing drug compounding services.

The proposed language for Drug Compounding and RVT Tasks for Indirect Supervision are before the Board for discussion and consideration.

Attachments:

- Proposed language for CCR sections 2090-2096 (Board approved [October 2017](#))
- Proposed amendments to CCR section [2036](#) (Board approved [May 2018](#))

**California Code of Regulations
Title 16. Professional and Vocational Regulations
Division 20. Veterinary Medical Board**

PROPOSED LANGUAGE

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Add Article 11 (commencing with Section 2090) to Division 20 of Title 16 of the California Code of Regulations to read as follows:

Article 11. Compounding in a Veterinary Premises.

2090. Definitions.

(a) "Compounding" means any of the following activities performed in a registered veterinary premises by a licensed veterinarian that has established the veterinarian-client-patient relationship for the patient(s) or a registered veterinary technician under the direct or indirect supervision of that veterinarian:

(1) Altering the dosage form or delivery system of a drug.

(2) Altering the strength of a drug.

(3) Combining components or active ingredients.

(4) Preparing a compounded drug preparation from chemicals or bulk substances.

(b) "Compounding" does not include reconstitution of a drug pursuant to a manufacturer's direction(s) for oral, rectal, topical, or injectable administration, nor does it include the sole act of tablet splitting or crushing, capsule opening, or the addition of flavoring agent(s) to enhance palatability.

(c) "Expiration date" means the date, or date and time, determined from the date the preparation is compounded, after which administration of a compounded drug preparation shall not begin, the preparation shall not be dispensed, and the preparation shall not be stored other than for quarantine purposes.

Note: Authority cited: Section 4826.5, Business and Professions Code. Reference: Section 4826.5, Business and Professions Code.

2091. Veterinary Drug Compounding.

(a) A veterinarian shall ensure the safety and efficacy of a compounded drug preparation, including, but not limited to, avoiding known drug incompatibilities and inappropriate complications.

(b) A veterinarian shall not perform drug compounding when the complexity of the drug compounding exceeds the veterinarian's knowledge, skill, facilities, or available equipment.

(c) Sterile compounding shall be for immediate use except in the following conditions:

(1) A dilution of the ingredients is essential for the safe administration of the preparation.

(2) There are no other human or animal drugs that satisfy the need of this preparation.

(3) There is a historical documentation of the need, safety, and efficacy of the preparation.

Commented [WT1]: This change was in my notes but I'm not sure where it came up. May have been a Grant Miller request to correct all VCPR mentions. If you can't find this change as approved by Board, then describe as EO minor/technical change.

(d) Only drugs approved by the United States Food and Drug Administration shall be used as the ingredients in a sterile compounded drug preparation.

Note: Authority cited: Section 4826.5, Business and Professions Code. Reference: Section 4826.5, Business and Professions Code.

2092. Policies and Procedures.

(a) A veterinary premises that engages in compounding drug preparations shall develop and maintain a written policies and procedures manual, which shall include:

(1) A list of each of the requirements of subsections (b) and (e) and sections 2093 and 2094.

(2) Policies and procedures for the training of a registered veterinary technician who may perform compounded drug preparations.

(3) Policies and procedures for a quality assurance program established pursuant to section 2095.

(b) For each compounded drug preparation, a formula document shall be maintained and include all of the following:

(1) Active ingredients to be used.

(2) Equipment to be used.

(3) Expiration date of the preparation.

(4) Inactive ingredients to be used.

(5) Specific compounding steps to be used to prepare the drug.

(6) Instructions for storage, handling, and administration of the compounded preparation.

(c) The formula document may be included in the policies and procedures manual maintained pursuant to subsection (a).

(d) If the compounded drug preparation is not routinely compounded, a formula record for the preparation may be kept in the medical record of the patient.

(e) For each compounded drug preparation prepared for a patient, the following information shall be recorded in the patient's medical record:

(1) Name or initials of the veterinarian that made or supervised the making of a compounded drug preparation and the name or initials of the registered veterinary technician, if any, who made the compounded drug preparation.

(2) Expiration date of the compounded drug preparation.

(3) Directions for its storage and administration.

(4) Name, amount, and strength of the compounded drug preparation.

(5) Date the drug preparation was compounded.

(6) Proper storage of the compounded drug preparation.

(f) The veterinarian performing or supervising the compounding of drug preparations is responsible for the following:

(1) Training and supervision of the registered veterinary technician who is compounding the drug preparation.

(2) Proper storage of the drugs used in compounding and the compounded drug preparations.

Note: Authority cited: Section 4826.5, Business and Professions Code. Reference: Section 4826.5, Business and Professions Code.

Commented [WT2]: For consistency with other regs being promulgated. EO minor/technical change under delegated authority.

Commented [WT3]: For consistency with other regs being promulgated. EO minor/technical change under delegated authority.

2093. Expiration Dates.

(a) For non-sterile compounding, the expiration date shall not exceed either of the following:

(1) 180 days from the date the preparation is compounded.

(2) The shortest expiration date of any ingredient in the non-sterile compounded drug preparation.

(b) For sterile compounding, the expiration date shall not exceed either of the following:

(1) 30 days from the date the preparation is compounded.

(2) The shortest expiration date or beyond use date of any ingredient in the sterile compounded drug preparation.

(c) The expiration date may be extended if the product's integrity, potency, and quality are measurable and demonstrable.

Note: Authority cited: Section 4826.5, Business and Professions Code. Reference: Section 4826.5, Business and Professions Code.

2094. Labeling of Compounded Preparations.

All labeling of any compounded drug preparation shall comply with subsection (b) of section 2032.2.

Note: Authority cited: Section 4826.5, Business and Professions Code. Reference: Section 4826.5, Business and Professions Code.

Commented [WT4]: For consistency with other regs being promulgated. EO minor/technical change under delegated authority.

2095. Quality Assurance.

(a) A veterinary premises that engages in compounding drug preparations shall establish a quality assurance program which documents and assesses medication errors to determine cause and an appropriate response.

(b) The purpose of the quality assurance program shall be to assess errors that occur in the compounding of drug preparations, as well as to evaluate and document adverse reactions of animal patients to compounded drug preparations.

(c) When a veterinarian determines that a medication error has occurred, the veterinarian shall as soon as possible communicate to the client or the client's representative the fact that a medication error has occurred and the steps required to avoid injury or mitigate the error.

(d) Records generated for and maintained as a component of the ongoing quality assurance program shall be considered peer review documents and not subject to discovery in any arbitration, civil, or other proceeding, except as provided hereafter. That privilege shall not prevent review of a veterinary premises's quality assurance program and records maintained as part of that system by the board or the California State Board of Pharmacy as necessary to protect the public health and safety or if fraud is alleged by a government agency with jurisdiction over the veterinary premises. Nothing in this section shall be construed to prohibit a client or client's representative from accessing records of the animal patient pursuant to subsection (b) of section 2032.3.

(e) Reports of drug contraindications and adverse reactions may be included in the quality assurance documentation.

Note: Authority cited: Section 4826.5, Business and Professions Code. Reference: Section 4826.5, Business and Professions Code.

Commented [WT5]: Revision made at meeting.

2096. Inspection Authority and Enforcement.

(a) The California State Board of Pharmacy and the Veterinary Medical Board shall have authority to inspect any veterinary premises engaged in compounding to ensure compliance.

(b) The Veterinary Medical Board is charged with enforcing the provisions of this Article.
Note: Authority cited: Section 4826.5, Business and Professions Code. Reference: Section 4826.5, Business and Professions Code.

Commented [WT6]: Revision made at meeting.

**California Code of Regulations
Title 16. Professional and Vocational Regulations
Division 20. Veterinary Medical Board**

PROPOSED LANGUAGE

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Amend Section 2036 of Article 4 of Division 20 of Title 16 of the California Code of Regulations to read as follows:

2036. Animal Health Care Tasks for R.V.T.

(a) Unless specifically so provided by regulation, an R.V.T. shall not perform the following functions or any other activity which represents the practice of veterinary medicine or requires the knowledge, skill and training of a licensed veterinarian:

Commented [WT1]: Technical revision by EO under delegated authority in Board motion; necessary for consistency with use of "an R.V.T." in subsections (b) and (c).

- (1) Surgery;
- (2) Diagnosis and prognosis of animal diseases;
- (3) Prescription of drugs, medicines or appliances.

(b) An R.V.T. may perform the following procedures only under the direct supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Perform casts and splints;
- ~~(3) Perform dental extractions;~~
- ~~(4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;~~

Commented [WT2]: Technical revision by EO under delegated authority in Board motion.

~~(5) Create a relief hole in the skin to facilitate placement of an intravascular catheter;~~

Commented [WT3]: Technical revision by EO under delegated authority in Board motion.

(c) An R.V.T. may perform the following procedures under indirect supervision of a licensed veterinarian:

Commented [WT4]: Technical revision by EO under delegated authority in Board motion.

- (1) Administer controlled substances;
- (2) Apply casts and splints.

(d) Subject to the provisions of subsection(s) (a), (b) and (c) of this section, an R.V.T. may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over an R.V.T. shall be consistent with standards of good veterinary medical practices.

Commented [WT5]: Technical revision by EO under delegated authority in Board motion.

Authority cited: Sections 4808, 4826 and 4836, Business and Professions Code. Reference: Sections 4836, 4840 and 4840.2, Business and Professions Code.

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MEMORANDUM

DATE	November 13, 2018
TO	Veterinary Medical Board (Board)
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Agenda Item 8D. Section 2006, Article 1, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Board Disciplinary Guidelines

Background:

The proposed language to modify CCR section [2006](#) and the Veterinary Medical Board's (Board) [Disciplinary Guidelines](#) (incorporated into regulation by reference) were originally adopted by the Board in [January of 2015](#). The Board adopted further amendments to CCR section [2006](#) and the Disciplinary Guidelines in [July 2015](#), [October 2015](#), [January 2017](#), [April 2017](#), and [October 2017](#). Board staff is currently in the process of working with the Board's legal counsel on developing the rulemaking package so it can be submitted to the Department of Consumer Affairs (DCA) for pre-review.

While working on the package, the executive officer and legal counsel recommended additional revisions to the Disciplinary Guidelines to address issues that the Board's enforcement program is currently facing.

The proposed changes include the following:

- Revise page 2 to reflect recent changes to the Board membership and Enforcement Program Manager
- Strike "Business and Professions Code Sections" from Table of Contents and strike this page 4 as it is unnecessary.
- Clarify Board communication with respondents after the Board's decision and order are final. (See Proposed Disciplinary Guidelines, page 1, Introduction; page 14, Standard Terms and Conditions of Probation, Term No. 4, Cooperation with Board Staff.)
- Add missing disciplinary statutes regarding Registered Veterinary Technician (RVT) applicants, Veterinary Assistant Controlled Substance Permits (VACSPs), and general Business and Professions Code sections. (See Table of Contents; Penalties by BPC section number.)
- Recommendation to strike "Note" in Penalties by BPC section number [4836.5](#), [4837](#) on page 12.
- Add standard order language to resolve Administrative Law Judge (ALJ) order issues. (See Table of Contents; page 13, Standard Orders 1 through 8.)

- Amend the Standard Terms and Conditions of Probation to provide better clarity and add an additional term for Changes of Employment or Address.
- Add reference to new Board authority to issue a probationary VACSP per [Senate Bill \(SB\) 1480](#) (Hill, Chapter 571, Statutes of 2018).
- Discussion of previous change on page 19, Option Condition Number 6 Supervised Practice, to strike requirement for respondents to bear costs involved with practice supervision.
- Revert back to existing citation to [California Uniform Controlled Substances Act](#) but adding Health and Safety Code section therefor on page 23 in term 28 Abstain from Controlled Substances.
- Various other minor/technical changes.

Attachments:

- Revisions to CCR section [2006](#) reflecting proposed changes to [Disciplinary Guidelines](#)
- Proposed revisions to Board [Disciplinary Guidelines](#) (changes are denoted with strike through and underline)

**Title 16. Professional and Vocational Regulations
Division 20. Veterinary Medical Board**

PROPOSED LANGUAGE

Changes to the existing regulation are shown in single underline for new text and ~~single-strikeout~~ for deleted text.

Amend Section 2006 of Article 1 of Division 20 of Title 16 of the California Code of Regulations to read as follows:

§ 2006. Disciplinary Guidelines.

In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board shall consider the disciplinary guidelines entitled: "Veterinary Medical Board Disciplinary Guidelines, ~~July 2012~~ ~~October 2017~~ ~~August~~ November 2018 ~~Edition~~" which are hereby incorporated by reference. Deviation from these guidelines, including the standard terms of probation, is appropriate where the Board in its sole discretion determines that the facts of the particular case warrant such a deviation - for example: the presence of mitigating factors; the age of the case; evidentiary problems.

Note: Authority cited: Sections 4808 and 4845(d), Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 141, 480, 490, 4830.5, 4830.7, 4836.2, 4836.5, 4837, 4839.5, 4842, 4845, 4845.5, 4855, 4856, 4857, 4875, 4876, and 4883, and 4886 Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

Commented [WT1]: Updated for latest Board approval.

Commented [WT2]: Adding general BPC authority to discipline for federal agency and foreign country license disciplinary actions.

Commented [WT3]: Adding new general BPC sections for application denial and license revocation/suspension, and VACSP-specific statutes to conform to new additions of these sections to the Guidelines.

Disciplinary Guidelines

~~July 2012~~ ~~October~~
~~2017~~ ~~August~~ ~~November~~
2018

Commented [WT1]: Updated for potential new Board approval date

Veterinary Medical Board



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~~Annemarie Del Mugnaio~~ ~~Jessica Sieferman~~, Executive Officer

Commented [WT2]: Updated for new EO

DISCIPLINARY GUIDELINES

VETERINARY MEDICAL BOARD

July 2012 ~~October 2017~~ ~~August~~ November 2018

~~Tom Kendall, DVM~~ Kathy Bowler, Public Member

~~Kim Williams,~~ Christina Bradbury, DVM

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Jennifer Loreda, RVT

~~Patti Aguiar, Public Member~~

~~Richard Johnson, DVM~~ ~~Judie Mancuso, Public Member~~

Jaymie J. Noland, DVM

~~Linda Starr, Public Member~~ Mark T. Nunez, DVM

~~Richard Sullivan, DVM~~

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Cheryl Waterhouse, DVM

Alana Yanez, Public Member

Special thanks to former Board President ~~Stephanie Ferguson~~ Tom Kendall, DVM

~~Susan M. Geranen~~ ~~Annemarie Del~~
Mugnaio Jessica Sieferman
Executive Officer

~~Sandra Monterrubio~~ Robert Stephanopoulos
Enforcement Program Manager

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Commented [WT3]: Title doesn't make sense with the content of this section.

Commented [WT4]: Adding RVT applicants and general BPC denial/revocation re crimes

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Commented [WT8]: Adding general BPC denial statute

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Commented [WT10]: Revised cite to 4839.5 to correct cite of 4836.5

Commented [WT11]: Adding VACSP statute

Commented [WT12]: Adding RVT application statute

Commented [WT13]: Adding RVT application statute

Commented [WT14]: BPC section 4883(n) only applies to state and territory disciplinary actions; adding general statute for federal and foreign country disciplinary actions.

Title 16, California Code of Regulations

~~2030(a)-(h) Minimum Standards-
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Business and Professions Code, Division 2, Chapter 11., Article 4.

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4830.5 Staged Animal Fight; Civil Liability~~

OTHER PENALTIES, DISCIPLINARY AUTHORITY, OR ALTERNATIVES

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General Provisions:

~~7.5 Conviction of a Crime~~

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Business and Professions Code, Division 1.5, Chapter 2.

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~~490-493 Conviction of a Crime~~

Business and Professions Code, Division 1.5, Chapter 4.

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Business and Professions Code, Division 1.5, Chapter 5.

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4839.5, 4842-4845, 4845.5
Business and Professions Code, Division 2, Chapter 11, Article 3—4855, 4856, 4857
Business and Professions Code, Division 2, Chapter 11, Article 4—4883~~

Commented [WT15]: It is unclear why the information on this page is necessary. Recommend deleting this page or add a title to clarify.

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Veterinary Medical Board

Disciplinary Guidelines

Introduction

The Veterinary Medical Board (Board) developed the Disciplinary Guidelines outlined in this manual for its Executive Officer, staff, legal counsel, administrative law judges, and other persons involved in the Board's enforcement process to be used for the purpose of creating judgment orders in formal disciplinary actions. These guidelines are published in regulations for the public and the profession so that the processes used by the Board to impose discipline are readily available and transparent.

The Board recognizes that each case is unique and that mitigating or aggravating circumstances in a particular case may necessitate variations. Therefore, the Board has developed minimum and maximum penalties to assist in determining the appropriate ~~penalty level of discipline~~. If an ~~accusation is sustained and an administrative law judge finds that a violation occurred but assesses less than the minimum penalty is assessed for that violation~~, the Board ~~requires information from~~ may request that the administrative law judge ~~fully explain the reasons and the circumstances for the deviation, that resulted in less than the minimum penalty being assessed~~. In addition, probationary conditions are divided into two categories, 1) standard terms and conditions that are used for all cases, and 2) optional terms and conditions that are used for specific violations and circumstances unique to a specific case.

The Board grants licenses to veterinarians, and registers grants registrations to veterinary premises and veterinary technicians, and issues veterinary assistant controlled substance permits. If there is action taken against both the individual ~~licensee~~ licensee and the premises permit, then the disciplinary order should reflect actions against ~~both~~ each. However, in some cases, minimum standard violations are so severe that it is necessary to take immediate action and ~~close suspend the license of~~ a facility. In these instances, the veterinary license and the premises permit may be disciplined separately, and the disciplinary order should reflect the separate action.

Because of the severity of cases resulting in ~~actions taken~~ by the Office of the Attorney General, the Board has established that the minimum penalty shall always include revocation or suspension with the revocation or suspension stayed and terms and conditions of probation imposed. The ~~imminent~~ threat of the revocation or suspension being reinstated helps to ~~insure~~ ensure compliance with the probationary terms and conditions. ~~It is the recommendation of the~~ The Board recommends that in any case involving a violation related to for alcohol or drug abuse related violations that, the minimum term of probation should be five years. ~~In and in addition, in any case involving a violation related to alcohol or drug abuse violations the mandatory terms and conditions listed specifically for this type of case shall be imposed.~~

~~In cases where the penalties deviate from the minimum to maximum range without explanation of the deviation, the Board may non-adopt the Proposed Decision and review the case itself.~~

A respondent may be represented by private counsel during enforcement proceedings, up to entry of a final disciplinary order. Following entry of the final order, including, but not limited to, while the Respondent is on probation, Board staff will only communicate directly with Respondent, and Respondent is required to communicate directly with Board staff.

Commented [WT19]: Added to clarify Board communication policy with respondent post-decision.

PENALTIES BY BUSINESS AND PROFESSIONS CODE SECTION NUMBER

Section	4883(a); 4836.2(c)(5) ; 4837(b); 4842(d) ; 480(a)(1); 490
Violation	Conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, surgery, or dentistry, in which case the record of the conviction shall be conclusive evidence.
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty (as appropriate)	Revocation and/or suspension stayed Two-year probation \$2,000 fine Standard terms and conditions Optional terms and conditions including but not limited to: Suspension Limitations on practice Supervised practice No ownership of a veterinary hospital or clinic No management of a veterinary hospital/no supervision of interns or residents Continuing education Psychological evaluation and/or treatment Medical evaluation and/or treatment Rehabilitation program Submit to drug testing Abstain from controlled substances/alcohol Community service Restitution Ethics training
<p>Maximum penalties should be considered if the criminal act caused or threatened harm to an animal or the public, if there have been limited or no efforts at rehabilitation, or if there were no mitigating circumstances at the time of the commission of the offense(s).</p> <p>Minimum penalties may be considered if there is evidence of an attempt(s) at self-initiated rehabilitation. Evidence of self-initiated rehabilitation includes, but is not limited to, pro bono services to nonprofit organizations or public agencies that improve the care and treatment of animals or improve generally society's interactions with animals. Self-initiated rehabilitation measures also include, but are not limited to, when appropriate, specific training in areas of weakness, full restitution to persons harmed by the licensee or registrant, completion <u>completion</u> of treatment or other conditions of probation ordered by the court, or full compliance with all laws since the date of the occurrence of the criminal act <u>crime</u>.</p>	

Section	4883(b); 4837(d)
Violation	Having professional connection with, or lending the licensee's or registrant's name to, any illegal practitioner of veterinary medicine and the various branches thereof.
Maximum Penalty	Revocation and a \$5,000 fine

Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions \$2,000 fine Optional terms and conditions including but not limited to: 30-day suspension for each offense No ownership of a veterinary hospital or clinic No management of a veterinary hospital/no supervision of interns or residents Ethics training
<p>Maximum penalties should be considered if the acts or omissions caused or threatened harm to an animal or client, or if there are prior violations of the same type of offense.</p> <p>Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client.</p>	

Section	4883(c); 4836.2(c)(4); 4836.5; 4837(e); 4839.5
Title Violation	Violation or attempt to violate, directly or indirectly, any of the provisions of the chapter
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions \$1,000 fine Optional terms and conditions including but not limited to: Restitution Ethics training
<p>Maximum penalties should be considered if the actions were intended to subvert investigations by the Board or in any way hide or alter evidence that would or could be used in any criminal, civil, or administrative actions.</p> <p>Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client.</p>	

Section	4883(d),(e)
Violation	Fraud or dishonesty in applying, treating, or reporting on tuberculin or other biological tests. Employment of anyone but a veterinarian licensed in the State to demonstrate the use of biologics in the treatment of animals.
Maximum Penalty	Revocation or suspension and a \$5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions \$5,000 fine Optional terms and conditions including but not limited to: 30-day suspension of license and/or premises permit Continuing education Community service

Maximum penalties should be considered if the acts or omissions caused public exposure of reportable diseases (rabies, brucellosis or tuberculosis) or other hazardous diseases of zoonotic potential.

Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client.

Violation	False or misleading advertising
Maximum Penalty	Revocation and/or suspension and a \$5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation 60 30-day suspension Standard terms and conditions \$2,000 fine Optional terms and conditions including but not limited to: Restitution Ethics training

Maximum penalties should be considered if the advertising was deceptive, caused or threatened harm to an animal, or caused a client to be misled and suffer monetary damages. ~~One~~In that case, one of the probationary terms ~~in that case~~ should be restitution to any client damaged as a result of the violation. The more severe penalty should be considered when there are prior violations of the same type of offense.

Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client.

Section	4883(g); <u>4836.2(c)(2), (3)</u> ; 4837(c)
Violation	Unprofessional conduct, that includes, but is not limited to, the following: (1) Conviction of a charge of violating any federal statutes or rules or any statute or rule of this state regulating dangerous drugs or controlled substances. (2)(A) The use of, or prescribing for, or administering to himself or herself, any controlled substance. (B)The use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages to the extent, or in any manner as to be dangerous or injurious to a person licensed or registered under this chapter, or to any other person or to the public, or to the extent that the use impairs the ability of the person so licensed or registered to conduct with safety the practice authorized by the license or registration. (C)The conviction of more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. (3) A violation of any federal statute, rule, or regulation or any of the statutes, rules, or regulations of this state regulating dangerous drugs or controlled substances.
Maximum Penalty	Revocation and a \$5,000 fine

Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions \$5,000 fine Optional terms and conditions including but not limited to: 30-day suspension Supervised practice Psychological evaluation and/or treatment Medical evaluation and/or treatment Surrender DEA license/send proof of surrender to Board within 10 days of the effective date of the Decision. No ownership of a veterinary hospital or clinic No management of a veterinary hospital/no supervision of interns or residents Rehabilitation program Submit to drug testing Abstain from use of alcohol and drugs
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Maximum penalties should be considered if acts or omissions caused or threatened harm to an animal or a client; or if there are prior violations of the same type of offense.

Minimum penalties may be considered if acts or omissions did not cause harm to an animal, there are no prior violations of the same type of offense, and there is evidence of self-initiated rehabilitation.

When considering minimum penalties, the terms of probation should include a requirement that the licensee submit the appropriate medical reports (including psychological treatment and therapy), submit to random drug testing, submit to a limitation of practice, or practice under the supervision of a California licensed veterinarian as applicable on the facts of the case, and submit quarterly reports to the Board (in writing or in person as the Board directs). ~~Note: in any violation related to alcohol or drug violations~~ The Board requires a minimum of five-years' probation for any violation related to alcohol or drug abuse.

[Business and Professions Code section 4836.2\(d\) prohibits issuance of a VACSP to any applicant with a state or federal felony controlled substance conviction.](#)

Commented [WT20]: Since the VACSP statute is being added, this provision should also be added to clarify that no permit can be issued if the applicant has a felony controlled substance conviction.

Section	4883(g)
Violation	General unprofessional conduct
Maximum Penalty	Revocation and a \$5,000 fine

Minimum Penalty (as appropriate)	Written Public Reproval Revocation and/or suspension stayed Two-year probation Standard terms and conditions Optional terms and conditions including but not limited to: <u>30-day</u> Suspension Limitations on practice Supervised practice No ownership of a veterinary hospital or clinic No management of a veterinary hospital/no supervision of interns or residents Continuing education Psychological evaluation and/or treatment Medical evaluation and/or treatment Rehabilitation program Submit to drug testing Abstain from controlled substances/alcohol Community service/ Restitution Ethics training
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Maximum penalties should be considered if the acts or omissions caused substantial harm to an animal or a client, or if there are prior ~~actions against~~ violations of the licensee or registrant's same type of offense.

Minimum penalties may be considered if there are no prior ~~actions~~ violations, if there are mitigating circumstances such as the length of time since the offense(s) occurred, if the acts or omissions did not cause substantial harm to an animal or a client, ~~and/or~~ if there is evidence of a self-initiated rehabilitation.

Section	4883(h)
Violation	Failure to keep the licensee's or registrant's premises and all equipment therein in clean and sanitary condition. (Requirements for sanitary conditions are also outlined in Sections 4853.5 and 4854 (practice sanitation standards).)
Maximum Penalty	Revocation or suspension of premises permit and a \$5,000 fine.
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions Fine - not less than \$50 nor more than \$500 per day, not to exceed \$5,000 Optional terms and conditions including but not limited to: A ten to thirty <u>30-day</u> suspension or suspension until compliance with minimum standards of practice is achieved. Random hospital inspections

Maximum penalties should be considered if the acts or omissions caused or threatened harm to animals or the public, if there are prior actions and/or no attempt to remedy the violations, for example, unsanitary or hazardous workplace, improper sterilization of instruments, or improper husbandry practices, or if there are prior violations of a similar nature.

Minimum penalties may be considered ~~people~~ if the acts or omissions did not cause or threaten harm to animals or people, or remedial action has been taken to correct the deficiencies, ~~and there is remorse for the existing unsanitary conditions.~~

Note - A veterinary license and a premises permit can be disciplined separately.

Section	4883(i)
Violation	Negligence in the practice of veterinary medicine
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Three-year probation Standard terms and conditions Fine - not less than \$50 nor more than \$500 per day, not to exceed \$5,000 Optional terms and conditions including but not limited to: A ten to thirty 30-day suspension or suspension until in-compliance with minimum standards of practice is achieved. Random hospital inspections
<p>Maximum penalties should be considered if the acts or omissions caused or threatened harm to animals or the public, if there are prior actions and/or no attempt to remedy the violations.</p> <p>Minimum penalties may be considered people if the acts or omissions did not cause or threaten harm to animals or people, remedial action has been taken to correct the deficiencies and there is remorse for the negligent acts.</p>	

Section	4883(i)
Violation	Incompetence in the practice of veterinary medicine
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty	Revocation and/ or suspension stayed Three-year probation Standard terms and conditions \$2,000 fine Optional terms and conditions including but not limited to: 90 30-day suspension Supervised practice Hospital inspections Continuing education Clinical written examination Community service Restitution Ethics training
<p>Maximum penalties should be considered based on the following factors: if the acts or omissions caused harm to an animal or an animal has died, there are limited or no efforts at rehabilitation, or there are no mitigating circumstances at the time of the commission of the offense(s).</p> <p>Minimum penalties may be considered if the acts or omissions did not cause substantial harm to an animal, there is evidence of rehabilitation, and there are mitigating circumstances such as no prior discipline, remorse for the harm that occurred, cooperation with the Board's investigation, etc.</p>	

Section	4883(i) <u>480(a)(2)</u>
Violation	Fraud and/or D deception in the practice of veterinary medicine
Maximum Penalty	Revocation and a \$5,000 fine

Minimum Penalty	Revocation and/or suspension stayed Three-year probation Standard terms and conditions \$2,000 fine Optional terms and conditions including but not limited to: 90-day suspension Hospital inspections Supervised practice Clinical written examination Community service Restitution Ethics training
<p>Maximum penalties should be considered based on the following factors: if the acts or omissions caused harm to an animal or an animal has died, there is limited or no evidence of rehabilitation or no mitigating circumstances at the time of the commission of the offense(s).</p> <p>Minimum penalties may be considered if the acts or omissions did not cause substantial harm to an animal, there is evidence of rehabilitation and there are mitigationmitigating circumstances such as no prior discipline, remorse for the harm that occurred, cooperation with the Board's investigation, etc.</p>	

Section	4883(j); 4836.2(c)(4); 4836.54839.5; 4842(b)
Violation	Aiding or abetting in acts which are in violation of any of the provisions of this chapter
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions \$1,000 fine Optional terms and conditions including but not limited to: 30-day suspension Ethics training
<p>Maximum penalties should be considered if the acts or omissions caused or threatened harm to an animal or client and the acts were repeated after a prior violation of the same type of offense.</p> <p>Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client, there were no prior actions, and there is evidence of remorse and an acknowledgement of the violation.</p>	

Commented [WT21]: Corrected this citation

Section	4883(k); 4836.2(c)(1); 4837(a); 4842(c)
Violation	Fraud, misrepresentation, or deception in obtaining a license, or registration, <u>or permit</u>
Maximum and Minimum Penalty	Revocation and a \$5,000 fine
<p>Note - In this instance, the gravity of the offense warrants revocation in all cases since there was no legal basis for licensure in the first place.</p>	

Section	4883(l); 4842(e)
Violation	The revocation, suspension, or other discipline by another state or territory of a license, certificate, or registration to practice veterinary medicine or as a veterinary technician in that state or territory
Maximum Penalty	Revocation
Minimum Penalty	The penalty that would have been applicable to the violation if it had occurred in the State of California

Section	4883(m)
Violation	Cruelty to animals or conviction on a charge of cruelty to animals, or both
Maximum Penalty	Revocation and a \$5,000 fine.
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions \$5,000 fine Optional terms and conditions including but not limited to: 300-day suspension Psychological evaluation and/or treatment Medical evaluation and/or treatment Continuing education Ethics training

Note - While the Board believes this violation is so severe that revocation is the only appropriate penalty, it recognizes that a lesser penalty may be appropriate where there are mitigating circumstances of a significant nature.

Section	4883(n); 141
Violation	Disciplinary actions taken by any federal, state, or territory public agency or by another country for in any state or territory of any act substantially related to the practice of veterinary medicine or the practice of a veterinary technician.
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions \$2,000 fine Optional terms and conditions including but not limited to: 30-day suspension Continuing education

Commented [WT22]: BPC section 4883(n) only applies to state and territory disciplinary actions; adding general statute for federal and foreign country disciplinary actions.

Maximum penalties should be considered if the acts or omissions caused or threatened harm to an animal or the public, there is limited or no evidence of rehabilitation, and there were no mitigating circumstances at the time of the commission of the offense(s).

Minimum penalties may be considered if there is evidence of attempts at self-initiated rehabilitation taken prior to the filing of the accusation. Self-initiated rehabilitation measures include pro bono services to nonprofit organizations or public agencies that improve the care and treatment of animals or improve generally society's interactions with animals. Self-initiated rehabilitation measures also include, ~~when appropriate,~~ specific training in areas of weakness, full restitution to persons harmed by the licensee or registrant, ~~completion,~~ completion of treatment or other conditions of probation ordered by the court, and ~~full~~ compliance with all laws since the date of the occurrence of the violation.

Section	4883(o): 4837(e)
Violation	Violation, or the assisting or abetting violation, of any regulations adopted by the Board pursuant to this chapter
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty	Revocation and/ or suspension stayed Two-year probation Standard terms and conditions 30-day suspension \$1,000 fine Optional terms and conditions including but not limited to: Continuing education Restitution Ethics training

Maximum penalties should be considered if the acts or omissions caused or threatened harm to the animal or the public, there was more than one offense, there is limited or no evidence of rehabilitation, and there were no mitigating circumstances at the time of the offense(s).

Minimum penalties may be considered if there is evidence of attempts at self-initiated rehabilitation. Self-initiated rehabilitation measures include pro bono services to nonprofit organizations or public agencies that improve the care and treatment of animals or improve generally society's interactions with animals. Self-initiated rehabilitation measures also include, ~~when appropriate,~~ specific training in areas of weakness, full restitution to persons harmed by the licensee or registrant, completion of treatment or other conditions of probation ordered by the court, and ~~full~~ compliance with all laws since the date of the occurrence of the violation.

Section	4855
Title-Violation	Written Records
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty	Revocation and/ or suspension stayed Two-year probation Standard terms and conditions 30-day suspension \$1,000 fine Optional terms and conditions including but not limited to: <u>Supervised practice</u> Continuing education

Maximum penalties should be considered when there ~~are~~ is a lack of records or omissions and/or alterations that constitute negligence.

Minimum penalties may be considered when there is evidence of carelessness and corrective measures have been implemented to correct the process whereby the records were created.

Section	4856
Violation	Failure to permit the inspection of Records <u>records</u> or Premises <u>premises</u> by the Board
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions \$1,000 fine Optional terms and conditions including but not limited to: 30-day suspension Ethics training

Maximum penalties should be considered if there is a deliberate attempt to prevent access to the Board, prior discipline of the managing licensee or the premises, or no mitigating circumstances at the time of the refusal.

Minimum penalties may be considered when there are mitigating circumstances at the time of the request for records, where there is no deliberate attempt to prevent the Board from having access to the records, or when there are no prior ~~actions~~ violations of a similar nature.

Section	4857
Violation	Impermissible disclosure of information about animals and/or about clients
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions \$1,000 fine Optional terms and conditions including but not limited to: 30-day suspension

Maximum penalties should be considered when there is a breach of ~~breaching~~ confidentiality, ~~puts the animals or clients in jeopardy.~~

Minimum penalties may be considered when the breach is inadvertent or when there is no prior action against the licensee.

Note - The severity of violations may determine whether action taken is citation and fine or formal discipline.

Section	4830.5
Violation	Duty to report staged animal fighting
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions \$1,000 fine Optional terms and conditions including but not limited to: 30-day suspension Continuing education Ethics training
Maximum penalties should be considered when an animal or animals have been killed or severely harmed.	
Minimum penalties may be considered on a case-by-case basis.	

Section	4830.7
Violation	Duty to report animal abuse or cruelty
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty	Considered on a case-by-case basis

Section	4836.5; 4837
Violation	Disciplinary proceedings against veterinarians and registered veterinary technicians
Maximum Penalty	Revocation and a \$5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions \$1,000 fine Optional terms and conditions including but not limited to: 30-day suspension Continuing Education <u>education</u> Ethics training
Maximum penalties should be considered if the acts or omissions caused or threatened harm to an animal or client, or the acts were repeated after a prior violation of the same type of offense.	
Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or client, or if there are no prior violations.	
<p>Note - The Practice Act is very specific on the authorized duties for RVTs that cannot be performed by unregistered assistants, veterinary controlled substance permit holders; therefore, these violations are more serious due to their blatant nature.</p>	

Commented [DA23]: Consider striking this language. Current language lacks clarity and is unnecessary.

Standard Orders: The following text may be used as the introductory paragraph in the disciplinary Order:

1. License Revoked

Respondent's license [registration or permit] is revoked.

2. Revocation, Stayed, Probation

However, the revocation is stayed, and Respondent is placed on probation for _____ years upon the following terms and conditions.

3. License Suspension

Respondent's license shall be suspended for [insert specific number of days, months]. [See specific violation for recommended time of suspension.]

4. Application denied

Respondent's license [registration or permit] application is denied.

5. Application approved, license issued

Respondent's license [registration or permit] application is approved, and upon completion of all prerequisites for licensure, the license [registration or permit] shall be issued to Respondent.

6. Application granted, license issued, revoked, stayed, probation

Respondent's license [registration or permit] application is approved, and upon completion of all prerequisites for licensure, the license [registration or permit] shall be issued to Respondent, and immediately revoked. However, the revocation is stayed, and Respondent shall be placed on probation for _____ years upon the following conditions.

7. Application denied, probationary registration [or VACSP permit] issued [RVT or VACSP only]

~~Per SB 1480, the Board may issue probationary VACSP permits.~~ Respondent's registration [or VACSP] application is denied; however, the denial is stayed, and a probationary registration [or permit] shall be issued to Respondent for a term of _____ years [for RVT only, no more than 3 years per BPC section 4845] on the following conditions. Upon completion of all terms and conditions of probation, and upon completion of all prerequisites for licensure, Respondent may be issued a permanent registration [permit/VACSP].

Commented [WT24]: Per SB 1480, the Board may issue probationary VACSP permits.

8. Application for temporary veterinarian license granted, license issued, revoked, stayed, probation (veterinarian only)

Respondent's application for a temporary veterinarian license is approved, and upon completion of all statutory and regulatory requirements for licensure, and all conditions precedent to licensure, a temporary veterinarian license shall be issued to Respondent. Failure to successfully complete all statutory and regulatory requirements within two (2) years from the effective date shall void this decision and it will have no effect. Upon issuance of a temporary veterinarian license, said license will be immediately revoked. The revocation will be stayed, and Respondent placed on _____ [insert number of years] years' probation (Probationary Term) on the following terms conditions. Any and all additional licenses or permits subsequently issued to Respondent during the Probationary Term shall be subject to any and all statutory and regulatory prerequisites and the specific

[terms and conditions specified below. The Probationary Term is cumulative and does not restart with the issuance of any additional license or permit.](#)

Standard Terms and Conditions of Probation (1-4415)

The Board recommends one- to five-year probation, as appropriate, in cases where probation is part of a disciplinary order.

~~All standard terms and conditions are included in every order of probation applied to the licensee or registrant subject to discipline (Respondent).~~

1. Obey all Laws

Respondent shall obey all federal and state laws and regulations substantially related to the practice of veterinary medicine. ~~Further, within~~ Within thirty (30) days of any arrest or, Respondent shall notify the Board. Within thirty (30) days of any conviction, Respondent shall report to the Board and provide proof of compliance with the terms and conditions of the court order including, but not limited to, probation and restitution requirements. ~~Respondent shall notify the Board of any change of name or address within thirty (30) days of the change.~~

2. Quarterly Reports and Interviews

Respondent shall report quarterly to the Board or its designee, under penalty of perjury, on forms provided by the Board, stating whether there has been compliance with all terms and conditions of probation. Omission or falsification in any manner of any information on these reports shall constitute a violation of probation and shall result in the filing of an accusation and/or a petition to revoke probation against Respondent's optometrist license, registration or permit. ~~In addition, the Board at its discretion may request additional in-person reports of the probationary terms and conditions.~~ If the final written quarterly report is not made as directed, the period of probation shall be extended until such time as the final report is received by the Board. ~~Respondent shall make available all patient records, hospital records, books, logs, and other documents. Any period(s) of delinquency in submission of reports as directed may be added to the Board, upon request, total period of probation.~~

3. Cooperation with Probation Surveillance—Interview with the Board

Within 30 days of the effective date of the Decision, Respondent shall appear in person for an interview with the Board or its designee to review the terms and conditions of probation. Thereafter, Respondent shall, upon reasonable request, report or appear in person as directed.

~~In~~ Respondent shall comply with the Board's probation surveillance program. All costs for probation monitoring and/or mandatory premises inspections shall be borne by Respondent. ~~addition, if Respondent fails to maintain compliance with terms and conditions of probation in any respect, subsequent in person interviews may be required.~~

Probation monitoring costs are set at a rate of \$100 per month for the duration of the probation. Respondent shall notify the Board of any change of name or address or address of record within thirty (30) days of the change. Respondent shall notify the Board immediately in writing if Respondent leaves California to reside or practice in another state. Respondent shall notify the Board immediately upon return to California.

4. Cooperation with Board Staff
Respondent shall cooperate with the Board's inspection program and with the Board's monitoring and investigation of Respondent's compliance with the terms and conditions of his or her probation. The Board will communicate directly with Respondent, and Respondent shall communicate directly with the Board. Respondent shall make available all patient records, hospital records, books, logs, and other documents relating to the practice of veterinary medicine to the Board, upon request.

Commented [WT25]: To clarify Board/respondent communications will be direct, not via third-parties or respondent's agents.

Respondent shall claim all certified mail issued by the Board, respond to all notices of reasonable requests timely, and submit Reports, Identification Update reports or other reports similar in nature, as requested and directed by the Board or its representative/designee. Respondent is encouraged to contact the Board's probation monitoring program representative at any time he/she has a question or concern regarding his or her terms and conditions of probation.

5. Probation Monitoring Costs
Probation monitoring costs are set at a rate of \$100 per month for the duration of the probation. These costs shall be payable to the Board on a schedule as directed by the Board or its designee.

6. Changes of Employment or Address
Respondent shall notify the Board, and appointed probation monitor in writing, of any and all changes of employment, location, and address within fourteen (14) calendar days of such change. This includes, but is not limited to, applying for employment, termination or resignation from employment, change in employment status, and change in supervisors, administrators or directors. Respondent shall also notify his or her probation monitor AND the Board IN WRITING of any changes of residence or mailing address within fourteen (14) calendar days. P.O. Boxes are accepted for mailing purposes; however, Respondent must also provide his or her physical residence address as well.

Commented [WT26]: Need justification for requiring respondent to notify Board when applying for jobs.

47. No Preceptorships or Supervision of Students, Interns, or Residents
Respondent shall not supervise a registered intern and shall not perform any of the duties of a preceptor students, interns, or residents.

58 Notice to Employers
During the period of probation, Respondent shall notify all present and prospective employers of the decision in this case/Decision and the terms, conditions, and restrictions imposed on Respondent by the decision in this case/Decision, as follows:

Within thirty (30) days of the effective date of this decision/Decision and within fifteen (15) days of Respondent undertaking any new employment, Respondent shall cause his or her employer/supervisor and/or managing licensee (licensee manager) to report to the Board in writing, acknowledging that the employer/listed individual(s) has/have read the Accusation and decision in this case and understands Respondent's Decision, including the terms and conditions, of probation and restrictions imposed. It shall be Respondent's responsibility to ensure that his or her supervisor and/or licensee manager submit timely acknowledgment(s) to the Board.

Relief veterinarians shall notify employers immediately and require the supervisor and/or licensee manager to submit timely acknowledgement.

69. Notice to Employees

~~Respondent shall, upon~~ Upon or before the effective date of this ~~decision~~ Decision, Respondent shall post or circulate a notice which actually recites the ~~offenses~~ violations for which Respondent has been disciplined and the terms and conditions of probation, to all ~~licensed, registered, or permitted~~ veterinary employees, and to any ~~preceptor~~ students, residents, and interns ~~or extern~~ involved in his or her veterinary practice. Within fifteen (15) days of the effective date of this ~~decision~~ Decision, Respondent shall cause his ~~or~~ her employees to report to the Board in writing, acknowledging the employees have read the Accusation and ~~decision~~ Decision in the case and understand Respondent's terms and conditions of probation.

Commented [Ad27]: Do we only want this to apply to veterinarian owners to provide notice to their employees? If so, the first sentence needs revision.

If this section is to require Respondent to give notice to all employees, even though they are Respondent's co-workers rather than employees of Respondent, then the first and second sentence will need to be modified for clarity.

7. Owners and Officers (Corporations or Partnerships): Knowledge of the Law

~~Respondent shall provide, within thirty (30) days after the effective date of the decision, signed and dated statements from the owners, officers, or any owner or holder of ten percent (10%) or more of the interest in Respondent or Respondent's stock, stating said individuals have read and are familiar with federal and state laws and regulations governing the practice of veterinary medicine.~~

8.10. Tolling of Probation

~~If Respondent resides out of state upon~~ shall notify the Board or after effective date its designee in writing within fifteen (15) calendar days of any periods of the ~~decision~~, he or she must comply with the following conditions only: quarterly reports and interviews, tolling of probation, continuing education and cost ~~recovery~~ non-practice lasting more than thirty (30) calendar days and shall notify the Board or its designee within fifteen (15) calendar days of Respondent's return to practice. Any period of non-practice will result in the Respondent's probation being tolled. If Respondent returns to California he or she must comply or be subject to all probationary conditions for the period of probation.

~~Non-practice is defined as any period of time exceeding thirty (30) calendar days in which Respondent is not engaging in the practice of veterinary medicine in California. While tolled for residing/practicing outside of California, Respondent must comply with the following terms and conditions of probation: obey all laws, quarterly reports, interview with the Board, tolling of probation, maintain a current and active California license or registration, and cost recovery.~~

~~Non-practice is also defined as any period that Respondent, during probation, shall engage in the practice of veterinary medicine in California for a minimum of 24 hours per week for six (6) consecutive months or as determined by the Board. Should Respondent fail to engage in the practice of veterinary medicine in California as set forth above, the time outside of the practice shall for a minimum of 24 hours per week for six (6) consecutive months the duration of probation (except reasonable time away from work for vacations, illnesses, etc.) or as determined by the Board. While tolled for not meeting the hourly requirement, Respondent shall comply with all terms and conditions of this Decision.~~

~~Any period of tolling will not apply to the reduction of the probationary terms-term.~~

11. Maintain a Valid License

~~At all times while on probation, Respondent shall maintain a current and active license with the Board, including any period during which suspension or probation is tolled. If Respondent's license, by operation of law or otherwise, expires, upon renewal, Respondent's license shall be subject to any and all terms of this probation not previously satisfied.~~

9-12.

If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against Respondent during probation, or if the Attorney General's office has been requested to prepare any disciplinary action against Respondent's license, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final. No petition for modification or termination of probation shall be considered while there is an accusation or petition to revoke probation pending against Respondent.

13. License Surrender While on Probation/Suspension

Following the effective date of this Decision, should Respondent cease to practice veterinary medicine due to retirement or health issues, or be otherwise unable to satisfy the terms and conditions of probation, Respondent may tender his or her license to practice veterinary medicine to the Board for surrender. The Board or its designee has the discretion to grant the request for surrender or to take any other action it deems appropriate and reasonable. Upon formal acceptance of the license surrender, Respondent will no longer be subject to the terms and conditions of probation. The surrender constitutes a record of discipline and shall become a part of the Respondent's license history with the Board.

Respondent must relinquish his or her license to the Board within ten (10) days of receiving notification from the Board that the surrender has been accepted.

10.14. Completion of Probation

All costs for probation monitoring and/or mandatory premises inspections shall be borne by Respondent. Failure to pay all costs due shall result in an extension of probation until the matter is resolved and costs paid or a petition to revoke probation is filed. Upon successful completion of probation and all payment of fees due, Respondent's license will be fully restored.

44-15. Cost Recovery and Payment of Fines

Pursuant to Section 125.3 of the California Business and Professions Code, within thirty (30) days of the effective date of this ~~decision~~Decision, Respondent shall pay to the Board its enforcement costs including investigation, ~~hearing,~~ and ~~probationary monitoring~~prosecution, in the amount of _____ or in a Board-approved payment plan, within six (6) months before the end of the probation term. Cost recovery will not be tolled. ~~the Respondent shall make these payments as follows:_____.~~

~~FAILURE TO PAY THIS AMOUNT TO THE BOARD BY THE STATED DEADLINE SHALL RESULT IN AUTOMATIC REVOCATION OF THE LICENSE FORTHWITH, WITHOUT FURTHER NOTICE OR AN OPPORTUNITY TO BE HEARD.~~

Optional Terms and Conditions of Probation (1-2423)

Note - In addition to the standard terms and conditions of probation, optional terms and conditions of probation are assigned based on violations and fact patterns specific to individual cases.

1. Suspension – Individual License

As part of probation, Respondent is suspended from the practice of veterinary medicine for _____, beginning the effective date of this ~~decision~~Decision. During ~~said~~the suspension, Respondent shall not enter any veterinary hospital which is registered by the Board unless seeking treatment for one's own animal. Additionally, Respondent shall not manage, administer, or be a consultant to any veterinary hospital or veterinarian during the period of actual suspension and shall not engage in any veterinary-related service or activity.

2. Suspension – Premises

As part of probation, Premises License Number _____, issued to Respondent _____, is suspended for _____, beginning the effective date of this ~~decision~~Decision. During ~~said~~the period of suspension, said premises may not be used by any party for any act constituting the practice of veterinary medicine, surgery, dentistry, and/or the various branches thereof.

3. Posted Notice of Suspension

If suspension is ordered, Respondent shall post a notice of the Board's Order of Suspension, in a place clearly visible to the public. The notice, provided by the Board, shall remain posted during the entire period of actual suspension.

4. Limitation on Practice/Inspections

- (A) During probation, Respondent is prohibited from practicing _____ (Type of practice)_____.
- (B) ~~During probation,~~ Respondent is prohibited from ~~the following:~~
 - 1. ~~Practicing~~ veterinary medicine from a location or mobile veterinary practice ~~that which~~ does not have a current premises permit issued by the Board; ~~and~~

5. Inspections

~~2-~~If Respondent is the owner or managing licensee of a veterinary ~~practice~~premises, the following probationary conditions apply:

~~(a)~~ (a) The location or mobile veterinary practice ~~must not only have~~shall hold a current premises permit issued by the Board, ~~but must also be subject to~~and Respondent shall make the practice or location available for inspections by a Board representative to determine whether the location or veterinary practice meets minimum standards for a veterinary ~~practice~~premises. The inspections will be conducted on an announced or unannounced basis and shall be held during normal business hours. The Board reserves the right to conduct these inspections on at least a quarterly basis during probation. Respondent shall pay the Board for the cost of each inspection, which is \$500. ~~If the veterinary practice has two consecutive non-compliant inspections, Respondent shall surrender the Premises Permit within ninety (90) days from the date of the second consecutive non-compliant inspection.~~

~~(b)~~ (b) As a condition precedent to any ~~P~~premises ~~P~~permit issued to Respondent as owner or managing licensee, the location or mobile veterinary practice for which application is made shall be inspected by a Board representative to determine whether the location or mobile veterinary practice meets minimum standards for a veterinary ~~practice~~premises. Respondent shall submit to the Board, along with any premises permit application, a \$500 inspection fee.

56. Supervised Practice

~~Respondent shall not practice only under the supervision of veterinary medicine until a veterinarian supervisor is approved by the Board. The supervision directed may be continuous supervision, substantial supervision, partial supervision, or supervision by daily review, as deemed necessary by the Board's designee. If the supervisor terminates or is otherwise no longer available, Respondent shall not practice until a new supervisor has been approved by the Board. All costs involved with practice supervision shall be borne by Respondent.~~

Commented [WT28]: Board should discuss why this change is necessary.

~~Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more proposed supervisors of Respondent's choice. Each supervisor shall have been licensed in California and have held a valid California license for at least five (5) years and not have ever been subject to any disciplinary action by the Board. The supervisor shall be independent, with no prior business or personal relationship with Respondent and the supervisor shall not be in a familiar relationship with or be an employee, partner, or associate of Respondent.~~

~~Within~~ Upon approval by the Board and within thirty (30) days of the effective date of the ~~decision~~ Decision, Respondent shall have his or her supervisor submit a report to the Board in writing stating the supervisor has read the ~~decision~~ Decision in case number _____. Should Respondent change employment, Respondent shall have his/ or her new supervisor, within fifteen (15) days after employment commences, submit a report to the Board in writing stating the supervisor has read the ~~decision~~ Decision in case number _____.

~~Respondent's supervisor shall file monthly reports with the Board. These reports shall be in a form designated by the Board and shall include a narrative section where the supervisor provides his or her conclusions and opinions concerning the issues described above and the basis for his or her opinions. Additionally, the supervisor shall maintain and submit with his or her monthly reports a log designating the patient charts reviewed, the date(s) of service reviewed, and the date upon which the review occurred.~~

The following terms of supervision apply to licensed veterinarians only:

~~The supervision shall be, as required by the Board or its designee, either direct or indirect.~~

~~Direct supervision is defined as the physical presence of the supervisor 100% of the time Respondent provides treatment or consultation to the animal patient.~~

~~Indirect supervision is defined as review and evaluation of patient records for those patients for whom Respondent provides treatment or consultation during the period of supervised practice. Levels of indirect supervision shall be established as follows:~~

~~Substantial – 75%~~

~~Moderate - 50%~~

~~Partial - 25%~~

~~The level of supervised practice may be modified as determined necessary by the Board or its designee. Respondent will not be eligible for a decrease in supervised practice until such time as: 1) Respondent has successfully completed at least 25% of the probationary term; 2) Respondent is deemed to be in full compliance with all terms and conditions of the probationary order; and 3) Respondent has consistently received favorable monthly supervised practice reports; and 4) the Board has received a written recommendation by the supervisor.~~

Respondent's supervisor shall, on a basis/frequency to be determined by the Board, review and evaluate all or a designated portion of patient records of those patients for whom Respondent provides treatment or consultation during the period of supervised practice. The supervisor shall review these records to assess: 1) the medical necessity and appropriateness of Respondent's treatment; 2) Respondent's compliance with community/minimum standards of practice in the diagnosis and treatment of animal patients; 3) Respondent's maintenance of necessary and appropriate treatment; 4) Respondent's maintenance of necessary and appropriate records and chart entries; and 5) Respondent's compliance with existing statutes and regulations governing the practice of veterinary

~~Respondent's supervisor shall file monthly reports with the Board. These reports shall be in a form designated by the Board and shall include a narrative section where the supervisor provides his or her conclusions and opinions concerning the issues described above and the basis for his or her conclusions and opinions. Additionally, the supervisor shall maintain and submit with his or her monthly reports a log designating the patient charts reviewed, the date(s) of service reviewed, and the date upon which the review occurred. If the supervisor terminates or is otherwise no longer available, Respondent shall not practice until a new supervisor has been approved by the Board.~~

If Respondent is an employee rather than a veterinary hospital owner, the supervisor shall additionally notify the Board of the dates and locations of all employment of Respondent, during each month covered by his or her report.

67. | No New Ownership

Respondent shall not have any new legal or beneficial interest in any veterinary business, firm, partnership, or corporation ~~currently or hereinafter licensed or registered by~~ during the Board and shall not own any veterinary hospital duration of his or her probation.

78. | No Management ~~or Administration~~

Respondent shall not manage ~~or be the administrator of~~ any veterinary hospital during the duration of his or her probation.

Continuing Education

Within sixty (60) days of the effective date of this ~~decision~~ Decision, and on an annual basis thereafter, Respondent shall submit to the Board for its prior approval, an educational program or course related to Respondent's specific area(s) of weakness which shall not be less than _____ hours per year, for each year of probation. Upon successful completion of the course, Respondent shall provide proof to the Board. This program shall be in addition to the Continuing Education required of all licensees for licensure renewal. All costs shall be borne by Respondent.

810. | Clinical Training

Within sixty (60) days of the effective date of this ~~decision~~ Decision, Respondent shall submit an outline of an intensive clinical training program to the Board for its prior approval. The exact number of hours and the specific content of the program shall be determined by the Board or its designee. Respondent shall successfully complete the training program and may be required to pass an examination related to the program's contents administered by the Board or its designee. All costs shall be borne by Respondent.

911. Clinical or Written Examination

Within sixty (60) days of the effective date of this ~~decision~~Decision, ~~or upon completion of the education course required above,~~ or upon completion of the clinical training programs, Respondent shall take and pass a species-specific practice (clinical/written) examination to be administered by the Board or its designee. If Respondent fails this examination, Respondent must wait three (3) months between reexaminations, except that after three (3) failures, Respondent must wait one (1) year to take each necessary reexamination thereafter. All costs shall be borne by Respondent. If Respondent fails to take and pass this examination by the end of the first year of probation, Respondent shall cease the practice of veterinary medicine until this examination has been successfully passed and Respondent has been so notified by the Board in writing.

4012. Psychological Evaluation

Within thirty (30) days of the effective date of this Decision, ~~Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more psychotherapists of Respondent's choice. Upon approval, and within sixty (60) days of the effective date of this decision~~Decision, and on a periodic basis as may be required by the Board or its designee, Respondent shall undergo a psychiatric evaluation by a ~~Board-appointed~~approved psychotherapist (psychiatrist or psychologist), to determine Respondent's ability to practice veterinary medicine safely. ~~the~~ The psychotherapist shall furnish a psychological report to the Board or its designee. All costs shall be borne by Respondent.

If the psychotherapist (psychiatrist or psychologist) recommends and the Board or its designee directs psychotherapeutic treatment, Respondent shall, within thirty (30) days of written notice of the need for psychotherapy, submit the name and qualification of one of more psychotherapists of Respondent's choice to the Board for its prior approval. Upon approval of the treating psychotherapist by the Board, Respondent shall undergo and continue psychotherapy until further notice from the Board. Respondent shall have the treating psychotherapist submit quarterly written reports to the Board. All costs shall be borne by Respondent.

ALTERNATIVE: PSYCHIATRIC EVALUATION AS A CONDITION PRECEDENT TO PRACTICE.

As of the effective date of the ~~decision~~Decision, Respondent shall not engage in the practice of veterinary medicine until notified in writing by the Board of this determination that Respondent is mentally fit to practice safely. If recommended by the psychotherapist (psychiatrist or psychologist) and approved by the Board or its designee, Respondent shall be barred from practicing veterinary medicine until the treating psychotherapist recommends, in writing, and stating the basis therefore, that Respondent can safely practice veterinary medicine, and the Board approves ~~said~~the recommendation. All costs shall be borne by Respondent.

4413. Psychotherapy

Within thirty (30) days of the effective date of this ~~decision~~Decision, Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more psychotherapists of Respondent's choice. Upon approval, Respondent shall undergo and continue treatment until the Board deems that no further psychotherapy is necessary. Respondent shall have the treating psychotherapist submit quarterly status reports to the Board. The Board may require Respondent to undergo psychiatric evaluations by a Board-appointed psychiatrist. All costs shall be borne by Respondent.

If the treating psychotherapist finds that Respondent cannot practice safely or independently, the psychotherapist shall notify the Board within three (3) working days. Upon notification by the Board, Respondent shall immediately cease practice and shall not resume practice until notified by the Board or its designee that Respondent may do so. Respondent shall not thereafter engage in any practice for which a license issued by the Board is required until the Board or its designee has notified Respondent that he/she may resume practice. Respondent shall document compliance with this condition in the manner required by the Board.

4214. Medical Evaluation

Within thirty (30) days of the effective date of this ~~decision~~Decision, Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more physicians of Respondent's choice. Upon approval and on a periodic basis thereafter as may be required by the Board or its designee, Respondent shall undergo a medical evaluation by a Board appointed-approved physician, to determine Respondent's ability to practice veterinary medicine safely, ~~who~~ The physician shall furnish a medical report to the Board or its designee. If Respondent is required by the Board or its designee to undergo medical treatment, Respondent shall, within thirty (30) days of written notice from the Board, submit the name and qualifications of a physician of Respondent's choice to the Board for its prior approval. Upon approval of the treating physician by the Board, Respondent shall undergo and continue medical treatment until further notice from the Board. Respondent shall have the treating physician submit quarterly written reports to the Board. All costs shall be borne by Respondent.

If at any time an approved evaluating physician or Respondent's approved treating physician determines that Respondent is unable to practice safely or independently as a veterinarian, the evaluating or treating physician shall notify the Board immediately by telephone and follow up by written letter within three (3) working days. Upon notification from the Board or its designee of this determination, Respondent shall cease all practice and shall not resume practice until notified by the Board that practice may be resumed.

ALTERNATIVE: MEDICAL EVALUATION AS A CONDITION PRECEDENT TO PRACTICE.

As of the effective date of this ~~decision~~Decision, Respondent shall not engage in the practice of veterinary medicine until notified in writing by the Board of its determination that Respondent is medically fit to practice safely. If recommended by the physician and approved by the Board or its designee, Respondent shall be barred from practicing veterinary medicine until the treating physician recommends, in writing and stating the basis therefore, that Respondent can safely practice veterinary medicine, and the Board approves said recommendation.

4315. Rehabilitation Program —Alcohol or Drug

Within thirty (30) days of the effective date of this ~~decision~~Decision, Respondent shall submit in writing a(n) alcohol/drug rehabilitation program in which Respondent shall participate (for the duration of probation/for one/for two years) to the Board for its prior approval. ~~In the quarterly written reports to the Board, Respondent shall provide documentary evidence in the quarterly written reports to the Board of continuing satisfactory participation in this program. All costs shall be borne by Respondent.~~

Components of the treatment contract shall be relevant to the violation and to the Respondent's current status in recovery or rehabilitation. The components may include, but are not limited to: restrictions on practice and work setting, random biological fluid testing, abstinence from drugs and alcohol, use of worksite monitors, participation in chemical dependency rehabilitation programs or groups, psychotherapy, counseling, psychiatric evaluation, and other appropriate rehabilitation or monitoring programs. All costs of participating in the program(s) shall be borne by the Respondent.

16. Continuing Prevention and Support Groups

Within thirty (30) days of the effective date of this Decision, Respondent shall begin regular attendance at a recognized and established substance abuse recovery support group in California, (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) which has been approved by the Board or its designee. Respondent must attend at least one group meeting per week unless otherwise directed by the Board or its designee. Respondent shall continue regular attendance and submit signed and dated documentation confirming attendance with each quarterly report for the duration of probation. Failure to attend or submit documentation thereof shall be considered a violation of probation.

4417. Submit to Drug Testing

Respondent shall immediately submit to drug testing, at Respondent's cost, upon request by the Board or its designee. There will be no confidentiality in test results; positive test results will be immediately reported to the Board and to Respondent's current employer.

Respondent shall make daily contact as directed by the Board or its designee to determine if he or she must submit to drug testing. Respondent shall submit his or her drug test on the same day that he or she is notified that a test is required.

Any confirmed positive test for alcohol or any drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment shall result in a cease practice order resulting in a period of nonpractice/suspension from work by Respondent and may be a cause for revocation of probation. Respondent may not resume the practice of veterinary medicine in any form until notified by the Board in writing.

4518. Abstain from Controlled Substances

Respondent shall completely abstain from the personal use or possession of controlled substances, as defined in Business and Professions Code Section 4021 the California Uniform Controlled Substances Act (Health and Safety Code section 11000 et seq.), and dangerous drugs as defined in Section 4211 of the Business and Professions Code Section 4022, except for medication when lawfully prescribed to Respondent by a licensed practitioner for a bona fide illness. Upon request of the Board or its designee, Respondent shall submit to random provide documentation from the licensed practitioner that the prescription for the drug testing during the period of probation was legitimately issued and is a necessary part of Respondent's treatment.

Commented [WT29]: Reverting back to UCSA as it includes State exemptions from controlled substances, but adding the citation to that Act in the Health and Safety Code.

4619. Abstention from Alcohol Use

Respondent shall abstain completely from the use of alcoholic beverages products or beverages containing alcohol.

4720. Community Service

Within sixty (60) days of the effective date of this ~~decision~~ Decision, Respondent shall submit a community service program to the Board for its prior approval. In this program, Respondent shall provide free services on a regular basis to a community or charitable facility or agency for at least _____ () hours per _____ for the first _____ of probation. All services shall be subject to prior Board approval.

4821. Fine

Respondent shall pay to the Board a fine in the amount of _____ (not to exceed ~~five thousand dollars~~ \$5,000) pursuant to Business and Professions Code sections 4875 and 4883. Respondent shall make ~~said~~ the payments as follows: _____.

~~Pursuant to Business and Professions Code Section 125.3, enforcement costs (investigative, legal, and expert review), up to the time of the hearing, can be recovered.~~

1922. Restitution

Respondent shall make restitution to any injured party in the amount of _____. Proof of compliance with this term shall be submitted to the Board within sixty (60) days of the effective date of this ~~decision~~ Decision.

Note – Name and address of injured party may be inserted in the body of this term.

2023. Ethics Training

Respondent shall submit to the Board for its prior approval, an ethics training course for a minimum of _____ hours during the probationary period. ~~Upon~~ Respondent shall provide proof of successful completion of the course, ~~Respondent shall provide proof to the Board.~~ All costs shall be borne by Respondent.

Definitions

Negligence - A departure from the standard of care or practice. It can be an act of omission or commission. Harm or injury is not a necessary component of administrative negligence because we do not seek monetary damages (redress).

Incompetence - A lack of knowledge or ability in discharging professional obligations.

Fraud - An intentional act or omission to deceive or mislead another person by misrepresentation, deceit, or concealment of a material fact.

Deception - Any act or omission that deceives or misleads another person.

Both fraud and deception can exist despite truthful statements if the statements made, whether written or oral, have a tendency to mislead or do in fact mislead.

OVERVIEW GUIDE FOR DISCIPLINARY DECISIONS

Most of the background information provided below is contained in the Department of Consumer Affairs Reference Manual for board members and gives an overview of part of a board's disciplinary process. Certain aspects of this overview were changed by the passage of SB 523 (Kopp, Chapter 938, Statutes of 1995). The changes were in regard to ex parte communications.

Accusation/Statement of Issues

The principal responsibility of a licensing board is to protect the public. This is accomplished by determining whether a license should be issued and whether a disciplinary action should be taken against a license. The Administrative Procedure Act prescribes the process necessary to deny, suspend, or revoke a license. An action to suspend or revoke a license is initiated by the filing of an Accusation. An action to deny a license is initiated by a Statement of Issues.

In disciplinary matters, a Deputy Attorney General (DAG) acts as the Board's prosecutor and coordinates all necessary legal proceedings. If a case is referred to the Office of the Attorney General (OAG) and accepted for prosecution, the DAG assigned the matter will prepare a Statement of Issues or an Accusation. The person against whom the action is filed is called the Respondent.

Once drafted, the Statement of Issues or Accusation is forwarded to the Executive Officer (EO) for approval. Except where the preparation of administrative pleadings is voluminous and routine, the EO will normally review an Accusation or Statement of Issues for accuracy. Board staff will then assign a case number and the EO will sign it before returning it to the OAG for service on the Respondent.

The document is then served on the Respondent. The Respondent may contest the charges by filing a Notice of Defense. The DAG will then schedule a hearing before an Administrative Law Judge (ALJ) from the Office of Administrative Hearings (OAH).

Administrative Hearing Process

An administrative hearing is similar to a trial in a civil or criminal court. Both parties have the opportunity to introduce evidence (oral and documentary) and the Respondent has a right to confront his or her accusers. Although a board may sit with the ALJ and hear the case, most cases are heard by the ALJ alone because it is a complex procedure and may require anywhere from several days to several weeks of time.

In order to take discipline against a license issued by the Board, either a veterinarian or registered veterinary technician, it must be demonstrated by "clear and convincing evidence" that a violation of law or regulation has occurred. The clear and convincing standard is more than the "preponderance of the evidence" standard required for civil trials but less than the "beyond a reasonable doubt" standard for criminal trials.

To sustain a citation against a licensee, the allegations need only be proven to the "preponderance of the evidence" standard.

Proposed Decision

After hearing all the witnesses and arguments and considering all of the evidence presented, the ALJ renders a Proposed Decision that contains: 1) findings of fact, 2) a determination of issues, and 3) a proposed penalty (assuming a violation is found). The Proposed Decision is then submitted to the Board for consideration and a final decision. The Proposed Decision must be acted upon by the Board within 100 days of receipt, or it becomes final by operation of law as proposed by the ALJ.

In making a decision whether to adopt the Proposed Decision as its own decision, the Board may only consider the Proposed Decision itself. The Board may not consider evidence about the case not contained in the Decision. The Board may consider advice of legal counsel regarding their options, the legal sufficiency of the Proposed Decision, and the law applicable to the case at hand. If a Board member is personally acquainted with the licensee to a degree that it affects their decision-making ability, or the Board member has received evidence about the case not contained in the Proposed Decision, the Board member should recuse him or herself from any discussion about the case and the vote on the matter.

The Board may vote on the Proposed Decision by mail ballot or at a meeting in a closed session. Although a Proposed Decision carries great weight based on the fact that the ALJ was a witness to the evidence presented at the hearing, the actual testimony of the witnesses and the demeanor of those witnesses, the Board is the final decision-maker. The Board should consider the ALJ's narrative explanation in the Decision and how the Disciplinary Guidelines were applied. If the Decision is outside the Disciplinary Guidelines, the ALJ must explain to the satisfaction of the Board, the factors that were proved that caused the ALJ to deviate from the standards.

Adopting any decision is a serious responsibility of a Board member. When considering a Proposed Decision, the Board's legal counsel is present to respond to questions about the legal parameters of the case and the Board's authority. Board members must take time to fully discuss each case and to seek clarification from legal counsel for any question they may have prior to making a final decision on the case.

When considering a Proposed Decision, the Board has three basic options:

1. adopt the Decision as written, including the proposed penalty;
2. adopt the Decision and reduce the penalty; or
3. not adopt the Proposed Decision.

Non-Adopt – Rejecting a Decision

Board may choose not to adopt a Proposed Decision of an ALJ for many reasons that might be grouped generally under the following categories:

1. The Board finds the penalty or terms of probation inappropriate to the violation(s).
2. The Board disagrees with the ALJ's determination of the issue(s) in the case.

When a Proposed Decision is not adopted, the Board is required to obtain a copy of the transcript of the hearing and documentary evidence unless this requirement is waived by all parties. Each Board member must read the entire transcript and consider only that evidence presented at the hearing. The DAG and the Respondent are entitled to submit written arguments, or oral argument if the Board so orders, on the case to the Board. The Board must render its own decision after reading the transcript and arguments within 100 days from the receipt of the transcript. After the decision has been rendered, all parties will be served with the Decision After Non-Adoption.

The Board can elect to return the non-adopted decision to the OAH if it feels that additional evidence is required before the Board can render its decision. In this instance, the case is returned to the OAH and

a new hearing date is scheduled. After the new hearing is complete, the ALJ, the same one as before or a new ALJ if the prior one is unavailable, will issue a new Proposed Decision and the Board will consider the Proposed Decision anew.

Petition for Reconsideration

A Respondent has a right to and may petition the Board before the effective date of the decision for reconsideration of the Board's decision.

If a Board does vote to reconsider its decision it is equivalent to not adopting a Proposed Decision and the steps listed above apply. If the 30-day time period lapses or the Board does not act on the petition, the request for reconsideration is deemed to be denied by operation of law, and the Board no longer has jurisdiction over the matter.

Appeal Process—Writ of Administrative Mandamus

A Respondent has the right to request reconsideration and if denied, file a Writ to appeal a disciplinary action imposed by a Board.

A decision rendered by a Superior Court can be further appealed to the Court of Appeals and then to the Supreme Court by either the Board or the Respondent.

Stipulated Agreement

Once an Accusation has been filed, rather than proceeding to a formal hearing and prior to requesting that the Board consider settlement terms and conditions, the Respondent shall provide mitigating factors and evidence of rehabilitation. Mitigating factors include factors beyond the control of the licensee that existed for a brief period of time but no longer exists that may mitigate the need for certain types of discipline. Evidence of rehabilitation would show that Respondent has taken serious steps to improve behavior and correct actions that led to the need for disciplinary action. The parties may then stipulate (agree) to a determination of the violations charged against the Respondent and to a proposed penalty. Stipulations are negotiated and drafted by the DAG representing the Board and the Respondent and his/her legal counsel. In negotiating a stipulation, the DAG works closely with the Board's EO (or designated Enforcement Program Manager) and utilizes the Board's Disciplinary Guidelines to arrive at a stipulation that is intended to be acceptable to the Board.

The stipulation is presented to the Board for its consideration in much the same way that a Proposed Decision is presented. Once a stipulation has been signed by the licensee and his or her counsel, if any, the Board must vote to approve or disapprove the stipulation as a whole. If the Board votes to disapprove a proposed stipulation, it may send back recommendations for inclusion into any future stipulations. The Board may look beyond the mere contents of an Accusation, though it must confine its consideration to information that is relevant to the charges at hand. While there is no time limit within which a stipulation must be considered, any undue delays should be avoided.

Default Decisions—

Default Decisions are rare; however, in some cases, the Respondent does not respond to an Accusation by returning the Notice of Defense, fails to return the Notice of Defense in a timely manner, or fails to appear at a scheduled hearing. There is a legal obligation to respond to an Accusation and to be present at a scheduled hearing. Failure to meet the legal obligations is grounds for a Default Decision whereby the discipline is imposed based on the Respondent's failure to respond. In these cases the Board need only demonstrate that it has served the Accusation on the licensee at the licensee's address of record. This is one reason it is imperative that licensees maintain a current address of record with the Board; failure to do so can have very serious consequences if the licensee becomes subject to an Accusation but has an old address of record on file with the Board because the Board has no legal obligation to make

~~any attempt to locate the licensee. Service of an Accusation by first class mail is all that is required to prove proper service.~~

~~The result of a Default Decision is nearly always a straight revocation of the license. If the Respondent is also a managing licensee for a premises permit, the premises permit will automatically be canceled by operation of law. If the Accusation was pled against the premises as well as the licensee, the premises permit is revoked along with the license.~~

Definitions

~~Negligence — A departure from the standard of care or practice. It can be an act of omission or commission. Harm or injury is not a necessary component of administrative negligence because we do not seek monetary damages (redress).~~

~~Incompetence — A lack of knowledge or ability in discharging professional obligations.~~

~~Fraud and Deception — Deception — Any act or omission that deceives or misleads another person.~~

~~Fraud — An intentional act or omission to deceive or mislead another person by misrepresentation, deceit, or concealment of a material fact.~~

~~Both fraud and deception can exist despite truthful statements if the statements made, whether written or oral, have a tendency to mislead or do in fact mislead.~~



MEMORANDUM

DATE	November 14, 2018
TO	Veterinary Medical Board
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Agenda Item 8E. Sections 2006 and 2006.5, Article 1, and Section 2076, Article 8, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Uniform Standards for Substance Abusing Licensees

Background:

To address inconsistencies and nonexistent standards for disciplining substance-abusing licenses and to better protect patients from substance-abusing licensees, [Senate Bill \(SB\) 1441](#) (Ridley-Thomas, Chapter 548, Statutes of 2008) created a Substance Abuse Coordination Committee made up of all healing arts board executive officers. In April 2011, the Substance Abuse Coordination Committee developed 16 uniform standards for substance abusing healing arts licensees (Uniform Standards) to be used by each healing arts board in disciplining substance-abusing licensees. To implement the Uniform Standards, each healing arts board was advised to promulgate regulations to ensure that a practitioner is aware of the Uniform Standards and can access all of the standards relevant to him or her in each board's regulations.

Department of Consumer Affairs (DCA) legal counsel drafted three options to revise [CCR section 2006](#), [Disciplinary Guidelines](#), and add new section 2006.5, Uniform Standards, to implement the Uniform Standards. The Board was advised that, because the Uniform Standards are mandated by statute, the Board did not have discretion to change the Uniform Standard themselves and only had the discretion to determine when they may be triggered, which was identified in the three options: (1) if the conduct found to be in violation involves drugs and/or alcohol, the licensee would be presumed to be a substance-abusing licensee subject to the Uniform Standards; (2) a clinical diagnostic evaluation would be ordered to determine whether the licensee was a substance-abusing licensee; or (3) if, after notice and a hearing, the individual was found by the Board to be a substance-abusing licensee, then the Uniform Standards would apply. In October 2012, the Board decided to proceed with Option 3.

At the Board's [April 2014](#) meeting, the Board reviewed the proposed language for the Uniform Standards as combined with the Board's [Disciplinary Guidelines](#). At that time, it was identified that some of the [Disciplinary Guidelines](#) language was not specifically related to substance abusing licensees, and it was recommended to separate the two regulatory packages. At the [October 2014](#) meeting, the Board approved the Uniform Standards and directed Board staff to proceed with developing the regulatory rulemaking package. Importantly, the motions made by

the Board at the October 2012 and [October 2014](#) meetings did not meet requirements for a complete motion needed for Board staff to proceed with initiating the rulemaking file.

Legal opinions regarding the requirements to implement the uniform standards were received from the Office of the Attorney General (AG), the Deputy Director of Legal Affairs for DCA, and the Legislative Counsel Bureau. The opinions received did not provide consistent guidance, and a formal legal opinion was issued by the AG in April of 2015. Following the formal legal opinion from the AG, the rulemaking file was placed on hold at the direction of DCA legal counsel from April 2015 through February 2016 pending resolution of the proper interpretation and uses of the Uniform Standards. In February 2016, DCA legal counsel provided an overview of the formal legal opinion from the AG and direction to the healing arts boards on how to implement the Uniform Standards.

The language is presented to the Board today for their consideration and review, and to determine how to best proceed with the Uniform Standards regulatory package. The Board can combine the Uniform Standards with the [Disciplinary Guidelines](#) rulemaking package, or it can proceed as a standalone regulation with the “Standard Language to Be Included in Every Probationary Order For Substance Abusing Licensees” as a document incorporated by reference. Due to the length of time lapsed and the change in legal opinion since the Board originally adopted the Uniform Standards rulemaking in [October 2014](#), it is recommended that the Board review and/or revise the rulemaking and readopt it.

Attachments:

- June 2012 three regulation revisions options for implementing SB 1441 as presented by DCA legal counsel at July 2012 Board meeting
- October 2012 Board-adopted Uniform Standards language for CCR sections 2006, 2006.5, and 2076 (Option #3)
- October 2014 Board-adopted Uniform Standards.

Uniform Standards Related to Substance Abuse

Veterinary Medical Board

Options for Regulatory Adoption

Option 1

Section 2006 Division 20 of Title 16, Article 1 of the California Code of Regulations is amended:

Section 2006. Disciplinary Guidelines

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board shall consider the guidelines entitled "Model Guidelines for Issuing Citations and Imposing Discipline", Revised on June 16, 2009 which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Board, in its sole discretion, determines that the facts of the particular case warrants such a deviation -for example: The presence of mitigating factors; the presence of aggravating factors; the age of the case; evidentiary problems.

(b) Notwithstanding subsection (a), the Board shall use the uniform standards for substance abuse as provided in Section 2006.5, without deviation, for each individual shown to be a substance-abusing licensee.

Note: Authority cited: Sections 315, 315.2, 315.4, and 2615, Business and Professions Code; and Section 11400.20 Government Code.

Reference: Sections 315, 315.2, 315.4, 2660, 2660.1, 2661 and 2661.5, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

Section 2006.5 Division 20 of Title 16, Article 1 of the California Code of Regulations is added:

Section 2006.5. Uniform Standards for Substance Abuse.

(a) If the conduct found to be a violation involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of section 315 of the Code. If the licensee does not rebut the presumption, then the terms and conditions contained in the document entitled "Uniform Standards for Substance-Abusing Licensees with Standard Language for Probationary Orders" (Rev. April 2011), which is hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.

(b) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection.

Note: Authority cited: Sections 315, 315.2, 315.4, and 2615, Business and Professions Code.

Reference: Sections 11400.20 and 11425.50(e), Government Code; Section 315, 315.2, and 315.4 of the Business and Professions Code.

Option 2

Section 2006. Disciplinary Guidelines

In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board shall consider the guidelines entitled “Model Guidelines for Issuing Citations and Imposing Discipline”, Revised on June 16, 2009 which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Board, in its sole discretion, determines that the facts of the particular case warrants such a deviation -for example: The presence of mitigating factors; the presence of aggravating factors; the age of the case; evidentiary problems.

However, neither the Board nor and administrative law judge may impose any conditions or terms of probation that are less restrictive that the uniform standards related to substances abuse listed in Section 2006.5. If a licensee has not yet been identified as a substance-abusing licensee (for example, through stipulation) in a case involving drugs or alcohol, a clinical diagnostic evaluation shall be ordered and the remaining provisions of the Uniform Standards may, in the discretion of the Board, be made contingent upon a clinical diagnostic evaluator’s report that the individual is a substance-abusing licensee. The clinical diagnostic evaluator’s report shall be submitted in its entirety to the board.

Note: Authority cited: Sections 315, 315.2, 315.4, and 2615, Business and Professions Code; and Section 11400.20 Government Code.

Reference: Sections 315, 315.2, 315.4, 2660, 2660.1, 2661 and 2661.5, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

Section 2006.5. Uniform Standards for Substance Abuse.

(a) If a licensee has been identified as a substance-abusing licensee as provided in Section 2006, then the terms and conditions contained in the document entitled “Uniform Standards for Substance-Abusing Licensees with Standard Language for Probationary Orders” (Rev. April 2011), which are hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.

(b) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection.

Note: Authority cited: Sections 315, 315.2, 315.4, and 2615, Business and Professions Code.

Reference: Sections 11400.20 and 11425.50(e), Government Code; Section 315, 315.2, and 315.4 of the Business and Professions Code.

Option 3

Section 2006. Disciplinary Guidelines

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board shall consider the guidelines entitled "Model Guidelines for Issuing Citations and Imposing Discipline", Revised on June 16, 2009 which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Board, in its sole discretion, determines that the facts of the particular case warrants such a deviation -for example: The presence of mitigating factors; the presence of aggravating factors; the age of the case; evidentiary problems.

(b) Notwithstanding subsection (a), the Board shall use the uniform standards for substance abuse as provided in Section 2006.5, without deviation, for each individual proven to be a substance-abusing licensee.

Note: Authority cited: Sections 315, 315.2, 315.4, and 2615, Business and Professions Code; and Section 11400.20 Government Code.

Reference: Sections 315, 315.2, 315.4, 2660, 2660.1, 2661 and 2661.5, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

Section 2006.5. Uniform Standards for Substance Abuse.

(a) If, after notice and a hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the government Code (Commencing with section 11500 et seq.), the Board finds that the evidence proves that an individual is a substance-abusing licensee, then the terms and conditions contained the document entitled "Uniform Standards for Substance-Abusing Licensees with Standard Language for Probationary Orders" (Rev. April 2011) , which are hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.

(b) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection.

Note: Authority cited: Sections 315, 315.2, 315.4, and 2615, Business and Professions Code.

Reference: Sections 11400.20 and 11425.50(e), Government Code; Section 315, 315.2, and 315.4 of the Business and Professions Code.

For all options, this is necessary to make clear that Diversion participants are also subject to the U.S.

Section 2076 Division 20 of Title 16, Article 8 of the California Code of Regulations is amended:

2076. Criteria for Admission.

An applicant shall meet the following criteria for admission to the program:

- (a) The applicant shall be a veterinarian or registered veterinary technician licensed or registered in this state.
- (b) The applicant shall reside in California.
- (c) The applicant is found to abuse alcohol or other dangerous drugs in a manner which may affect the veterinarian's ability to practice veterinary medicine competently or the registered veterinary technician's ability to perform his or her duties competently.
- (d) The applicant shall have voluntarily requested admission to the program.
- (e) The applicant agrees to undertake any reasonable medical or psychiatric examinations necessary to evaluate the application for participation in the program.
- (f) The applicant cooperates with the program by providing medical information, disclosure authorizations and releases of liability as may be necessary for participation in the program.
- (g) The applicant agrees in writing to cooperate with all elements of both the program and the individual treatment program designed by a diversion committee.
- (h) The applicant agrees in writing to be subject to all provisions of the "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" (Rev. April 2011), which is hereby incorporated by reference.

Note: Authority cited: Sections 315, 315.2, 315.4, 4808, Business and Professions Code.

Reference: Sections 315, 315.2, 315.4, 4866, Business and Professions Code.

Uniform Standards Related to Substance Abusing Licensees

Veterinary Medical Board

Option 3

Section 2006. Disciplinary Guidelines

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board shall consider the guidelines entitled “Model Guidelines for Issuing Citations and Imposing Discipline”, Revised on June 16, 2009 which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Board, in its sole discretion, determines that the facts of the particular case warrants such a deviation -for example: The presence of mitigating factors; the presence of aggravating factors; the age of the case; evidentiary problems.

(b) Notwithstanding subsection (a), the Board shall use the uniform standards for substance abuse as provided in Section 2006.5, without deviation, for each individual proven to be a substance-abusing licensee.

Authority cited: Sections 315, 315.2, 315.4, and 2615, Business and Professions Code; and Section 11400.20 Government Code. Reference: Sections 315, 315.2, 315.4, 2660, 2660.1, 2661 and 2661.5, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

Section 2006.5. Uniform Standards for Substance Abuse.

(a) If, after notice and a hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the government Code (Commencing with section 11500 et seq.), the Board finds that the evidence proves that an individual is a substance-abusing licensee, then the terms and conditions contained the document entitled “Uniform Standards for Substance-Abusing Licensees with Standard Language for Probationary Orders” (Rev. April 2011) , which are hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.

(b) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection.

Authority cited: Sections 315, 315.2, 315.4, and 2615, Business and Professions Code. Reference: Sections 11400.20 and 11425.50(e), Government Code; Section 315, 315.2, and 315.4 of the Business and Professions Code.

2076. Criteria for Admission.

An applicant shall meet the following criteria for admission to the program:

(a) The applicant shall be a veterinarian or registered veterinary technician licensed or registered in this state.

(b) The applicant shall reside in California.

(c) The applicant is found to abuse alcohol or other dangerous drugs in a manner which may affect the veterinarian's ability to practice veterinary medicine competently or the registered veterinary technician's ability to perform his or her duties competently.

(d) The applicant shall have voluntarily requested admission to the program.

(e) The applicant agrees to undertake any reasonable medical or psychiatric examinations necessary to evaluate the application for participation in the program.

(f) The applicant cooperates with the program by providing medical information, disclosure authorizations and releases of liability as may be necessary for participation in the program.

(g) The applicant agrees in writing to cooperate with all elements of both the program and the individual treatment program designed by a diversion committee.

(h) The applicant agrees in writing to be subject to all provisions of the “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” (Rev. April 2011), which is hereby incorporated by reference.

Authority cited: Sections 315, 315.2, 315.4, 4808, Business and Professions Code. Reference: Sections 315, 315.2, 315.4, 4866, Business and Professions Code.

VETERINARY MEDICAL BOARD

STANDARD LANGUAGE TO BE INCLUDED IN EVERY

PROBATIONARY ORDER FOR SUBSTANCE ABUSING LICENSEES

Pursuant to Section 315 of the Business and Professions Code, the Veterinary Medical Board is directed to use the standards developed by the Substance Abuse Coordination Committee (SACC) for substance abusing licensees. On April 11, 2011, the SACC developed standards to be used by all healing arts boards. Administrative Law Judges, parties and staff are therefore required to use the language below, which is developed in accordance with those SACC standards.

To that end, the following probationary terms and conditions shall be used in every case where it has been determined that the individual is a substance-abusing licensee as provided in Section 2006.5 of Title 16 of the California Code of Regulations. ~~To implement~~ ~~For purposes of implementation of~~ these conditions of probation, any reference to the Board also means ~~staff working for the~~ Veterinary Medical Board ~~staff~~ or its designee. These conditions shall be used in lieu of any similar standard or optional term or condition proposed in the Board's Disciplinary Guidelines, incorporated by reference at Title 16, Section 2006. However, the Board's Disciplinary Guidelines should still be used in formulating the penalty and in considering additional terms or conditions appropriate for greater public protection (e.g., other standards or optional terms of probation).

ADDITIONAL PROBATIONARY TERMS AND CONDITIONS

- (1) **NOTIFICATION TO EMPLOYER** – Prior to engaging in the practice of veterinary medicine or veterinary technology, ~~and before accepting or continuing employment,~~ the Respondent shall provide a true copy of the Decision and Accusation to his or her employer, supervisor, ~~or~~ contractor, or prospective employer or contractor, and at any other facility where ~~the~~ Respondent engages in the practice of veterinary medicine. ~~before accepting or continuing employment.~~ Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days ~~of the effective date of the decision.~~

This condition shall apply to any changes(s) in place of employment, ~~whereas the~~ Respondent shall provide proof of employer notification to the Board within fifteen (15) days of reporting to the new place of employment.

Respondent shall provide to the board the names, physical addresses, mailing addresses and telephone numbers of all employers and supervisors or contractors, and shall inform the Board in writing of the facility ~~of or~~ facilities at which the person engages in the practice of veterinary medicine.

Respondent shall give specific, written consent to the Board and its contractor to allow the Board or its designee to communicate with the employer, ~~and~~ supervisor or contractor regarding the licensee's work status, performance and monitoring.

Source: Uniform Standard #3 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised date April 2011.

- (2) ~~SUPERVISED PRACTICE~~ **WORKSITE MONITOR**– Within 60 days of the effective date of this decision, Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more proposed ~~supervisors~~ monitors, and a plan for each ~~such monitor to supervise~~ or by which Respondent's practice ~~would be supervised~~. The Board will advise Respondent within two weeks whether or ~~not~~ the proposed ~~supervisor~~ monitor and plan ~~of supervision~~ are approved. Respondent shall not practice until receiving notification of Board ~~approving~~ Respondent's choice of a supervisor, ~~and plan of supervision~~. Respondent shall complete any required consent forms and sign an agreement with the ~~supervisor~~ monitor and the board regarding the ~~terms of the supervised monitored practice and the reporting responsibilities~~. Respondent and the supervisor's requirements and reporting responsibilities.

The ~~supervisor~~ monitor shall meet the following additional requirements:

The ~~supervisor~~ monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and agrees to ~~supervise~~ monitor the licensee as set forth by the Board.

The ~~supervisor~~ monitor shall have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the Board, but at least once per week. The ~~supervisor~~ monitor shall interview other staff in the office regarding the licensee's behavior, if applicable. The ~~supervisor~~ monitor shall review the licensee's work attendance and observe the Respondent's behavior.

The ~~supervisor~~ monitor shall ~~orally~~ verbally report any suspected substance abuse to the Board and the licensee's employer within one (1) business day of the occurrence. If the occurrence is not during the Board's normal business hours, the ~~oral~~ verbal report must be within one (1) hour of the next business day. The ~~supervisor~~ monitor shall submit a written report to the Board within 48 hours of the occurrence.

The ~~supervisor~~ monitor shall complete and submit a written report monthly or as directed by the Board. The report shall include: the licensee's name; license number; ~~supervisor's~~ monitor's name and signature; ~~supervisor's~~ monitor's license number; worksite location(s); dates licensee had face-to-face contact with monitor ~~supervisor~~; names of worksite staff interviewed, if applicable; attendance report; any change in behavior and/or personal habits; any indicators that ~~can~~ may lead to suspected substance abuse.

The plan of supervision shall be 1) direct and require the physical presence of the supervising veterinarian in the veterinary premises during the time veterinary medicine is being performed, or 2) general and not require the physical presence of the supervising veterinarian during the time veterinary medicine is being performed, but does require an occasional random check of the work performed on the patient as well as quarterly monitoring visits to the premise or place of practice. Additionally, the supervisor shall have full and random access to all patient records of Respondent. The supervisor may evaluate all aspects of Respondent's practice regardless of Respondent's areas of deficiencies.

Each proposed supervisor monitor shall be a California licensed veterinarian who shall submit written reports to the Board on a quarterly basis verifying that supervision has taken place as required and include an evaluation of Respondent's performance. It shall be Respondent's responsibility to assure ensure that the required reports are filed in a timely manner. Each supervisor monitor shall have been licensed in California for at least five (5) years and not have ever been subject to any disciplinary action by the Board. An administrative citation and fine does not constitute discipline and, therefore, in and of itself is not a reason to deny reject an individual as a supervisor monitor.

The supervisor monitor shall be independent, with no prior business or professional relationship with Respondent and the supervisor shall not be in a familial relationship with, or be an employee, partner or associate of Respondent. If the supervisor monitor terminates or is otherwise no longer available, Respondent shall not practice until a new supervisor has been approved by the Board. All costs of the supervision monitoring shall be borne by Respondent.

Source: Uniform Standard #7 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised date April 2011.

3. DRUG AND ALCOHOL TESTING – Respondent shall submit to, and pay for, any random and directed biological fluid or hair sample, breath alcohol or any other mode of testing required by the Board. Though the frequency of testing will be determined by the Board or its designee, it shall be unpredictable and, and shall be designed so as to prevent Respondent from anticipating testing dates (either randomized testing or unpredictable dates), the frequency of testing shall be at least the following: at least fifty-two (52) test dates during the first year of probation; at least thirty-six (36) test dates during the second and subsequent years of probation; and at least one (1) test per month in each year of probation after five (5) years. The Board or its designee may require less frequent testing if any of the following apply:

- Where When Respondent has previously participated in a treatment or f monitoring program requiring testing, the Board or its designee may consider that the prior testing records in applying the three-tier testing frequency schedule described above;

- Where the basis for probation or discipline is a single incident or conviction involving alcohol or drugs, or two incidents or convictions involving alcohol or drugs that were at least seven (7) years apart, that did not occur at work or on the way to or from work, the Board or its designee may skip the first year testing frequency requirement(s);
- Where Respondent is not employed in any health care field, the frequency of testing may be reduced to a minimum of twelve (12) tests per year. If respondent wishes to ~~thereafter~~ return to employment in a health care field, Respondent shall be required to test at least once a week for a period of sixty (60) days before commencing ~~such~~ employment and shall ~~thereafter~~ be required to test at least once a week for a full year before the Board can consider reducing the testing frequency to no less than thirty-six (36) tests per year ~~and so forth~~;
- Respondent's testing requirement may be suspended during any period of tolling of the period of probation;
- [In cases where no current substance use disorder is made] Where Respondent has a demonstrated period of sobriety and/or non-use, the Board or its designee may reduce the testing frequency to no less than twenty-four (24) tests per year.

Any detection through testing of alcohol or of a controlled substance or dangerous drug absent documentation that the detected substance was taken pursuant to a legitimate prescription and a necessary treatment, may cause the Board or its designee to increase the frequency of testing in addition to any other action including, but not limited to, further disciplinary action.

Respondent shall have the test performed by a Board-approved laboratory certified and accredited by the U.S. Department of Health and Human Services on the same day that he or she is notified that a test is required. This shall ensure that the test results are sent immediately to the Board or its designee. Failure to comply within the time specified shall be considered an admission of a positive drug screen and constitutes a violation of probation. If a test results in a determination that the urine admission was too diluted for testing, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation. If an ~~“out of range”~~ suspected altered test result is obtained, the Board may require Respondent to immediately undergo a physical examination and to complete laboratory and testing, with costs to be shall be paid by Respondent. An ~~“out of range”~~ result is one in which, based on scientific principles, includes Respondent attempted to alter the test results in order to either render the test invalid or obtain a negative result when a positive result should have been the outcome. If it is determined that the Respondent altered the test results, the result shall be considered an admission of a positive urine screen, and constitutes a violation of probation and Respondent must cease practicing. Respondent shall not resume practice until notified by the Board. If Respondent tests positive for a banned substance, Respondent shall be ordered by the Board to cease any practice and may not practice unless and until notified by the Board. All alternative drug testing sites used during a ~~the course of~~ due to vacation or travel outside of California, must be approved by the Board or its designee prior to the vacation or travel.

Source: Uniform Standards #4, #8-10 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised date April 2011 and Section 315.2 of the Business and Professions Code.

4. ABSTAIN FROM USE OF ALCOHOL, CONTROLLED SUBSTANCES AND DANGEROUS DRUGS –

Respondent shall abstain completely from the possession, injection or consumption, ~~of any route,~~ including inhalation, of all psychotropic (mood altering) drugs, including alcohol, ~~and including~~ controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code Section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed by a ~~physical~~ physician and surgeon, or nurse practitioner for a bona fide illness or condition. Within fifteen (15) calendar days of receiving any lawful prescription medications, Respondent shall notify the Board or its designee in writing of the following: prescriber's name, address, telephone number; medication name and strength; issuing pharmacy's name, address and telephone number; and the specific medicinal purpose for the medication. Respondent shall also provide a current list of prescribed medications with the prescriber's name, address, and telephone number on each quarterly report submitted. Respondent shall provide the Board or its designee with a signed and dated medical release covering the entire probation period.

Respondent shall identify for the Board or its designee's approval a single coordinating physician, surgeon or psychologist who ~~is shall be~~ aware of Respondent's history of substance abuse and who will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled substances, psychotropic or mood altering drugs. Once a Board-approved physician, surgeon or psychologist has been identified, Respondent shall provide a copy of the accusation and decision to that person. The coordinating physician shall report on a quarterly basis to the Board or its designee ~~on a quarterly basis~~, Respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of such substances.

The Board may require that only a physician, surgeon or psychologist who is a specialist in addictive medicine be approved as the coordinating physician.

If Respondent has a positive drug screen for any substances not legally authorized, Respondent shall be ordered by the Board to cease any practice and Respondent may not practice unless and until notified by the Board. If the Board files a petition to revoke probation or an accusation based upon the positive drug screen, Respondent shall be automatically suspended from practice pending the final decision on the petition to revoke probation ~~or accusation~~. This period of suspension will not apply to the reduction of this probationary period.

Source: Uniform Standards #4, #8 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated April 2011 and Section 315.2. of the Business and Professions Code.

5. FACILITATED GROUP SUPPORT MEETINGS - Within fifteen (15) days from the effective date of the decision, Respondent shall submit to the Board or its designee for prior approval, the name of one or more meeting facilitators. Respondent shall participate in facilitated group support meetings within fifteen (15) days after notification of the Board's approval of the meeting facilitator. When determining

the type and frequency of required facilitated group support meeting attendance, the Board or its designee shall give consideration to the following:

- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- recommendation of the clinical evaluator;
- scope and pattern of use
- licensee's treatment history; and
- nature, duration and severity of substance abuse.

Documentation of attendance shall be submitted by Respondent with each quarterly report. Respondent shall continue attendance in the support such a group for the duration of probation unless notified by the Board that attendance is no longer required.

If a facilitated group support meeting is ordered, the group facilitator shall meet the following qualifications and requirements. ~~The group meeting facilitator shall:~~

1. Be licensed or certified by the state or other nationally certified organizations.
- 1-2. Have a minimum of three (3) years of experience in the treatment and rehabilitation of substance abuse. ~~and shall be licensed or certified by the state or other nationally certified organizations.~~
- 2-3. Not have a financial, personal or business relationship with the licensee in the last five (5) years.
- 3-4. Provide to the Board or its designee a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance and the licensee's level of participation and progress.
- 4-5. Report any unexcused absence to the Board or its designee within 24 hours.

Source: Uniform Standard #5 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated April 2011.

(6) **CLINICAL DIAGNOSTIC EVALUATION** – Upon order of the Board, Respondent shall undergo a clinical diagnostic evaluation. The Board or its designee shall select ~~of approve an~~ evaluator(s) who holding a valid, unrestricted license to practice ~~with in~~ the scope of practice that includes ~~the conducting of~~ clinical diagnostic evaluations and possesses at least three (3) years of experience conducting such evaluations of health care professionals with alcohol or substance abuse problems. The evaluator(s) shall not have had a financial, personal, or business relationship with Respondent within the last five (5) years. The evaluator(s) shall provide an objective, unbiased and independent evaluation of Respondent. Respondent shall provide the evaluator with a copy of the Board's decision prior to the clinical diagnostic evaluation being performed.

Any time Respondent is ordered to undergo a clinical diagnostic evaluation, Respondent shall cease practice for a minimum of 30 days after the evaluation pending the results of the clinical diagnostic evaluation and review by the Board. During such time, Respondent shall submit to random drug testing no less than two (2) times per week.

It is Respondent's ~~responsibility to have~~ ~~shall cause~~ the evaluator ~~to~~ submit to the Board or its designee a written clinical diagnostic evaluation report within 10 days from the date the evaluation was completed, unless an extension, not to exceed 30 days, is granted to the evaluator by the Board. The cost of ~~such the~~ evaluation shall be paid by Respondent. The evaluation(s) shall be conducted in accordance with acceptable professional standards for alcohol or substance abuse clinical diagnostic evaluations. The written report(s) shall set forth, at least, the opinions of the evaluator as to: whether Respondent has an alcohol or substance abuse problem, whether respondent is a threat to him/herself or others; and recommendations for alcohol or substance abuse treatment, practice restrictions or other steps related to Respondent's rehabilitation and safe practice. If the evaluator determines during the evaluation process that Respondent is a threat to him/herself or others, the evaluator shall notify the Board or its designee within twenty-four (24) hours. Respondent shall cease practice until the Board determines that ~~he or she~~ Respondent is able to safely practice either full-time or part-time and has had at least 30 days of negative drug test results. Respondent shall comply with any restrictions or recommendations made as a result of the clinical diagnostic evaluation.

Source: Uniform Standards #1, #2 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated April 2011 and Section 315.4 of the Business and Professions Code.

(7) **DRUG OR ALCOHOL ABUSE TREATMENT PROGRAM** – Upon order of the Board, Respondent shall successfully complete an inpatient, outpatient or any other type of recovery and relapse prevention treatment program as directed by the Board or its designee. When determining ~~if whether~~ Respondent ~~should shall~~ be required to participate in inpatient, outpatient or any other type of treatment, the Board or its designee shall take into consideration the recommendation of the clinical diagnostic evaluation; ~~the~~ license type; ~~the~~ licensee's history; ~~the~~ length of sobriety; ~~the~~ scope and pattern of substance abuse; ~~the~~ treatment history; ~~the~~ medical history; ~~the~~ current medical condition; nature, duration and severity of substance abuse; and whether the licensee is a threat to himself/herself or others.

Source: Uniform Standards #6 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated April 2011.

Veterinary Medical Board

1747 N. MARKET BOULEVARD, SUITE 230, SACRAMENTO, CA 95834
TELEPHONE: 916-515-5220 FAX: 916-928-6849 | WWW.VMB.CA.GOV



MEMORANDUM

DATE	November 14, 2018
TO	Veterinary Medical Board
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Agenda Item 8F. Comments Received for Regulatory Proposal Regarding Sections 2070 & 2071, Article 7, Division 20, Title 16 of the CCR Regarding Proposed Fee Increases

Background

The regulatory proposal for Fee Schedule was submitted as an emergency regulation and approved by the Office of Administrative Law (OAL) and went into effect on [March 5, 2018](#). Per Government Code section [11346.1\(e\)](#), the Veterinary Medical Board (Board) is required to submit a regular notice and comment period and full rulemaking file (known as a Certificate of Compliance) within 180-days from the effective date of the emergency regulation. The Board can re-adopt the emergency regulation through two 90-day extensions if additional time is needed past the initial 180-days.

On [August 1, 2018](#), OAL approved a 90-day re-adoption of the emergency regulations and on [October 16, 2018](#), OAL approved a second 90-day re-adoption of the emergency regulations. The certificate of compliance has a final due date of March 5, 2019.

The [Certificate of Compliance for fee schedule](#) was noticed by OAL on [October 12, 2018](#) which began the 45-day comment period. The 45-day comment period will close on November 26, 2018. The Board has received a total of five (5) responses during each comment period: one (1) response during the initial emergency comment period, two (2) responses during the re-adoption of the emergency regulations, and two (2) responses during the Certificate of Compliance. Following the 45-day comment period, Board staff will prepare the final rulemaking package that includes the Final Statement of Reasons which will address all comments received during the comment periods.

Board staff aggregated the comments received to date and has recommended responses to the comments for the Board's consideration and review.

Emergency Regulation Comment (Comment period 02/21 – 02/28/2018)

- Summary of comment one (1):

The Board is not meeting projected numbers of veterinary assistant controlled substance permit (VACSP) applicants as originally anticipated, and there is a lack of revenue from the VACSP program because of this shortfall.

The Board should raise VACSP fees due to the lack of applicants projected.

- Board staff recommended response to comment one (1):

While the number of VACSP applicants has not met anticipated volume, this is not necessarily due to a Board overestimation. The veterinary assistant profession appears to have been slower to adopt the new license than was anticipated, but the Board continues to see a continued high rate of VACSP application submissions since the program was implemented. Additionally, per [Business and Professions Code \(BPC\) section 4836.2](#), the VACSP fee is already at the statutory cap and can only be increased with a legislative bill and subsequent filing of regulations.

- Summary of comment two (2):

High costs for RVT applicants are due to Office of Professional Examination Services (OPES) examination development and the Board could reduce costs for RVTs by asking the American Association of Veterinary State Boards (AAVSB) to include California-specific law questions in the national examination and provide a California mail out exam.

- Board staff recommended response to comment two (2):

Prior to the fee increase, examination fees collected for the California RVT examination were not accounting for actual costs of development, preparation, and administration of the examination, as was illustrated in the independent fee audit conducted by the Board. Additionally, consideration of the RVT salary levels (as compared to veterinarians) has always been a factor in attempting to keep RVT fees reasonable.

OPES recommended the Board maintain authority of the RVT examination due to examination security and to ensure a psychometrically sound examination and therefore does not recommend AAVSB administer the California veterinary technician examination.

- Summary of comment three (3):

High costs for the RVT examination and application presents barriers of entry to RVT candidate and a further increase of fees would cause RVTs to opt out of taking the examinations.

- Board staff recommended response to comment three (3):

In accordance with [BPC section 4800.1](#), the Board's highest priority is protection of the public in exercising its regulatory, licensing, inspection, and disciplinary functions. The Board is a self-supporting, special fund agency that generates its revenues from fees charged for licensing and registration. To perform its regulatory, licensing, inspection, and disciplinary functions, the Board must generate sufficient revenues from fees associated with licensing and registration. The Board is also required to maintain a Contingent Fund reserve of no less than three (3) months and no more than ten (10)

months of annual authorized expenditures, pursuant to BPC section [BPC section 4905\(o\)](#).

Beginning in FY 2014-2015, Board revenue has not kept pace with its authorized expenditures, thereby creating a structural imbalance where the Board's Contingent Fund (i.e. "savings account") is declining. That is, the Board's revenues, on a FY basis, are less than its expenditures creating a budget deficit. In order to make up for the operating budget deficit, the Board subsidizes its structural imbalance via funds from its Contingent Fund, which, in its current state, is declining and unable to subsidize the structural imbalance.

The Board's last fee schedule increase was effective in March 2012. At that time, the Board noted its need for increased fees were due to increased costs for services provided by the Division of Investigation (DOI) and Attorney General's Office (AG), personnel, and other general costs. These costs have continued to climb. In addition, an increased enforcement workload has contributed to higher expenditures specific to the DOI, AG, and Office of Administrative Hearings (OAH). Further, the Board conducted an independent fee audit that showed the need to increase fees to account for these continued rising costs.

As the Board's costs associated with performing its core functions have risen sharply, the Board is currently experiencing a severe fiscal imbalance. This proposed fee increase would increase fees associated with veterinarian licensure, premises permits, and registered veterinary technician registrations so that the Board can continue to perform its core functions and properly protect the public. These proposed fee increases would resolve the structural imbalance of the Board, while maintaining compliance with [BPC section 4905\(o\)](#).

The Board considered the fee increases based on the ability of the individual applicant or licensee to absorb the increased costs. For example, the 100% hospital fee increase is based on the determination that veterinary hospital premises can absorb a larger fee increase due to the larger amounts of revenue that they generate, as opposed to an individual applicant or licensee. In addition, the Board chose a smaller increase to RVT fees because it would be more financially taxing and difficult for RVTs to absorb a higher fee increase than that of a veterinarian or a hospital premises based on their earning ability. A portion of the \$600 fee is not due to Board expenses, but is a standard expense included in the VTNE. The AAVSB mandates the cost of the VTNE and set the fee, which is not under the Board's control.

Additionally, the Board reviewed other similar Department fees for comparison. The fees from boards with licensees similar to the Board reflected that the Board had one of the smaller fees per license type and the proposed fee increases were not out of line with other similar professions.

- Summary of comment four (4):
Premises have a greater means of bearing the additional costs associated with a fee increase than RVTs. Increasing costs of premise permits by an additional \$12 annually would generate the same amount of revenue as the proposed RVT fee increase.

- Board staff recommended response to comment four (4):
The Board is unable to further increase veterinary premises fees as they are already at their [\\$400 statutory cap](#) and may only be increased with a legislative bill and subsequent filing of regulations.

Re-Adoption of Emergency Regulation Comments (Comment period 07/26 – 08/01/2018)

- Comment five (5):
“Is the budget shortfall actually due to insufficient revenue or is it due to mismanagement?”
- Board staff recommended response to comment five (5):
In accordance with [BPC section 4800.1](#), the Board’s highest priority is protection of the public in exercising its regulatory, licensing, inspection, and disciplinary functions. The Board is a self-supporting, special fund agency that generates its revenues from fees charged for licensing and registration. In order to perform its regulatory, licensing, inspection, and disciplinary functions, the Board must generate sufficient revenues from fees associated with licensing and registration. The Board is also required to maintain a Fund Condition reserve of no less than three (3) months and no more than ten (10) months of annual authorized expenditures, pursuant to BPC section [BPC section 4905\(o\)](#).

Beginning in FY 2014-2015, Board revenue has not kept pace with its authorized expenditures, thereby creating a structural imbalance where the Board’s Contingent Fund (i.e. “savings account”) is declining. That is, the Board’s revenues, on a FY basis, are less than its expenditures creating a budget deficit. In order to make up for the operating budget deficit, the Board subsidizes its structural imbalance via funds from its Contingent Fund, which, in its current state, is declining and unable to subsidize the structural imbalance.

The Board’s last fee schedule increase was effective in March 2012. At that time, the Board noted its need for increased fees were due to increased costs for services provided by the Division of Investigation (DOI) and Attorney General’s Office (AG), personnel, and other general costs. These costs have continued to climb. In addition, an increased enforcement workload has contributed to higher expenditures specific to the DOI, AG, and Office of Administrative Hearings (OAH).

As the Board’s costs associated with performing its core functions have risen sharply, the Board is currently experiencing a severe fiscal imbalance. This proposed fee increase would increase fees associated with veterinarian licensure, premises permits, and registered veterinary technician registrations so that the Board can continue to perform its core functions and properly protect the public.

The Board’s current structural imbalance is a byproduct of several factors, some within the Board’s control and others outside of the Board’s control. These factors include the following:

- *Almost a 100% increase in consumer complaint volume and case processing from fiscal year (FY) 2013-2014 to FY 2016-2017.*
- *Interdepartmental fee increases for services performed by the AG and OAH.*
- *Legislative mandates enacted by Senate Bill (SB) 304 (Lieu, Chapter 515, Statutes of 2013) to increase veterinary premises inspections to 20% of premises*

per year and to enact the Veterinary Assistant Controlled Substances Permit (VACSP) program.

- o Revenues from the VACSP program have materialized at a slower rate than projected leading to a deficiency in needed revenue from the program.*
 - o Increases to Personnel Services including general salary increases negotiated by the State and mandated health care and retirement contributions.*
 - o Intradepartmental increases in pro rata including the DOI, Office of Professional Examination Services, and BreEZe database costs.*
 - o Increase in Subject Matter Expert and Hospital Inspector contracted compensation.*
 - o Increases in authorized staff positions from 12.8 in FY 2013-2014 to 23.8 in FY 2014-2015 and ongoing for the enforcement, premises inspection, and VACSP programs.*
- Summary of comment six (6):
A fee increase would cause a barrier to licensure for RVTs and reduce consumer protection due to RVTs opting out of taking the examination. The Board should reduce staff in lieu of raising fees.
 - Board staff recommended response to comment six (6):
In accordance with [BPC section 4800.1](#), the Board's highest priority is protection of the public in exercising its regulatory, licensing, inspection, and disciplinary functions. The Board is a self-supporting, special fund agency that generates its revenues from fees charged for licensing and registration. In order to perform its regulatory, licensing, inspection, and disciplinary functions, the Board must generate sufficient revenues from fees associated with licensing and registration. The Board is also required to maintain a Fund Condition reserve of no less than three (3) months and no more than ten (10) months of annual authorized expenditures, pursuant to BPC section [BPC section 4905\(o\)](#).

Beginning in FY 2014-2015, Board revenue has not kept pace with its authorized expenditures, thereby creating a structural imbalance where the Board's Contingent Fund (i.e. "savings account") is declining. That is, the Board's revenues, on a FY basis, are less than its expenditures creating a budget deficit. In order to make up for the operating budget deficit, the Board subsidizes its structural imbalance via funds from its Contingent Fund, which, in its current state, is declining and unable to subsidize the structural imbalance.

The Board's last fee schedule increase was effective in March 2012. At that time, the Board noted its need for increased fees were due to increased costs for services provided by the Division of Investigation (DOI) and Attorney General's Office (AG), personnel, and other general costs. These costs have continued to climb. In addition, an increased enforcement workload has contributed to higher expenditures specific to the DOI, AG, and Office of Administrative Hearings (OAH).

As the Board's costs associated with performing its core functions have risen sharply, the Board is currently experiencing a severe fiscal imbalance. The fee increase increases fees associated with veterinarian licensure, premises permits, and registered veterinary technician registrations so that the Board can continue to perform its core functions and properly protect the public.

To address the Board's structural imbalance and need for additional revenue, staff contracted with Capitol Accounting Partners (CAP) to conduct a comprehensive fee audit and report that included cost analysis of the Board's administrative, licensing, premises and enforcement programs as well as prepared fee and revenue projections. Additionally, staff researched other Department of Consumer Affairs (DCA) boards for fee equivalency within its applicant and licensing populations.

The CAP audit report confirmed the structural imbalance of the Board and the need for additional revenue. The CAP audit report recommended that to be structurally solvent, the Board must immediately generate at least \$5.3 million in total revenue each FY to fund its operational costs and maintain the mandatory healthy Contingent Fund reserve of 3-10 months. The audit showed the Board's fees generate approximately \$4.3 million in revenues, leaving a structural imbalance of approximately \$1 million. The Board's fee schedule increase proposal focuses on fees that generate 97% of the Board's revenue by drawing from fee categories with a larger volume of fees as opposed to smaller fee sources where the impact to the fee, and, ultimately, the number of individual applicants or licensees, must be greater to make up the requisite revenue. Specific fees were calculated based on total additional revenue required to maintain fund solvency, the Board's fee audit, a review of each licensee's ability to absorb an increase to individual fees, and comparative analysis of similar professional fees.

The Board's fee increase for RVTs is a 14% rise in fees, while veterinarian increase is 20% and premises permits are 100%. The Board considered RVT salary when determining the fee increase, but due to the increased costs facing the Board, predominantly as a result of the dramatic complaint increase and associated costs, the Board must increase fees for licensure because fees generate 97% of the Board's revenue (45% revenue from initial application fees, licensing, and examination fees plus 52% revenue from renewal fees) and the Board was facing a shortfall of approximately \$1 million to meet the Contingent Fund minimums as mandated by [BPC section 4905\(o\)](#).

Certificate of Compliance Comments (Comment period 10/12 – 11/26/2018)

- **Summary of comment seven (7):**
Small veterinary practices face difficulties affording the premise fee increase as compared to a large veterinary practice and the Board should base premise permit fee amounts based on the size of the practice.
- **Board staff recommended response to comment seven (7):**
The Board chose to increase the premise permit fees to the statutory cap of \$400 based on the CAP fee audit, review of similar licenses, and the veterinary premises ability to absorb the fee increase. The Board was tasked with addressing its structural imbalance and did so while taking into the consideration individual license types and their ability to absorb additional fees.

Further, the Board does not have a means to track the size of a veterinary premises based on employment figures. A premise may report it has a certain number of employees; however, this can change on a daily basis and the Board has no reasonable means of tracking or ensuring the practice provides accurate information.

Attachments

- Comments received to date regarding the regulatory proposal for fee increase.

Emergency Regulation Comments

Comment Period Effective February 21, 2018 - February 28, 2018



February 23, 2018

Ethan Mathes, Licensing Manager
Veterinary Medical Board
1747 N Market Blvd.
Sacramento CA 95834

Dear Mr. Mathes:

Re: Proposed Emergency Regulations

Our association has serious concerns regarding the proposed emergency regulations.

Outlined below is a summary of our concerns:

1. The VMB states that it estimated 10,000 VACSPs were likely to be generated in 2016/17 but only 3665 have been issued as of January 2018. CaRVTA always asserted that these estimates were way too high, with a more realistic number being 1 VACSP per premise, if that. The VMB also requested 5.5 positions to handle the larger VACSP program and has since prepared a Budget Change Proposal to make those positions permanent based on the complexity of application review. This means that with a fee of \$50 and a population of permit holders that is significantly less than anticipated, the program is not fiscally solvent and is being subsidized by other licensing fees, e.g., veterinarians, RVTs and premise permits. Since the Board is in such dire straits, why hasn't the Board requested a fee increase for the VACSP program along with all the other fee increases since this program is clearly not generating the income anticipated?
2. RVTs were told that the cost of the California RVT Exam would most likely go down when we transitioned to using the national examination (VTNE) and the California exam became just a law exam. Instead, the VMB is proposing increases in the application *and* exam fees. The higher fees are due in part to the convoluted process that OPES has imposed on the Board for a simple law exam for RVTs. One cost saving measure for the VMB would be to ask the American Association of Veterinary State Boards (AAVSB) to include a few law questions on the VTNE for California RVT candidates and to then create a mail out or electronic law exam similar to the one used for veterinarians. The high costs associated with preparing a law exam for RVTs who work only under supervision of a veterinarian are unwarranted.
3. Application and exam fees were already too high for RVT candidates who usually make a relatively low wage. Prior to the transition to the VTNE in 2014, it cost RVT candidates \$300 to apply for and take the licensing examination. It now costs candidates a total of \$615, a 105% increase. The proposal adds another \$50, raising the fees to candidates by 121% over the prior costs. The Board states in its request

that there is no significant impact on licensees or businesses; however, a significant number of RVT graduates already opt out of taking the licensing exams due to cost, which has a significant impact on the potential RVTs and the veterinarians trying to hire them.

4. CaRVTA has alerted the VMB about our concerns over high fees for RVTs and its impact on the profession for years. We included this issue in our most recent Sunset response. The only response we have seen from the VMB is fee increases.
5. ***There are other options than the ones proposed by the VMB. Additional fees should be paid by the hospitals that generate the income, not RVT candidates. Raising the Premise Permit fee by an additional \$12 per year would generate the same amount of revenue as the \$25 increases on RVT application and exam fees.***

We believe that the fee increases on RVT candidates as proposed would be a serious barrier to licensure and *reduce*, not enhance the VMB mission of consumer protection by reducing the number of RVT candidates. The VMB has other options to improve its financial condition, including insuring that all staff positions are being fully productive, reviewing the cost effectiveness of the RVT exam process, and insuring that each program within its jurisdiction is funded appropriately. If fees must be raised, the VMB should raise them for all license categories, including VACSPs and premises that can afford them rather than for RVT candidates who cannot.

Yours truly,

Nancy Ehrlich, RVT
Regulatory/Legislative Advocate, CaRVTA
cc: OAL
Cheryl Waterhouse, Board President

1017 L St. #389 Sacramento CA 95814 916 244-2494 www.carvta.com

Re-Adoption of Emergency Regulation Comments
Comment Period Effective July 26, 2018 – August 1, 2018



July 26, 2018

Amanda Drummond, Administrative Programs Coordinator
Veterinary Medical Board
1747 N Market Blvd.
Sacramento CA 95834

RECEIVED
JUL 30 2018
VMB/RVTC

Dear Ms Drummond:

Re: Emergency Fee Increase

Our association has the same serious concerns regarding the extension of the emergency fee increase regulations that we did when first proposed.

Outlined below is a summary of our concerns:

1. Is the budget shortfall actually due to insufficient revenue or is it due to mismanagement?
2. Has the DCA conducted an internal audit during the last 4-5 years?
3. The VMB says it estimated that 10,000 VACSPs were likely to be generated in 2016/17, but only 3972 have been issued as of April 2018. According to the VMB's 2015 Sunset Report, they were actually estimating 13,600 VACSPs would be issued (\$680,000 divided by \$50 application fee). CaRVTA always asserted that these estimates were way too high, with a more realistic number being 1 VACSP per premise.
4. RVTs were told that the cost of the California RVT Exam would most likely go down when we transitioned to using the national examination (VTNE). Instead, the VMB is increasing both the application *and* exam fees.
5. Application and exam fees were already too high for RVT candidates. A significant number of RVT graduates opt out of taking the licensing exams due to cost.
6. Increasing RVT application and exam fees will reduce the number of RVT candidates, decreasing consumer protection.
7. CaRVTA has alerted the VMB about our concerns over high fees for RVTs for years. We included this issue in our most recent Sunset response.

There are other options than the ones proposed by the VMB. If fees must be increased, they should be paid by the hospitals that generate the income, not RVT candidates. Raising the Premise Permit fee by an additional \$12 per year would generate the same amount of revenue as the \$25 increases on RVT application and exam fees. Another way to save money would be to eliminate all the committees working on the RVT exam and create an open-book electronic exam on the law just as veterinarians have. The AAVSB could add several law questions to the exam for California as they do for some other states. Pro-rata costs to OPES could be reduced accordingly.

We believe that the fee increases on RVT candidates as already instituted will be a serious barrier to licensure and reduce, not enhance the VMB mission of consumer protection. The VMB has other options to improve its financial condition, including downsizing unnecessary staff, insuring that all staff positions are being fully productive and reviewing the cost effectiveness of the RVT exam process. If fees must be raised, the VMB should raise them for premises that can afford them rather than for RVT candidates who cannot.

Yours truly,

Nancy Ehrlich, RVT
Regulatory/Legislative Advocate, CaRVTA

cc: OAL

1017 L St. #389 Sacramento CA 95814 916 244-2494 www.carvta.org

Gladys A. Blose
333 Corte Madera Ave.
Mill Valley, CA 94941

Amanda Drummond, Administrative Program Coordinator
1747 N. Market Blvd.
Sacramento, CA 95834

RECEIVED
AUG 02 2018
VMB/RVTC

July 27, 2018

Dear Ms. Drummond,

Re: Emergency Fee Increase

As a future Registered Veterinary Technician candidate in the state of California, I am very concerned that the Veterinary Medical Board is not addressing issues of importance to RVTs.

I believe that the fee increases on RVT candidates as already instituted will be a serious barrier to licensure and reduce, not enhance the VMB mission of consumer protection. The VMB has other options to improve its financial condition, including downsizing unnecessary staff, insuring that all staff positions are being fully productive and reviewing the cost effectiveness of the RVT exam process. If fees must be raised, the VMB should raise them for premises that can afford them rather than for RVT candidates who cannot.

Thank you for the attention to this matter.



Gladys A. Blose
LVT

Certificate of Compliance Regulation Comments

October 12, 2018 - November 26, 2018

From: info@sdvetbehavior.com
To: Drummond.Amanda@DCA
Subject: concerns with 100% increase in premise annual license!
Date: Friday, October 12, 2018 1:08:01 PM
Attachments: [image003.png](#)
Importance: High

To whom it may concern:

Since you did not provide an e-mail address to cc to Office of Admin Law (Office of Administrative Law 300 Capitol Mall, Suite 1250 Sacramento, CA 95814) please forward this message to them since you apparently want to cc them as well to comments:

As a single specialty practitioner in a relatively low gross (<\$150K) veterinary practice where I am the ONLY Veterinary Behaviorist based out of San Diego, the 100% increase in premise license is a BIG increase in overhead for my specialty practice especially since I only lease an exam room for selected days within a larger veterinary facility run by a relatively large corporation that already pays a premise fee for the facility.

The Premise fee in general and the huge increase specifically targeted to fill a budget gap on the back of premise license holders following the practice regulation requirements seems like a very regressive tax as my tiny single specialty doctor practice (only employee is my wife that works from our home office) is the same \$400 as a huge facility like VCA Animal Specialty group or VCA Mission Valley specialty hospital, etc. that employ dozens of veterinarians and likely have a gross well of several million \$ per year. It is insane that we pay the same premise fee where mine is hundreds of times higher proportion of my gross than any other large veterinary multi-doctor practice that only has to have 1 premise fee. When the premise fee was around \$100/yr and I only leased an exam room from a large practice that was already annoying to have to have multiple fees for the same premise but now that is \$400/yr that is really outrageous and costly. Since pet parents must usually get rid of their pet or euthanize it if they cannot get specialty help with the pet's behavior (all too often the presentation to Veterinary Behaviorists throughout North America), I try hard to keep the client fees relatively reasonable so that pet parents of all socio-economical levels since our life-saving specialty services (since most pets live their full lives as beloved pets and utilizing a lifetime of veterinary services and pet products) but practice overhead (license fees, prescription/DEA fees, memberships, etc.) all must be passed on the the consumer as you must know.

A much better and appropriate premise permit approach would be to make the premise permit amount somehow based on the size of the practice like the San Diego business license that is based on the number of employees (represents the size of the business in most governmental analyses) or the number of individual veterinary licenses using the premise permit (\$100 each for single doctor practices pay relatively less and very large practices with a multitude of doctors pay commensurately more for the annual premise permit) or square footage of the actual owned or leased space, which, again would vary based on size of the practice and generally track the gross. In this way the premise permit would bring in likely MORE revenue to help the board but not be so onerous on tiny practices as the \$400/yr current formula just to lease a tiny exam room is for my practice.

Your attention to phasing in a more progressive and fair premise tax would be most appreciated by hundreds of small practitioners throughout the state.

PM

Patrick Melese DVM, MA, DACVB

Board Certified Veterinary Behaviorist



[5040 Convoy St. Ste. B](#)

San Diego, CA 92111

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E-mail: info@sdvetbehavior.com

Web: www.sdvetbehavior.com

Helping Southern California pet owners improve their pet's behavior for over 30 years.

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October 24, 2018

Amanda Drummond, Administrative Program Coordinator
Veterinary Medical Board
1747 N Market Blvd.
Sacramento CA 95834

Dear Ms Drummond:

Re: Proposed Fee Increases

Our association has strong objections to the proposed fee increases for Registered Veterinary Technicians (RVTs).

It appears that RVTs are being asked to pay for the mistake the Veterinary Medical Board (VMB) made in overestimating the number of VACSPs that would be issued. As of August 2018 there was a total of 4022 clear VACSPs. The VMB states that this is due to slow sign ups. The reality is that the original estimate was unreasonably high and the number of VACSPs is unlikely to grow much. If the VMB insists on maintaining the current level of staffing for the VACSP program, then the fee for that program should be raised. Why has that not been proposed?

RVTs were told that the cost of the California RVT Exam would most likely go down when the national examination (VTNE) was added. Instead, the VMB is proposing increases in the application *and* exam fees. Prior to this increase, application and exam fees were already too high for RVT candidates who usually make relatively low wages. A significant number of RVT graduates opt out of taking the licensing exams due to cost, which has a significant impact on the ability of veterinarians who need to hire RVTs. Increasing RVT application and exam fees will reduce the number of RVT candidates, decreasing consumer protection.

There are other options than the ones proposed by the VMB. Fee increases should be borne by the hospitals that generate the income, not RVTs or RVT candidates. A modest increase in the Premise Permit fee could generate the same amount of revenue as the increases on RVT application and exam fees.

We believe that the fee increases on RVTs and RVT candidates as proposed will be a serious barrier to licensure and reduce, not enhance the VMB mission of consumer protection.

Yours truly,

Nancy Ehrlich, RVT
Regulatory/Legislative Advocate, CaRVTA



MEMORANDUM

DATE	February 2, 2018
TO	Members Veterinary Medical Board
FROM	Tara Welch, Attorney III Legal Affairs Division, Department of Consumer Affairs
SUBJECT	Corporate Practice of Veterinary Medicine

Questions Presented

Can a general corporation own or operate a veterinary medical practice or influence the standards of veterinary medicine practice?

Short Answers

Current statutory and regulatory law does not explicitly prohibit general corporate ownership or operation of a veterinary medical practice or influence over the standards of veterinary medicine practice.

Discussion

In recent years, there has been a trend toward large corporations purchasing smaller veterinary practices. These mergers may be beneficial to consumers, who can continue to receive veterinary services for their pets rather than having to find a new veterinary practice if the small veterinary practice otherwise closed, but these mergers raise potential concerns as to whether these corporations are influencing the veterinary care provided by veterinarians and whether California consumers have any protection from the commercialization of veterinary practice.

This memorandum reviews the state laws affecting the corporate practice of medicine, corporate ownership of a veterinary premises, and corporate ownership and operation of a veterinary practice. This memorandum also discusses contractual arrangements for management services of a veterinary practice and the potential implications on consumer protection. This memorandum also provides possible recommendations for the Veterinary Medical Board (Board) to consider submitting to the Legislature in order to address the issues raised herein.

A. Background on the Corporate Practice of Medicine and Professional Corporations

A corporation is a legal entity created by statute, which permits a group of people, as shareholders, to apply to the government (the California Secretary of State) for an independent organization to be created. A corporation is empowered with legal rights usually only reserved for individuals, such as to

sue and be sued, to own property, hire employees, or borrow and loan money. Benefits to individuals organizing as a corporation include immunity from individual liability and reductions in taxes applicable to the income received by the organizing individuals.

According to the California Research Bureau, “[b]etween 1905 and 1917, courts in several states ruled that corporations could not engage in the commercial practice of medicine, even if they employed licensed physicians, because a corporation could not be licensed to practice medicine and commercialism in medicine was contrary to sound public policy.” (A. Kim, California Research Bureau, *The Corporate Practice of Medicine Doctrine* (Oct. 2007), CRB 07-011, p. 12.) These courts established the common-law corporate practice of medicine doctrine, which bans the corporate practice of medicine.

As the corporate practice of medicine doctrine developed under common law, in the 1930s, several statutes were enacted in California’s Medical Practice Act to prohibit unlicensed persons from practicing medicine, employment of unlicensed physicians, and interference with a physician’s medical judgment (Bus. & Prof. Code, §§ 2052, 2264, 2401). These statutes protect patients from a treating physician with divided loyalties between independent medical judgment and meeting the demands of a lay person or entity (corporate owner).

In 1968, the Moscone-Knox Professional Corporation Act (Moscone-Knox) (Corp. Code, § 13400 et seq.) established the ability of individuals who are professionally licensed to organize as a professional corporation. Moscone-Knox defines “professional corporation” to mean a corporation organized under the General Corporation Law that is engaged in rendering professional services in a single profession pursuant to a certificate or registration issued by the governmental agency regulating the profession and designates itself as a professional or other corporation as required by statute, and “professional services” means any type of professional services that may be lawfully rendered only pursuant to a license, certification, or registration authorized by the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act.” (Corp. Code, § 13401(a), (b).)

Following the enactment of Moscone-Knox, the California Attorney General issued an opinion that further clarified California’s corporate practice of medicine doctrine and stated that a corporation is a creature created by statute, and, aside from Moscone-Knox and nonprofit corporation provisions, the Corporations Code does not provide specific authority for a corporation to practice the healing arts. (58 Ops. Cal. Atty. Gen. 755, 758 (1975).) That opinion also stated that “[e]xcept as otherwise specifically provided by statute, it is well settled that neither a corporation nor any other unlicensed person or entity may engage, directly or indirectly, in the practice of certain learned professions, including the legal, medical, and dental professions.” (*Id.*)

In 1980, the Medical Practice Act was repealed, revised, and recast. At that time, the Medical Practice Act included that lay entities (e.g., general corporations) have no professional rights, privileges, or powers to practice medicine (Bus. & Prof. Code, § 2400), but professional medical corporations in compliance with Moscone-Knox were exempt from this restriction (Bus. & Prof. Code, § 2402).

With respect to the corporate practice of veterinary medicine, the Veterinary Medicine Practice Act similarly prohibits the unlicensed practice of veterinary medicine and the aiding and abetting of the unlicensed practice of veterinary medicine, and provides that a veterinary corporation is a corporation which is authorized to render professional services, as defined, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are licensed veterinarians are in compliance with the Moscone-Knox (Bus. & Prof. Code, §§ 4825, 4883(j), 4910). Unlike the Medicine Practice Act, the Veterinary Medicine Practice Act does not provide that lay entities

have no professional rights, privileges, or powers to practice veterinary medicine, and there is no explicit ban on interfering with a veterinarian's medical judgment.

B. General Corporate Practice Ban Problem

Although the Medical Practice Act provides limitations on the corporate practice of medicine ("corporations and other artificial legal entities shall have no professional rights privileges, or powers" (Bus. & Prof. Code, § 2400)), most of the other healing arts practice acts do not contain this prohibition. Rather, numerous healing arts practice acts only provide that a professional corporation is authorized to render professional services as long as the shareholders, officers, directors, and employees rendering professional services are licensed and in compliance with the Moscone-Knox (e.g., Veterinary Medicine Practice Act, Bus. & Prof. Code, § 4910; Physical Therapy Practice Act, Bus. & Prof. Code, § 2690). Even though common law bans the corporate practice of medicine, the statutory language authorizing formation of a professional corporation may be interpreted as permissive (i.e., licensees *can* organize as a professional corporation) rather than restrictive (the *only way* to organize as a corporation and provide health care services is to organize as a professional corporation). The statutes are otherwise silent as to whether corporations that do not comply with Moscone-Knox may practice.

Consequently, these boards and their licensees are left to interpret a patchwork of statutes in their respective practice acts, Moscone-Knox, general corporation law, and the Medical Practice Act to determine whether corporate practice of the profession is prohibited. Without statutory language that clearly bans corporations from practicing a health care profession requiring licensure or rendering health care services, healing arts boards struggle with enforcing the corporate practice ban intended to protect consumers from commercial motives of the corporation being asserted over a healing arts licensee's professional judgment.

C. Specific Corporate Practice Ban Problem of Veterinary Medicine

Veterinary medicine, a healing art under the Business and Professions Code, has two problems relative to the corporate practice ban that are unique to veterinary medicine and not applicable to most other healing arts. First, the Medical Practice Act and its ban on the corporate provision of medical services does not apply to the provision of animal health care services. Thus, while some healing arts boards are authorized through their respective practice acts to enforce violations of the Medical Practice Act and could potentially refer to the Medical Practice Act's corporate practice ban statute, the Board is not authorized to rely on that statute. Rather, the Board's authority is limited to the Veterinary Medicine Practice Act statute authorizing licensees to organize as professional corporations pursuant to Moscone-Knox. (Bus. & Prof. Code, § 4910.) But again, that arguably permissive professional corporation language does not specifically ban the practice of the licensed profession or rendering of veterinary services by a general corporation owned by non-licensed individuals.

Second, the Veterinary Medicine Practice Act is unique in that it licenses veterinarians who practice veterinary medicine, registers the veterinary premises, and authorizes professional corporations to render veterinary services. Notably, the Veterinary Medicine Practice Act does not specifically define whether a veterinary premises means the property at which a veterinary practice provides services and does not define a veterinary practice as the business that offers veterinary medical services. This has led to the terms "premises" and "practice" to be used interchangeably, even though they are conceptually very different. The Veterinary Medicine Practice Act requires that a premises be registered but does not require the premises owner to be a licensed veterinarian. Further, the Act is silent as to requiring that a veterinary practice be registered or owned by a licensee.

The lack of definition of the veterinary practice has led to a trend where general corporations are purchasing and operating not only veterinary premises, but also the veterinary practices located at the premises. General corporate ownership of veterinary practices raises potential concerns for consumers in that corporations are in a position to dictate the standards of care provided by the veterinarians employed by the corporation. This situation is analogous to a medical clinic that is owned and operated by unlicensed individuals and where the licensed professionals are employed to render health care services. Under the Medical Practice Act, clinic owners/operators are prohibited from interfering with, controlling, or otherwise directing the professional judgment of a physician and surgeon (Bus. & Prof. Code, § 2401(b)). Conversely, there is no specific statutory prohibition on unlicensed shareholders/owners/operators of either a veterinary premises or practice interfering with the professional judgment of a veterinarian.

Accordingly, national corporations are purchasing veterinary premises, registering the premises in the corporate name, operating the veterinary practices housed at the premises, employing veterinarians as Licensee Managers of the premises, as well as general practitioners, and, ultimately, practicing the licensed profession of veterinary medicine. Such corporations have unlicensed officers who also manage the payroll department and negotiate employment agreements entered into between the general corporation and veterinarians and veterinary staff working at each premises. The employment agreements contain net revenue percentage incentives to sell the corporation's animal care products, including vaccinations, flea treatments, vitamins, shampoos, dental products, and prescription pet foods and services, which may or may not be in the best interest of the animal. Consequently, these employment agreements, and the commission-based fee structures therein, create an environment where veterinarians may believe their employment is at risk if they are not selling the corporate animal care products and services to the client.

In addition, veterinarians who own a veterinary practice may enter into contracts for the provision of management services that may be provided by the corporate premises owner, outside management services organizations, or even as corporate partners in the veterinary practice. These arrangements also potentially allow for corporate control over veterinary medical practice. Notably, since the Medical Practice Act specifically states that legal entities (corporations) have no practice rights but the Veterinary Medicine Practice Act does not, and veterinary premises can be owned by unlicensed entities, general corporation premises and/or practice owners could argue that the lack of a similar limitation of corporate practice rights under the Veterinary Medicine Practice Act shows that the Legislature did not intend to place the same limitations on the corporate practice of veterinary medicine as are applied to the corporate practice of medicine.

Given the recent trend of large corporations merging with small veterinary practices, and the corporations' employment of veterinarians and veterinary staff with financial incentives tied to selling the animal health care products of the corporations, it would be helpful to clarify in statute the boundaries between corporation ownership of the premises and/or practice and the corporation's influence over the practice itself.

D. Possible Board Recommendations of Statutory Solutions

Attached hereto for the Board's consideration is statutory language to address the corporate practice of veterinary medicine in several ways, described further below. These proposals are modeled after the Medical Practice Act and related laws, which provide similar limitations on corporate hospital and clinic ownership and employment of physicians and other healing arts practitioners. Since access to veterinary services may not otherwise be available without the corporate ownership and operation of the veterinary practice, these proposals are intended to provide a conservative approach to updating

the veterinary medicine practice laws without banning general corporation ownership altogether. The bracketed information below refers to the location of the provision in the attached proposals.

1. Limit practice authority of premises permit holders. This proposal would add to the premises permit statute a new provision that the issuance of a premises permit does not authorize the holder of the permit to furnish animal patient advice, services, or treatment and would track a similar provision in the Health and Safety Code prohibiting the practice of medicine by a clinic. [Pg. 1, Bus. & Prof. Code, § 4853, new subd. (d).]
2. Corporation rights, privileges, and power. This proposal would add two new statutes to provide that corporations and other artificial legal entities, other than professional veterinary corporations, have no professional rights, privileges, or powers and are prohibited from engaging in the practice of veterinary medicine; this would track the corporate limitations provided under the Medical Practice Act. [Pgs. 1-2, Bus. & Prof. Code, new §§ 4910.1, 4910.2.]
3. Employment of licensed professionals. This proposal would add a new statute providing for employment by a veterinary clinic or hospital owned by a general corporation of persons licensed under the Veterinary Medicine Practice Act, but prohibit employment agreements providing for clinic or hospital control of professional judgment or services. This provision would also authorize the Board to obtain information from the clinic or hospital (such as employment agreements) to enforce the provision. This proposal tracks the clinic/hospital prohibition on control of professional judgment in the Medical Practice Act, as well as the authority to obtain necessary documents provided in the Pharmacy Act. [Pg. 2, Bus. & Prof. Code, new § 4918.]
4. Management Services Organizations (MSOs). Aside from selling the veterinary practice and becoming employed by a general corporation that owns and operates the veterinary practice, veterinarians may instead enter into agreements for the provision of administrative and/or management services by a management services organization (MSO), which can be beneficial to the veterinary practice by applying management expertise to reduce the operating costs of the practice. These types of arrangements may include agreements in which the management services organizations lease to the veterinarians the facility and medical and non-medical equipment.

As with the general corporate ownership of a veterinary practice problem, there are currently no prohibitions on the exertion of control by an MSO over the professional judgment of the veterinarian. Notably, a general corporate premises owner could also enter into a management services arrangement with the veterinary practice owner. Although these types of arrangements may be necessary for a veterinarian who wants to focus on the provision of animal health care services rather than the day-to-day administrative affairs of running a business, it may be prudent to authorize these types of arrangements by statute, and, in addition to cross-referencing the existing prohibition on patient referral rebates (see Bus. & Prof. Code, § 650), clarify the limitations of these agreements by regulation. This proposal would allow veterinarians to contract for administrative/management services while protecting consumers and animal patients from unlicensed control over the care rendered by the veterinarian. [Pg. 2, Bus. & Prof. Code, new § 4919.]

E. Regulatory Proposals

In addition to the statutory proposals above, the Board may wish to consider adopting regulations to clarify the new authorization in proposed Business and Professions Code, section 4918, subdivision (c) to require the clinic, hospital, or veterinarian to disclose to the Board any information deemed reasonably necessary to enforce the prohibition on contracts providing for control over professional judgment or services. [Pg. 6, CCR, new § 2095.] Additionally, if the Board agrees that management services should be addressed by statute, the Board may wish to consider defining the limitations of MSOs by regulation. [Pgs., 3-5, CCR, new §§ 2090-2093.]

Conclusion

Although the ban on corporate practice of medicine has evolved over time and strengthened human patient protection, the protections for animal patients and their owners has not kept pace. Potential risks exist to consumers and animal patients if commercial motives are prioritized above professional judgment. Due to the increasing corporate ownership and operation of veterinary practices and the need for veterinarians to properly apply their professional judgment on a case-by-case basis, the Board may wish to recommend legislative proposals and adopt regulations to address these issues.

Attachments: Legislative and regulatory proposals

VETERINARY MEDICAL BOARD
Corporate Practice of Veterinary Medicine

Proposed revisions are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Statutory Proposals:

Business and Professions Code, Division 2, Chapter 11

Article 3. Issuance of Licenses.

4853.

(a) All premises where veterinary medicine, veterinary dentistry, veterinary surgery, and the various branches thereof is being practiced shall be registered with the board. The certificate of registration shall be on a form prescribed in accordance with Section 164.

(b) "Premises" for the purpose of this chapter shall include a building, kennel, mobile unit, or vehicle. Mobile units and vehicles shall be exempted from independent registration with the board when they are operated from a building or facility which is the licensee manager's principal place of business and the building is registered with the board, and the registration identifies and declares the use of the mobile unit or vehicle.

(c) Every application for registration of veterinary premises shall set forth in the application the name of the responsible licensee manager who is to act for and on behalf of the licensed premises. Substitution of the responsible licensee manager may be accomplished by application to the board if the following conditions are met:

(1) The person substituted qualifies by presenting satisfactory evidence that he or she possesses a valid, unexpired, and unrevoked license as provided by this chapter and that the license is not currently under suspension.

(2) No circumvention of the law is contemplated by the substitution.

(d) This section does not authorize any person, corporation, or artificial legal entity, other than a licensed practitioner of veterinary medicine or a veterinary corporation practicing pursuant to Article 6 (commencing with Section 4910) of this Chapter and the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), to furnish to any person or animal patient any advice, services, or treatment within the scope of veterinarian licensure under this chapter. This section does not authorize any person, other than a licensed veterinarian within the scope of his or her license, to engage directly or indirectly in the practice of veterinary medicine, surgery, and dentistry. This section does not regulate, govern, or affect in any manner the practice of veterinary medicine, surgery, or dentistry by any person duly licensed to engage in such practice.

Article 6. Veterinary Corporations

4910.1. (a) Corporations and other artificial legal entities shall have no professional rights, privileges, or powers.

(b) The provisions of subdivision (a) do not apply to a veterinary corporation practicing pursuant to the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code) and this article, when such corporation is in compliance with the requirements of these statutes and all other statutes and regulations now or hereafter enacted or adopted pertaining to such corporations and the conduct of their affairs.

4910.2. A professional corporation, foreign professional corporation, or other legal entity not owned exclusively by one or more licensed veterinarians shall not engage in the practice of veterinary medicine.

4918. (a) Except as provided in Section 13403 of the Corporations Code, a veterinary clinic or hospital that is owned by a general corporation, foreign corporation, or other legal entity but is not exclusively owned by one or more licensed persons shall be registered with the board pursuant to Section 4853 and may employ, or enter into contracts or other arrangements with, any person or persons licensed under this chapter, but no such employment, contract, or arrangement shall provide for the rendering, supervision, or control of professional judgment or services other than as authorized by law.

(b) The veterinary clinic or hospital shall not interfere with, control, or otherwise direct the professional judgment of any licensed veterinarian, registered veterinary technician, or veterinary assistant.

(c) The board may require any information the board deems is reasonably necessary for the enforcement of this section.

4919. (a) A veterinarian or group of veterinarians, whether or not incorporated, may employ, or enter into a contract or other arrangements with a management services organization to provide management services to the veterinarian or the veterinary practice, but no such employment, contract, or arrangement shall provide for the management services organization to render control, supervision, or intervention in a veterinarian's practice of veterinary medicine, or violate Section 650.

(b) For purposes of this section, "management services organization" means a person or entity that provides management or administrative services.

(c) The board may require any information the board deems is reasonably necessary for the enforcement of this section.

Proposed Regulations:

California Code of Regulations, Title 16, Division 20

Article 12. Management Services Organizations in Veterinary Practice

2090. Definitions. The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

(a) "Control" means the ability to order or dictate the delivery or the manner of delivery of any services or tasks. Consulting with another person regarding a service or task, or assisting in the performance of a service or task, does not constitute control.

(b) "Intervene" means directly altering the practice of veterinary medicine. Recommending or providing a service or supply or performing management services under this section does not constitute intervention.

(c) "Management services" means those services and activities relating to the operation of a veterinary practice exclusive of the practice of veterinary medicine.

(d) "Management services organization" means a person or entity that provides management services.

(e) "Veterinary medical personnel" means persons under the direct or indirect supervision of a veterinarian who perform duties directly related to the practice of veterinary medicine.

Note: Authority cited: Sections 4808, Business and Professions Code. Reference: Section 4919, Business and Professions Code;

2091. Prohibited Practices.

(a) A management services organization shall not control or intervene in a veterinarian's practice of veterinary medicine. Prohibited activities by a management services organization, whether or not authorized by contract, include but are not limited to:

(1) employing a veterinarian to practice veterinary medicine;

(2) determining the compensation of a veterinarian for the practice of veterinary medicine;

(3) controlling or intervening in a veterinarian's diagnosis, treatment, correction, change, manipulation, relief, or prevention of animal disease, deformity, defect, injury or other physical condition, including the prescription or administration of a drug, biologic, anesthetic, apparatus, or other therapeutic or diagnostic substance or technique;

(4) controlling or intervening in a veterinarian's selection or use of type or quality of medical supplies and pharmaceuticals to be used in the practice of veterinary medicine;

(5) determining the amount of time a veterinarian may spend with a patient;

(6) owning drugs, unless the drugs are owned in compliance with applicable state or federal law;

(7) owning and controlling the records of patients of the veterinarian;

(8) determining the fees to be charged by the veterinarian for the veterinarian's practice of veterinary medicine;

(9) mandating compliance with specific professional standards, protocols, or practice guidelines relating to the practice of veterinary medicine;

(10) placing limitations or conditions upon communications that are clinical in nature with the veterinarian's clients;

(11) requiring a veterinarian to make referrals in violation of section 650 of the code; or

(12) penalizing a veterinarian for reporting violations of a law regulating the practice of veterinary medicine.

(b) Veterinarians, and entities in which veterinarians are the sole owner, shareholders, or partners, are not prohibited from performing the activities set out in subsections (a)(1) - (10) of this section.

Note: Authority cited: Sections 4808, Business and Professions Code. Reference: Section 4919, Business and Professions Code.

2092. Permitted Management Services. Permitted activities by a management services organization include, but are not limited, to:

(a) providing by lease, ownership, or other arrangement:

(1) the facility used by the veterinarian in the practice of veterinary medicine;

(2) the medical equipment, instruments, and supplies used by the veterinarian in the practice of veterinary medicine; and

(3) the business, office, and similar non-medical equipment used by the veterinarian.

(b) providing for the repair, maintenance, renovation, replacement or otherwise of any facility or equipment used by the veterinarian in the practice of veterinary medicine;

(c) providing accounting, financial, payroll, bookkeeping, budget, investment, tax compliance, and similar financial services to the veterinarian;

(d) providing information and information systems and services for the veterinarian so long as any patient records in these systems are clearly owned and freely accessed by the veterinarian;

(e) providing the services of billing and collection of the veterinarian's fees and charges;

(f) arranging for the collection or sale of the veterinarian's accounts receivable;

(g) providing advertising, marketing and public relations services that comply with Section 651 of the code pertaining to the practice of veterinary medicine;

(h) providing contract negotiation, drafting, and similar services for the veterinarian;

(i) providing receptionist, scheduling, messaging, and similar coordination services for the veterinarian;

(j) obtaining all licenses and permits necessary to operate a practice of veterinary medicine that may be obtained by a non-veterinarian, and assisting veterinarians in obtaining licenses and permits necessary to operate a practice of veterinary medicine that may be obtained only by a veterinarian, provided that the executive officer of the board approves the method of payment for veterinary license renewals paid by the management services organization;

(k) assisting in the recruiting, continuing education, training, and legal and logistical peer review services for the veterinarian;

(l) providing insurance, purchasing and claims services for the veterinarian, and including the veterinarian and veterinary medical personnel on the same insurance policies and benefit plans as the management services organization;

(m) providing consulting, business and financial planning, and business practice and other advice;

(n) establishing the price to be charged to the veterinary client for the goods and supplies provided or managed by the management services organizations;

(o) employing and controlling persons who:

(1) perform management services;

(2) are veterinarians employed by a management services organization to perform management services but not the practice of veterinary medicine; or

(3) perform management, administrative, clerical, receptionist, secretarial, bookkeeping, accounting, payroll, billing, collection, boarding, cleaning and other functions; or

(p) employing veterinary medical and other personnel, if a veterinarian present at the practice location in charge of veterinary medicine for that practice location at which the veterinary medical and other personnel work has the right to:

(1) control the medically related procedures, duties, and performance of the veterinary medical and other personnel; and

(2) suspend for medically related reasons the veterinary medical and other personnel unless the suspension is contrary to law, regulation or other legal requirements.

Note: Authority cited: Sections 4808, Business and Professions Code. Reference: Section 4919, Business and Professions Code.

2093. Disclosure of Contracts.

(a) A veterinarian or a group of veterinarians that contract with a management services organization shall:

(1) make available for inspection by the board at the main office of the veterinarian or group of veterinarians copies of the contracts with the management services organizations; and

(2) if the board opens an investigation against a veterinarian or a group of veterinarians, make available to the board copies of the contracts with the management services organizations.

(b) Verbal contracts will not be considered evidence of compliance with this section.

(c) Copies of contracts provided to the board pursuant to this section are confidential and not subject to disclosure pursuant to section 6250 et seq. of the Government Code.

Note: Authority cited: Section 4808, Business and Professions Code. Reference: Section 4919, Business and Professions Code.

Article 13. Requirements for Corporations

2095. Disclosure of Corporate Records

(a) Upon request by the board, a veterinary corporation, foreign veterinary corporation, general corporation, foreign corporation, or other legal entity shall make available for inspection or provide copies of the following:

(1) copies of all documents filed with the Secretary of State.

(2) all corporate records, including, but not limited to, ownership agreements between any director, officer, owner, or shareholder.

(3) any employment contract between the corporation or legal entity and a licensee.


(4) all written policies or procedures.

(b) Copies of corporate records provided to the board pursuant to subsection (a)(2) shall be considered corporate financial records and/or corporate proprietary information including trade secrets and are confidential and not subject to disclosure pursuant to section 6250 et seq. of the Government Code.

Note: Authority cited: Sections 4808 and 4916, Business and Professions Code. Reference: Sections 4910, 4912, 4918, and 4919, Business and Professions Code; Section 13401.5, Corporations Code; and Section 6254.15, Government Code.



MEMORANDUM

DATE	November 2, 2018
TO	Jessica Siefertman, Executive Officer Veterinary Medical Board
FROM	 Heidi Lincer, Ph.D., Chief
SUBJECT	Summary of OPES Presentation at November Board Meeting

OPES will attend the Veterinary Medical Board meeting on November 15, 2018 to present the following information:

- Requirements of Business and Professions Code section 139
- Results of the OPES 2016 Occupational Analysis of the California Registered Veterinary Technician Profession
- Results of the OPES 2018 Review of the Veterinary Technician National Examination and linkage study
- Development of the new examination outline for the California Registered Veterinary Technician (CRVT) examination

The presentation will include the timeline for implementing the new CRVT examination, including the release of updated candidate materials.

**Results of the Registered Veterinary
Technician Occupational Analysis
and
Review of the Veterinary Technician National
Examination**

Heidi Lincer, Ph.D., Chief
November 15, 2018



PROFESSIONAL EXAMINATION SERVICES

Office of Professional Examination Services

Provides:

- Professional consulting services in examination validation and development to DCA's boards, bureaus, and committees
- Recommendations based on regulations, professional guidelines and technical standards related to licensure examinations



Regulations, Standards, and Guidelines

- Business and Professions Code section 139
- Principles for the Validation and Use of Personnel Selection Procedures (Society of Industrial and Organizational Psychology)
- Standards for Educational and Psychological Testing (American Educational Research Association, American Psychological Association, National Council on Measurement in Education)

Licensure Exams

- Must provide a reliable method for identifying practitioners who are able to practice safely and competently
- Focus on **entry-level** tasks and knowledge important for **public protection**

Focus of Occupational Analysis

- **Public protection**

- Identify tasks that entry-level licensees must perform **safely and competently**

- **Entry-level practice**

- Tasks should reflect situations commonly encountered by **entry-level** licensees

Occupational Analysis

- Provides a description of current practice
- Provides the basis of job-related, fair, and legally defensible examinations
- Establishes examination validity through linking of examination content to critical job competencies
- Provides basis for legislation and policies

Process

- Telephone interviews and research
- Practitioner focus groups
- Survey development and administration
- Data analysis
- Practitioner focus groups

Survey Sampling and Administration

- Survey invitation mailed to 5,980 licensees to access Web-based survey
- Final sample size for data analysis was 349, or 5.8%
- Licensees received CE credit for participating

Demographics

- Describe the respondents in terms of:
 - Experience
 - Training/Education
 - Practice setting
 - Geographic location
- Provide context for interpreting results

Years Licensed as an RVT

Years Licensed	Approximate Percent
0 to 5 years	60%
6 to 10 years	24%
11 to 20 years	9%
More than 20 years	7%

Highest Level of Education

Education	Approximate Percent
Certificate	5%
Some college	10%
Associate's degree	43%
Bachelor's degree	36%
Master's degree	3%
Doctorate degree	.3%
Other formal education	2%

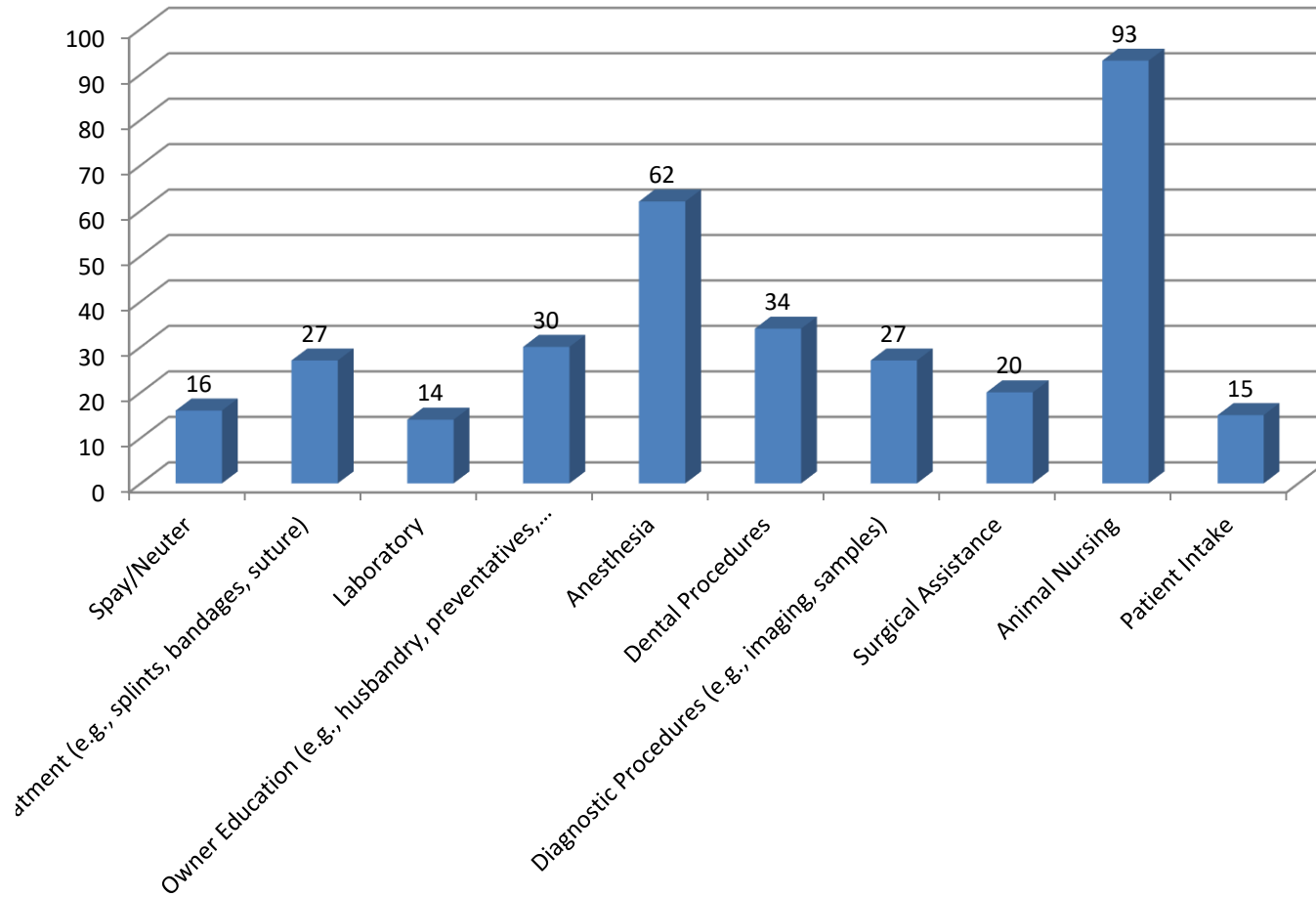
Number of Hours Worked Per Week

Hours Worked	Approximate Percent
0 to 10 hours	5%
11 to 20 hours	6%
21 to 39 hours	31%
40 or more hours	58%

Primary Practice Setting

Practice Type	Approximate Percent
Fixed veterinary premise	65%
Emergency veterinary hospital	17%
Animal shelter / Animal control	6%
Laboratory	4%
Pet store veterinary clinic	3%
Educator / Trainer/ School premises	3%
Small animal mobile clinic	.6%
Small animal vaccination clinic	.6%
House calls / Home visits	.3%

Primary Treatment Focus



Geographic Region

Region	Approximate Percent
Southern California	51%
San Francisco / Bay Area	20%
Sacramento Valley	8%
South / Central Coast	7%
San Joaquin Valley	6%
North Coast	5%
Sierra Mountain Valley	3%

Task Ratings

- **FREQUENCY SCALE**

How often do you perform this task to treat patients?

- **0 - DOES NOT APPLY TO MY PRACTICE. “I never perform this task in my practice.”**
- **5 - VERY OFTEN. “I perform this task almost constantly and it is one of the most frequently performed tasks in my practice.”**

Task Ratings

- **IMPORTANCE SCALE**

How important is performance of this task in your current practice?

- **0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE.** “This task is not important and/or I do not perform this task in my practice.”
- **5 - CRITICALLY IMPORTANT.** “This task is among the most critical tasks that I perform in my practice.”

Knowledge Ratings

- **IMPORTANCE SCALE**

How important is this knowledge in the performance of your current practice?

- **0 - NOT IMPORTANT and/or NOT REQUIRED.** “This knowledge does not apply to my practice; it is not required for performance of tasks.”
- **5 - CRITICALLY IMPORTANT.** “Possession of this knowledge is of critical to the performance of tasks.”

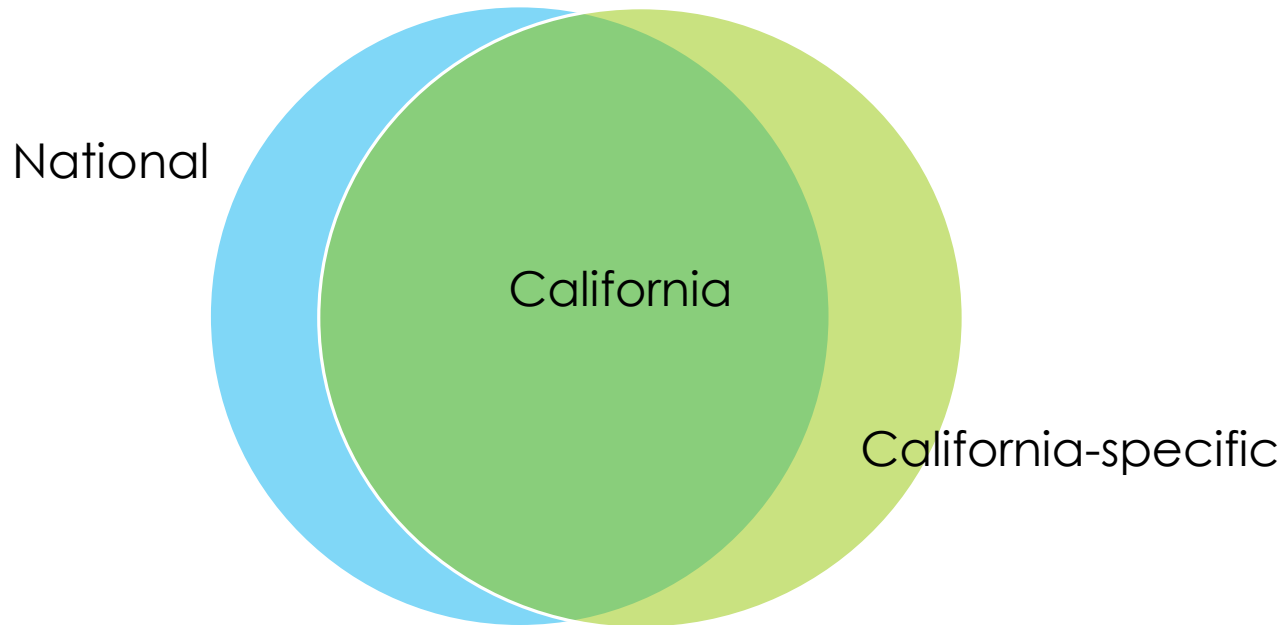
Final Practitioner Focus Groups

- Evaluate survey results
- Confirm task-knowledge linkages
- Develop California Registered Veterinary Technician Description of Practice
- Develop Examination Outline for California Registered Veterinary Technician Examination

California Registered Veterinary Technician Description of Practice

Content Area	Content Area Weights
1. Patient Examination	14%
2. Emergency and Critical Care	10%
3. Diagnostic Imaging	6%
4. Laboratory and Diagnostic Procedures	8%
5. Anesthesia and Surgical Assistance	19%
6. Animal Dentistry	6%
7. Animal Nursing	22%
8. Pharmacology	8%
9. Owner / Agent Communication	7%
Total	100%

Linkage Study



California Registered Veterinary Technician Examination Outline

Content Area	Weight
1. Diagnostic Imaging	10%
2. Anesthesia, Surgical Assistance, and Dentistry	20%
3. Animal Nursing	18%
4. Pharmacology	20%
5. Reporting	6%
6. Scope of Practice	26%
Total	100%

California Registered Veterinary Technician Content Area Descriptions

1. Diagnostic Imaging (10%): This content area assesses the candidate's knowledge of the laws, regulations, and practices pertaining to performing radiography, including safety procedures and equipment maintenance.

2. Anesthesia, Surgical Assistance, and Dentistry (20%): This content area assesses the candidate's knowledge of the laws, regulations, and practices pertaining to inducing anesthesia, providing surgical assistance, and performing tooth extractions.

California Registered Veterinary Technician Content Area Descriptions

3. Animal Nursing (18%): This content area assesses the candidate's knowledge of the laws, regulations, and practices pertaining to euthanizing animals and disposing of biohazardous and infectious materials.

4. Pharmacology (20%): This content area assesses the candidate's knowledge of laws and regulations related to administering vaccinations, including storing controlled substances and pharmacologist agents.

California Registered Veterinary Technician Content Area Descriptions

5. Reporting (6%): This content area assesses the candidate's knowledge of the laws and regulations pertaining to reporting illegal activities and diseases.

6. Scope of Practice (26%): This content area assesses the candidate's knowledge of the laws and regulations that define the registered veterinary technician scope of practice during emergency and nonemergency situations.

Review of Veterinary Technician National Examination (VTNE)

- Occupational analysis
- Examination development
- Passing score determination
- Examination scoring and passing rates
- Examination administration and security
- Candidate information

Next Steps

- Release new examination outline and reference list
- Review existing test questions based on updated occupational analysis
- Develop new test questions and examinations based on updated occupational analysis
- Update candidate bulletin

VETERINARY MEDICAL BOARD

REVIEW OF THE VETERINARY TECHNICIAN NATIONAL EXAMINATION



OFFICE OF PROFESSIONAL EXAMINATION SERVICES



VETERINARY MEDICAL BOARD

REVIEW OF THE VETERINARY TECHNICIAN NATIONAL EXAMINATION

This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs

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EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The Veterinary Medical Board (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the American Association of Veterinary State Boards (AAVSB) Veterinary Technician National Examination (VTNE) program. The purpose of the review was to evaluate the suitability of the VTNE for continued use in California.

OPES received and reviewed documents provided by the AAVSB. Follow-up email and phone communications were conducted to clarify the procedures and practices used to validate and develop the VTNE. The documents were evaluated to determine whether the following VTNE examination program components met professional guidelines and technical standards: (a) occupational analysis, (b) examination development, (c) passing scores, (d) examination administration, (e) examination scoring and performance, (f) information available to candidates, and (g) examination security. OPES found that the procedures used to establish and support the validity and defensibility of the components listed above meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) (*Standards*) and in California Business and Professions Code section 139.

In December 2017, OPES convened a panel of California-registered veterinary technicians (RVTs) to serve as subject matter experts (SMEs). The SMEs were selected by the Board based on their geographic location, experience, and practice specialty. The SMEs were asked to review the examination content outline for the VTNE based on the AAVSB August 2017 Report of the 2017 Job Analysis of Veterinary Technicians (AAVSB 2017 OA). The SMEs were also asked to compare the VTNE examination outline with the examination outline for the California RVT examination based on the 2016 Occupational Analysis of the California Registered Veterinary Technician Profession performed by OPES (2016 California RVT OA).

The SMEs performed an evaluation of the task and knowledge statements in the 2017 national job analysis of veterinary technicians (VTs) and the 2016 California RVT OA. They concluded that the content measured by the VTNE assesses the general knowledge required for entry-level VT practice in California.

The SMEs were also asked to link the job task and knowledge statements taken from the 2017 national job analysis with the task and knowledge statements that make up the 2016 examination outline for the California RVT profession. This linkage was performed to identify whether there were areas of California RVT practice not measured by the VTNE.

The results of the linkage study indicate that there are areas of California RVT practice not measured by the VTNE. The SMEs provided input to OPES to revise the examination outline for the California RVT examination to address these content areas.

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE COMPREHENSIVE REVIEW

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The public must be reasonably confident that an individual passing a licensing examination has the requisite knowledge and skills to competently and safely practice in the corresponding profession.

The Veterinary Medical Board (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the American Association of Veterinary State Boards (AAVSB) Veterinary Technician National Examination (VTNE) program. The first purpose of the OPES review was to evaluate the suitability of the VTNE for continued use in California. The second purpose of the review was to determine whether the VTNE meets the professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) (*Standards*¹) and in California Business and Professions (B&P) Code section 139. In addition to the review, OPES was asked to identify whether there are areas of California-registered veterinary technician (RVT) practice not measured by the VTNE.

OPES, in collaboration with the Board, requested documentation from the AAVSB to determine whether the following VTNE examination program components met professional guidelines and technical standards outlined in the *Standards* and in B&P Code section 139: (a) occupational analysis,² (b) examination development, (c) passing scores,³ (d) examination administration, (e) examination scoring and performance, (f) information available to candidates, and (g) examination security procedures.

AAVSB, in consultation with PSI Services LLC (PSI), conducted the occupational analysis (OA) of the veterinary technician (VT) profession for the VTNE. The AAVSB August 2017 Report of the 2017 Job Analysis of Veterinary Technicians (AAVSB 2017 OA) is used in this review.

After completing the 2017 national job analysis, PSI presented the results to the VTNE Committee, who approved the test specifications and relative weighting of the VTNE content areas. The VTNE is administered at PSI test sites.

¹ *Standards* references information taken from: American Educational Research Association, American Psychological Association, and National Council on Measurement in Education. *Standards for Educational and Psychological Testing* (2014). Washington, DC: American Educational Research Association.

² An occupational analysis is also known as a job analysis, practice analysis, or task analysis.

³ A passing score is also known as a pass point or cut score.

CALIFORNIA LAW AND POLICY

Section 139 (a) of the California B&P Code states:

The Legislature finds and declares that occupational analyses and examination validation studies are fundamental components of licensure programs.

It further requires that DCA develop a policy to address the minimum requirements for psychometrically sound examination validation, examination development, and occupational analyses, including standards for the review of state and national examinations.

DCA policy, OPES 12-01, specifies the *Standards* as the most relevant technical and professional standards to be followed to ensure that examinations used for licensure in California are psychometrically sound, job-related, and legally defensible.

FORMAT OF THE REPORT

The chapters of this report provide the relevant standards related to critical psychometric aspects of the VTNE and describe the findings that OPES identified during its review.

CHAPTER 2. OCCUPATIONAL ANALYSIS

STANDARDS

The most relevant standard relating to occupational analyses for licensing examinations is:

Standard 11.13

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale and evidence should be provided to support the claim that the knowledge or skills being assessed are required for credential-worthy performance in that occupation and are consistent with the purpose for which the credentialing program was instituted. (pp. 181-182)

The comment following Standard 11.13 is also informative:

Comment: Typically, some form of job or practice analysis provides the primary basis for defining the content domain. If the same examination is used in the credentialing of people employed in a variety of settings and specialties, a number of different job settings may need to be analyzed. Although the job analysis techniques may be similar to those used in employment testing, the emphasis for credentialing is limited appropriately to knowledge and skills necessary for effective practice. . . .

In tests used for licensure, knowledge and skills that may be important to success but are not directly related to the purpose of licensure (e.g., protecting the public) should not be included. (p. 182)

California B&P Code section 139 requires that each California licensure board, bureau, commission, and program report annually on the frequency of its occupational analysis and the validation and development of its examinations. DCA Licensure Examination Validation Policy OPES 12-01 states:

Generally, an occupational analysis and examination outline should be updated every five years to be considered current; however, many factors are taken into consideration when determining the need for a shorter interval. For instance, an occupational analysis and examination outline must be updated whenever there are significant changes in a profession's job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or laws and regulations governing the profession. (p. 4)

FINDINGS

AAVSB commissioned PSI to conduct the OA for the VTNE. The results of the study are documented in the AAVSB 2017 OA.

Occupational Analysis – Methodology and Time Frame

The purpose of the OA was to “provide a detailed study of the job activities of the veterinary technician in an effort to provide a sound basis for the continuing development of the Veterinary Technician National Examination (VTNE)” (AAVSB 2017 OA, p. 1). The methodology used to conduct the OA study was a web-based survey. The survey was developed under the guidance of PSI with the assistance of AAVSB staff, the VTNE Committee, and a Job Analysis Task Force (Task Force) consisting of 11 subject matter experts (SMEs). The Task Force included five VTs, a Doctor of Veterinary Medicine, and other relevant stakeholders. The OA survey was administered to entry-level VTs throughout North America (all 50 states and 6 Canadian provinces).

Finding 1. The occupational analysis study was conducted within a current and legally defensible time frame. The study began in 2016 and was completed in 2017.

Occupational Analysis – Development of Survey Instrument and Sampling Plan

PSI consultants facilitated the survey development, beginning with a review of the previous job analysis that had been conducted in 2012-2013. PSI asked the VTNE Committee and the Task Force to work together on the project, which was conducted in two phases. In the first phase, SMEs reviewed and updated the current VTNE examination outline. “In the second phase, a survey was conducted to identify the absolute and relative salience of each domain, task, and knowledge area to the overall work of the entry-level veterinary technician” (AAVSB 2017 OA, p. 1).

During a two-day face-to-face meeting, the VTNE Committee and the Task Force were charged with reviewing and modifying the draft master task list and reviewing the practice domains, resulting in the development of a draft survey. “This document went through several reviews and revisions including an online review by an additional independent group of subject matter expert veterinary technicians, and eventually led to the development of a final job analysis survey” (AAVSB 2017 OA, p. 2). The Task Force also adopted a unified practitioner definition for the purposes of the survey.

Survey participants were asked to rate each domain, task, and knowledge base on three scales: (1) frequency, (2) importance, and (3) potential harm that could result if a VT was not competent with respect to the domain, task, or knowledge base. The draft survey was pilot tested and consisted of 9 practice domains, 70 tasks, and 49 knowledge areas. The survey also included demographic information and a rating of the level of supervision that the task required.

Finding 2. The methodology used by PSI to develop the survey instrument meets professional guidelines and technical standards.

Sampling Plan

The sampling plan for the study included VTs close to the entry level of practice from all 50 states and from 6 Canadian provinces. AAVSB contacted each of the 40 AAVSB member boards and requested a list of licensees in their jurisdiction. PSI sent survey invitations to each of the licensees compiled by AAVSB. PSI and AAVSB sent additional email invitations on behalf of AAVSB directly to individuals whose jurisdictions did not provide data to AAVSB.

In response to these efforts, a total of 5,776 surveys were returned as complete and usable, resulting in a response rate of 14.92%. Survey respondents from the United States made up a majority of the sample, with respondents from California and Canada appropriately represented.⁴

Finding 3. The intent of the sampling plan was reasonable and meets professional standards. Practicing RVTs in California comprised a sufficient proportion of the final respondent sample.

Occupational Analysis – Survey Results

After administering the survey, PSI collected the data and analyzed the survey results. During a second web-based meeting, the VTNE Committee and the Task Force reconvened to review the survey results. The key findings indicated that the tasks and knowledge represent a complete description of the specific elements of the job of entry-level VTs. In addition, all tasks and knowledge areas were rated above the recommended threshold for inclusion in the new version of the VTNE examination outline (AAVSB 2017 OA, p. 3).

Finding 4. The respondents consisted of practicing VTs from throughout the United States and Canada. A satisfactory percentage of the respondents reported that they had been practicing five years or less, and the majority reported working 40 hours or more as a VT. Of the total respondents, the majority categorized their primary work setting as general veterinary hospital / clinic, with the next most frequent category as referral / emergency / specialty veterinary hospital / clinic.⁵

⁴ Survey demographics from the AAVSB Veterinary Technician Job Analysis 2017.

⁵ Ibid.

Finding 5. OPES facilitated a focus group of SMEs to review the findings of the AAVSB 2017 OA. The focus group reviewed the tasks and knowledge statements included in the survey and the results of the survey, and they compared the results with those of the 2016 California RVT OA. The group concluded that the results from AAVSB 2017 OA were consistent with RVT practice in California.

Occupational Analysis – Development of Test Specifications

PSI calculated the examination weights for each domain directly from the survey data. The domain weights were based on the frequency, importance, and potential for harm ratings. Decision rules were utilized to determine which tasks and knowledge areas to include in the examination outline. The decision rules for task importance incorporated regional subgroup analysis ratings to ensure that tasks included in the examination outline were rated important by all geographic regions. “The structure of the new delineation of practice continues the current structure. Data supported the nine domains in the new delineation which continues the current VTNE test specifications. All domains remained the same but some tasks were added to each domain” (AAVSB 2017 OA, p. 3). The VTNE Committee reviewed the survey results and recommended the new test specifications to the AAVSB Board of Directors.

Finding 6. The linkage between the critical tasks required by entry-level RVTs and the major content areas of the VTNE demonstrates a sufficient level of validity, thereby meeting professional guidelines and technical standards.

CONCLUSIONS

Given the findings, the occupational analysis conducted by AAVSB meets professional guidelines and technical standards. Additionally, the development of the test specifications for the VTNE is based on the results of the OA and meets professional guidelines and technical standards.

CHAPTER 3. EXAMINATION DEVELOPMENT

STANDARDS

Examination development includes many steps within an examination program, from the development of an examination content outline to scoring and analyzing items after the administration of an examination. Several specific activities involved in the examination development process are evaluated in this section. The activities include item writing, linking items to the examination content outline, developing examination forms, and scoring criteria.

The most relevant standards related to licensing examination development are:

Standard 4.7

The procedures used to develop, review, and try out items and to select items from the item pool should be documented. (p. 87)

Standard 4.12

Test developers should document the extent to which the content domain of a test represents the domain defined in the test specifications. (p. 89)

FINDINGS

Item development for the VTNE is performed by PSI with the assistance of the VTNE Committee. The VTNE Committee members and member tenure are determined by the AAVSB President and approved by the Board of Directors, “taking into consideration the need for diverse representation, expertise and continuity” (AAVSB Bylaws, 2017, p. 12). In addition to the VTNE Committee, the AAVSB selects a diverse and representative group of RVT subject matter experts (SMEs).

A psychometrician from PSI trains the item writers. When items are reviewed remotely, SMEs gain access through a link and use an individual login ID and password. Newly written items are subject to an editorial review by PSI. The items are then reviewed by the VTNE Committee and a representative group of SMEs. The SMEs evaluate the items for relevance, clarity, and conformance to the examination specifications. The accuracy of the items is documented by references. Approved items are available for use as unscored pretest items (AAVSB, email communication, 2018).

Finding 7. The criteria used to select SMEs for item and examination development are consistent with professional guidelines and technical standards.

Finding 8. SMEs and VTNE Committee members participating in item and examination development are required to sign confidentiality agreements and are

instructed about examination security, which is consistent with professional guidelines and technical standards.

Examination Development – Linkage to Examination Content Outline

Linkage of items to the examination content outline is performed by providing item writers with specific item writing assignments. The VTNE Committee perform a second review to ensure that items conform to the examination content outline. Verification of the item-content area linkage is performed as a routine part of the item review process for every item. All items go through multiple reviews.

Finding 9. Assignment of an item to a content area is reviewed by a committee as a routine part of the item review process. The steps taken to link the examination items to the appropriate content area are consistent with professional guidelines and technical standards.

Examination Development – Item Field Testing and Calibration

All scored test items have first been field tested as part of the regular examination administrations. The VTNE examination forms consist of 170 four-option multiple-choice items, with 150 scored and 20 pretest (unscored) items.

After pretesting, all items are analyzed using classical item analysis. Based on this analysis, PSI determines whether items can be used as scorable items or returned to the VTNE Committee for review and revision and additional pretest. Items are retired based on SME judgment and AAVSB request.

Finding 10. The procedures used to develop, review, and pretest items, as well as to select and retire items from the item pool, meet professional guidelines and technical standards.

Examination Development – Examination Forms

PSI test developers and psychometricians select successfully pretested items for the scored portion of the VTNE. Items are selected for examination forms in accordance with the examination specifications. Forms are constructed to be comparable in terms of content and difficulty, and each form is reviewed by the VTNE Committee. Items are replaced as needed, and comparability is confirmed through pre-equating.

PSI uses classical item analysis to calculate descriptive statistics for each examination item, in addition to overall examination performance. Each scored item of the examination is evaluated to ensure that it performs with appropriate statistical characteristics. Examination forms are evaluated for reliability and decision consistency.

Finding 11. The criteria applied to create new examination forms meet professional guidelines and technical standards.

CONCLUSIONS

Given the findings, the examination development procedures conducted by PSI meet professional guidelines and technical standards.

CHAPTER 4. PASSING SCORES

STANDARDS

The passing score of an examination is the score that represents the level of performance that divides those candidates for licensure who are minimally competent from those who are not competent.

The standards most relevant to licensing examination passing scores, cut points, or cut scores are:

Standard 5.21

When proposed score interpretations involve one or more cut scores, the rationale and procedures used for establishing cut scores should be documented clearly. (p. 107)

Standard 11.16

The level of performance required for passing a credentialing test should depend on the knowledge and skills necessary for credential-worthy performance in the occupation or profession and should not be adjusted to control the number or proportion of persons passing the test. (p. 182)

The supporting commentary on passing or cut scores in Chapter 5 of the *Standards*, “Scores, Scales, Norms, Score Linking, and Cut Scores,” states that the standard-setting process used should be clearly documented and defensible. The qualifications and the process of selection of the judges involved should be part of the documentation. A sufficiently large and representative group of judges should be involved, and care must be taken to ensure that judges understand the process and procedures they are to follow. (p.101)

In addition, the supporting commentary in Chapter 11 of the *Standards*, “Workplace Testing and Credentialing,” states that the focus of tests used in credentialing is on “the standards of competence needed for effective performance (e.g., in licensure this refers to safe and effective performance in practice)” (p. 175). It further states, “Standards must be high enough to ensure that the public, employers, and government agencies are well served, but not so high as to be unreasonably limiting” (p. 176).

FINDINGS

Passing Scores – Process, Use of Subject Matter Experts, and Methodology

The process of establishing passing scores for licensure exams relies upon the expertise and judgment of SMEs.

AAVSB uses the probability-based modified Angoff method of standard setting as the basis for establishing the passing score for the VTNE. PSI's Chief Psychometrician and a test development specialist facilitated the most recent standard setting workshop. The participants included 10 SMEs: 7 current members of the VTNE Committee, 2 former members of the VTNE who participated in the Job Analysis Task Force, and 1 additional SME. "The committee members and SME who participated were veterinary technician practitioners and educators, veterinarian practitioners and educators in veterinary technology programs, including AAVSB member board members and representatives from the allied organizations" (AAVSB email communication, 2018).

In the workshop, the SMEs were asked to identify the attributes of the minimally competent practitioner (MCP) by using a discussion and brainstorming process. The SMEs were also asked to review the content outline and identify potentially problematic tasks for the MCP. Once the definition of the MCP was developed, the SMEs were asked, "Out of 100 MCP examinees, how many will correctly answer the item?" Ratings lower than 25% and higher than 95% were discouraged. The SMEs were asked to first provide their rating for an item; they were then provided with the item statistics or the correct key to the item. The SMEs could adjust their ratings and were encouraged to discuss their ratings when necessary.

PSI psychometricians calculated the results of the passing score study and presented the findings during a webinar call with the VTNE Committee members. The VTNE Committee members discussed the results, and PSI provided statistical information. The final passing score was unanimously agreed upon, with a final recommendation presented to the AAVSB Board of Directors.

Finding 12. The number of SMEs (10) used in the passing score studies meets professional guidelines and technical standards.

Finding 13. The VTNE incorporates the minimum competency standards that the MCP should have as objective criteria by which candidate performance can be evaluated. This practice meets professional guidelines and technical standards.

Finding 14. The training of the SMEs and the application of the probability-based modified Angoff method is consistent with professional guidelines and technical standards.

CONCLUSIONS

Given the findings, the passing score studies conducted by PSI demonstrate a sufficient degree of validity, thereby meeting professional guidelines and technical standards.

CHAPTER 5. EXAMINATION ADMINISTRATION

STANDARDS

The standards most relevant to licensing examination administration are:

Standard 6.1

Test administrators should follow carefully the standardized procedures for administration and scoring specified by the test developer and any instructions from the test user. (p. 114)

Standard 6.2

When formal procedures have been established for requesting and receiving accommodations, test takers should be informed of these procedures in advance of testing. (p. 115)

Standard 6.6

Reasonable efforts should be made to assure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent or deceptive means. (p. 116)

Standard 8.2

Test takers should be provided in advance with as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, availability of accommodations, and confidentiality protection as is consistent with obtaining valid responses and making appropriate interpretations of test scores. (p. 134)

FINDINGS

The VTNE is administered three times a year via computer at over 300 PSI testing centers throughout the United States and Canada. A French translation is also available. Examination administration is accompanied by scripted instructions and protocols to ensure standardized administration of the tests. AAVSB provides a wide variety of information concerning the VTNE to candidates and prospective candidates through its website at www.aavsb.org/vtne/.

Examination Administration – Test Centers

All test centers where the VTNE is administered are run by Test Center Administrators (TCAs) who must complete a comprehensive training program. TCAs are trained by a site Lead TCA and receive a copy of the TCA Manual. Refresher training is completed by either the test site Lead or by a traveling Lead TCA trainer. Biannual training for all TCA staff is also mandatory.

The TCA Manual includes detailed procedures for arriving at the test center, greeting examination candidates, checking in candidates, walking candidates into the testing room, monitoring candidates during testing, checking out candidates, and shutting down the testing site after testing.

Finding 15. PSI provides candidates access to test centers across the United States and Canada with trained proctors and controlled testing conditions.

Examination Administration – Candidate Registration

AAVSB has a detailed registration process that can be found on its website at www.aavsb.org/vtne-overview. Through this website, candidates can easily navigate through the examination registration process. Candidates can verify eligibility to take the test, apply online, check the status of their application, and schedule their test date during the dates when the examination administration is available. The *VTNE Candidate Information Handbook*, which can be found on the AAVSB website, also provides detailed information on registration and examination administration.

Finding 16. The AAVSB registration process is straightforward. The information available to candidates is detailed and thorough, clearly stating AAVSB and PSI policies where necessary. The candidate registration process appears to meet professional guidelines and technical standards.

Examination Administration – Accommodations and Arrangements

Candidates must submit requests for accommodations to AAVSB before the selected examination registration window closes. Candidates must select a box indicating that they are requesting accommodations on their online registration form. The AAVSB Board of Directors reviews and approves any necessary accommodations under the Americans with Disabilities Act. Candidates requesting accommodations must complete the *Veterinary Technician National Examination Application for Special Accommodations* and mail it directly to AAVSB. The online application and the application for special accommodations are matched and processed together by AAVSB.

Finding 17. The examination accommodations procedure appears to meet professional guidelines and technical standards.

Examination Administration – Examination Security

PSI, through its internal examination administration and security protocols, provides a robust framework of test site and examination security policies and procedures (Test Center Operations Exam Administration Manual, 2016). In addition, the AAVSB VTNE *Candidate Information Handbook* describes what constitutes improper acts and unethical conduct on the part of candidates and the consequences of such actions.

Finding 18. The examination security protocols pertaining to examination administration appear to meet professional guidelines and technical standards.

CONCLUSIONS

Given the findings, the examination administration protocols put in place by AAVSB and PSI appear to meet professional guidelines and technical standards.

CHAPTER 6. EXAMINATION SCORING AND PERFORMANCE

STANDARDS

The most relevant standards relating to the scoring and performance of licensing examinations are:

Standard 2.3

For each total score, subscore, or combination of scores that is to be interpreted, estimates of relevant indices of reliability/precision should be reported. (p. 43)

Standard 4.10

When a test developer evaluates the psychometric properties of items, the model used for that purpose (e.g., classical test theory, item response theory, or another model) should be documented. The sample used for estimating item properties should be described and should be of adequate size and diversity for the procedure. The process by which items are screened and the data used for screening, such as item difficulty, item discrimination, or differential item functioning (DIF) for major examinee groups, should also be documented. When model-based methods (e.g., IRT) are used to estimate item parameters in test development, the item response model, estimation procedures, and evidence of model fit should be documented. (pp. 88-89)

FINDINGS

Examination Performance – Scoring of the VTNE

The VTNE consists of multiple-choice items that are scored as either correct or incorrect. Candidate performance is scored by computer, and raw scores are converted to scaled scores. “After equating procedures are completed, raw scores are mathematically converted to scaled scores that can range from 200 to 800 with a passing scaled score of 425. Scaled scores are equivalent for all administrations so that the same standard is maintained from administration to administration. All jurisdictions accept a scaled passing score of 425” (AAVSB, *Candidate Information Handbook*, 2017, p. 14).

The passing score for the base examination form established by the AAVSB standard setting study is used to statistically pre-equate all future examination forms until the next standard setting study is conducted.

Finding 19. Scoring of the VTNE adheres to professional guidelines and technical standards.

Finding 20. Descriptive test statistics are calculated (e.g., mean, standard deviation, standard error of measurement, test reliability, and decision consistency reliability about the cut score). The resulting statistics indicate adequate performance for licensure examinations.

Finding 21. The procedure used to ensure examination forms are equated (equivalent) is appropriate based on the examination item types, examination form length, and candidate sample sizes.

CONCLUSIONS

The steps taken by PSI to score the VTNE provide a fair and objective evaluation of candidate performance. The steps taken by PSI to evaluate examination performance are valid and legally defensible, meeting professional guidelines and technical standards.

CHAPTER 7. INFORMATION AVAILABLE TO CANDIDATES

STANDARDS

The most relevant standards relating to the information communicated to licensing examination candidates by a test developer are:

Standard 6.5

Test takers should be provided appropriate instructions, practice, and other support necessary to reduce construct-irrelevant variance. (p. 116)

Standard 8.1

Information about test content and purposes that is available to any test taker prior to testing should be available to all test takers. Shared information should be available free of charge and in accessible formats. (p. 133)

Standard 8.2

Test takers should be provided in advance with as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, availability of accommodations, and confidentiality protection as is consistent with obtaining valid responses and making appropriate interpretations of test scores. (p. 134)

FINDINGS

The AAVSB website at www.aavsb.org/vtne-overview is a rich source of information regarding the policies and procedures of the VTNE. Candidates must set up a “myAAVSB account” to access their personal information through the website. Candidates can find material on all necessary steps related to the examination process by selecting from the following links:

- Verify Your Eligibility
- Submit Your Online Application
- Check Your Application Status
- Schedule Your Exam
- Study for the VTNE
- Withdraw Your Application
- Get Your Score Report
- Retake the VTNE
- Get Your Credential

In the “Study for the VTNE” link, AAVSB offers practice tests for purchase that are designed to assess candidates’ strengths and weaknesses in each of the nine domain

areas of the VTNE. Candidates who take the practice test are provided with diagnostic information by practice domain to assist in planning and preparing for the actual VTNE (AAVSB website, 2017).

In addition, AAVSB provides a customer service phone number and a helpful email form that candidates can use to submit questions.

Finding 22. The AAVSB website provides extensive information to candidates regarding all aspects of the examination and testing process.

CONCLUSIONS

Given the findings, the information provided to candidates about the VTNE program is comprehensive and meets professional guidelines.

CHAPTER 8. EXAMINATION SECURITY

STANDARDS

The most relevant standards relating to the examination security of licensing examinations are:

Standard 6.6

Reasonable efforts should be made to ensure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent or deceptive means. (p. 116)

Standard 6.7

Test users have the responsibility of protecting the security of test materials at all times. (p. 117)

FINDINGS

PSI provides a robust framework of test site and examination security policies and procedures through its internal examination administration and security protocols. In addition, the AAVSB website explains what constitutes improper and unethical conduct on the part of candidates and the consequences of such actions.

Finding 23. The Test Center Operations Exam Administration Manual addresses the following areas regarding security:

- Candidate identification verification procedures
- Test center proctoring policy
- Secure test center configuration and monitoring
- Maintaining security of test content
- Prevention policies enforced at test centers

Finding 24. PSI requires candidates to provide current and valid government-issued identification to sit for the examination. The identification must match registration forms and include a photograph and signature. Before testing, candidates must provide a digital thumbprint. Candidates must verify their thumbprint when entering and exiting the testing room. Candidates are prohibited from bringing any personal belongings into the testing rooms and TCAs verify that their pockets are empty. Candidates are videotaped during the entire testing process. TCAs monitor the video cameras and physically monitor the testing room every 5-7 minutes.

CONCLUSIONS

Given the findings, the policies and procedures outlined in the Test Center Operations Exam Administration Manual and the TCA Training Instructions meet professional guidelines and technical standards.

CHAPTER 9. COMPARISON OF THE VTNE AND THE CALIFORNIA RVT EXAMINATION OUTLINE

UTILIZATION OF EXPERTS

OPES convened a meeting on December 19-20, 2017 to critically evaluate the task and knowledge statements from the AAVSB 2017 OA and compare them with the task and knowledge statements of the 2016 California RVT OA. The Board, with direction from OPES, recruited 10 RVT SMEs to participate in the meeting. The SMEs completed security agreements and personal data forms documenting demographic information. The forms are on file with OPES.

The SMEs represented both northern and southern California. Four of the SMEs had been licensed for 0-5 years, three for 6-10 years, two for 11-20 years, and one for more than 20 years. All SMEs worked as RVTs in various settings.

An orientation provided by OPES stated the purpose of the meeting, the role of the SMEs, and the project background leading to the meeting. Once the SMEs understood the purpose of the meeting, they independently reviewed the task and knowledge statements from the AAVSB 2017 OA and compared this content with the task and knowledge statements contained in the 2016 California RVT OA. This review was conducted to identify the extent to which the content of the task and knowledge statements used as the basis for the VTNE reflected general RVT practice in California.

After the SMEs completed this review, OPES asked the SMEs to identify the tasks and knowledge in the 2016 California RVT OA that were most relevant to California-specific VT practice. The SMEs then evaluated the extent to which the content of the VTNE related to the California-specific tasks and knowledge measured by the existing (2012) examination outline for the California RVT examination.

The content categories for the VTNE and the content areas for the 2016 California RVT OA examination outline are provided in Tables 1 and 2.

TABLE 1 – CONTENT CATEGORIES OF THE VTNE

Practice Domains	Percentage of Examination
Domain 1. Pharmacy and Pharmacology	12%
Domain 2. Surgical Nursing	11%
Domain 3. Dentistry	8%
Domain 4. Laboratory Procedures	12%
Domain 5. Animal Care and Nursing	20%
Domain 6. Diagnostic Imaging	7%
Domain 7. Anesthesia	15%
Domain 8. Emergency Medicine / Critical Care	8%
Domain 9. Pain Management Analgesia	7%
Total	100%

TABLE 2 – CONTENT AREAS OF THE CALIFORNIA RVT EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
1. Patient Examination	This content area addresses the candidate's ability to obtain patient signalment and history (e.g., husbandry, medications, clinical signs) and discuss the patient with the owner; observe patient (e.g., demeanor, behavior, condition) and examine patient (e.g., oral, vitals, skin) to establish/update patient status.	14%
2. Emergency and Critical Care	This content area addresses the candidates' ability to triage patients; initiate emergency treatment (e.g., oxygen therapy, hemorrhage control, intravenous fluids, monitor vitals, CPR) in order to stabilize patient; perform applicable diagnostics; calculate and administer medications as directed.	10%
3. Diagnostic Imaging	This content area addresses the candidate's ability to prepare and position patient for diagnostic imaging (e.g., radiography, ultrasonography) in a safe manner to maximize the quality of results; maintain images, imaging equipment, and personal protective equipment (PPE).	6%
4. Laboratory and Diagnostic Procedures	This content area addresses the candidate's ability to collect, prepare, and determine diagnostic samples (e.g., cytology, urinalysis, microbiology, hematology, parasitology) for veterinarian review; obtain electrocardiogram and blood pressure.	8%
5. Anesthesia and Surgical Assistance	This content area addresses the candidate's ability to prepare patient (e.g., position, shave, scrub) and surgical area(s) for anesthetic procedures (e.g., dosage calculation, surgical equipment, aseptic environment, emergency supplies); administer and induce anesthetics/sedation/medication; monitor patient through all phases of anesthesia; maintain surgical suite and equipment. This section also addresses the candidate's ability to assist with surgical procedures (e.g., scrub-in, suture) in adherence with sterility protocol; provide post-operative care (e.g., bandage, extubate) to optimize recovery.	19%
6. Animal Dentistry	This content area addresses the candidate's ability to perform dental care (e.g., charting, radiography, prophylaxis, extractions, dosage calculations/administration); maintain dental instruments and equipment.	6%

Content Area	Content Area Description	Percent Weight
7. Animal Nursing	This content area addresses the candidate's ability to restrain and prepare patient for diagnostics (e.g., ocular, orthopedic, blood pressure) and therapeutic procedures (e.g., fluid and blood products, bandages, medication, medical grooming); observe patient behavior and/or recognize physical abnormalities; administer euthanasia, dispose of biohazardous and infectious materials in adherence with State, local, and federal regulations; place permanent identification products.	22%
8. Pharmacology	This content area addresses the candidate's ability to calculate dosages; administer medications, fluids, and vaccines by various routes; store and maintain medication and controlled substances; prepare medication for dispensing; assess patient for adverse reaction to medication.	8%
9. Owner / Agent Communication	This content area addresses the candidate's ability to educate owner/agents regarding patient care (e.g., dental, grooming, vaccines, preventive care, medications) and husbandry (e.g., nutrition, reproduction, environmental condition, behavior and training) for various species and breeds; conditions and abnormalities that require management or urgent care; common contagious and zoonotic diseases.	7%
Total		100%

FINDINGS

Finding 25. The SMEs evaluated the VTNE content outline against the California-specific tasks and knowledge in the 2016 California RVT OA and against the existing California RVT examination outline. The SMEs concluded that the VTNE does not assess all California-specific laws, regulations, and practice related to RVT practice.

CONCLUSIONS

Given the findings, the content of the VTNE, which is based on the AAVSB 2017 OA, is consistent with general areas of entry-level California RVT practice. The VTNE does not measure entry-level practice related to California-specific laws, rules, regulations, and practice. The SMEs recommended that a California supplemental examination continue to be required for entry-level licensure in California, in addition to the VTNE.

To address California-specific areas of RVT practice not measured by the VTNE, the SMEs provided input to OPES to revise the California RVT examination outline. The SMEs evaluated the California-specific tasks and knowledge in the proposed California RVT examination outline, reviewed the content areas and weights in the existing California RVT examination outline, and confirmed the tasks and knowledge to be included in the final California RVT examination outline.

The 2012 California RVT examination outline consists of content areas and associated codes, regulations, and safety guide references. The 2018 California RVT examination outline includes tasks and associated knowledge statements that provide a more complete description of the examination content. The new California RVT examination outline better meets the requirement that the content domains of a credentialing test should be defined thoroughly and explicitly (*Standards*, Standard 11.2, p. 178).

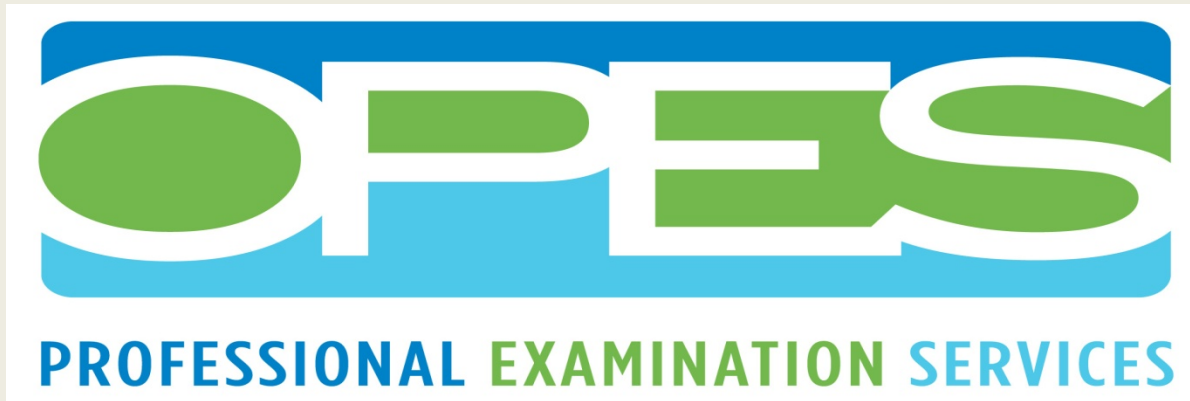
CHAPTER 10. CONCLUSIONS

COMPREHENSIVE REVIEW OF THE AAVSB VTNE PROGRAM

OPES completed a comprehensive analysis and evaluation of the documents provided by AAVSB. The procedures used to establish and support the validity and defensibility of the VTNE (e.g., occupational analysis, examination development, passing scores, and examination security) were found to meet professional guidelines and technical standards outlined in the *Standards* and in Business and Professions Code section 139.

Given the findings regarding the VTNE, OPES supports the Veterinary Medical Board's continued use of the VTNE for licensure in California. In addition, OPES recommends a supplemental examination to measure California-specific laws, regulations, and practice.

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The Veterinary Law Examination and the California State Board Exam: Comparison Study

Kamilah Holloway, M.A.



Comparison Study Presentation Agenda

1. California Veterinarian Licensure Program Protocol
2. Occupational Analysis
3. The California State Board Veterinarian Examination Content Outline
4. VLE/CBS Comparison Study Process
5. Comparison Study Outcomes
 - a. Options/OPES recommendation

OPES Mission

“OPES protects the interests of consumers by supporting the Department of Consumer Affairs and its regulatory entities in their commitment to establish and maintain licensure examination programs that are fair, valid, and legally defensible.”

Veterinarians: Examination Protocol

CCR 2014 and BPC 4848:

- Must pass North American Veterinary Licensing Exam (NAVLE)
- California State Board Examination (CSB)
- Veterinary Law Examination (VLE)

Office of Professional Examination Services – What is our role?

- OPES is in contract with VMB to develop the CSB
- The content of the CSB was determined by conducting an Occupational Analysis of the Professions wherein the following are delineated:
 - Critical job Tasks
 - Critical Knowledge needed to perform the Tasks
 - Required upon entry

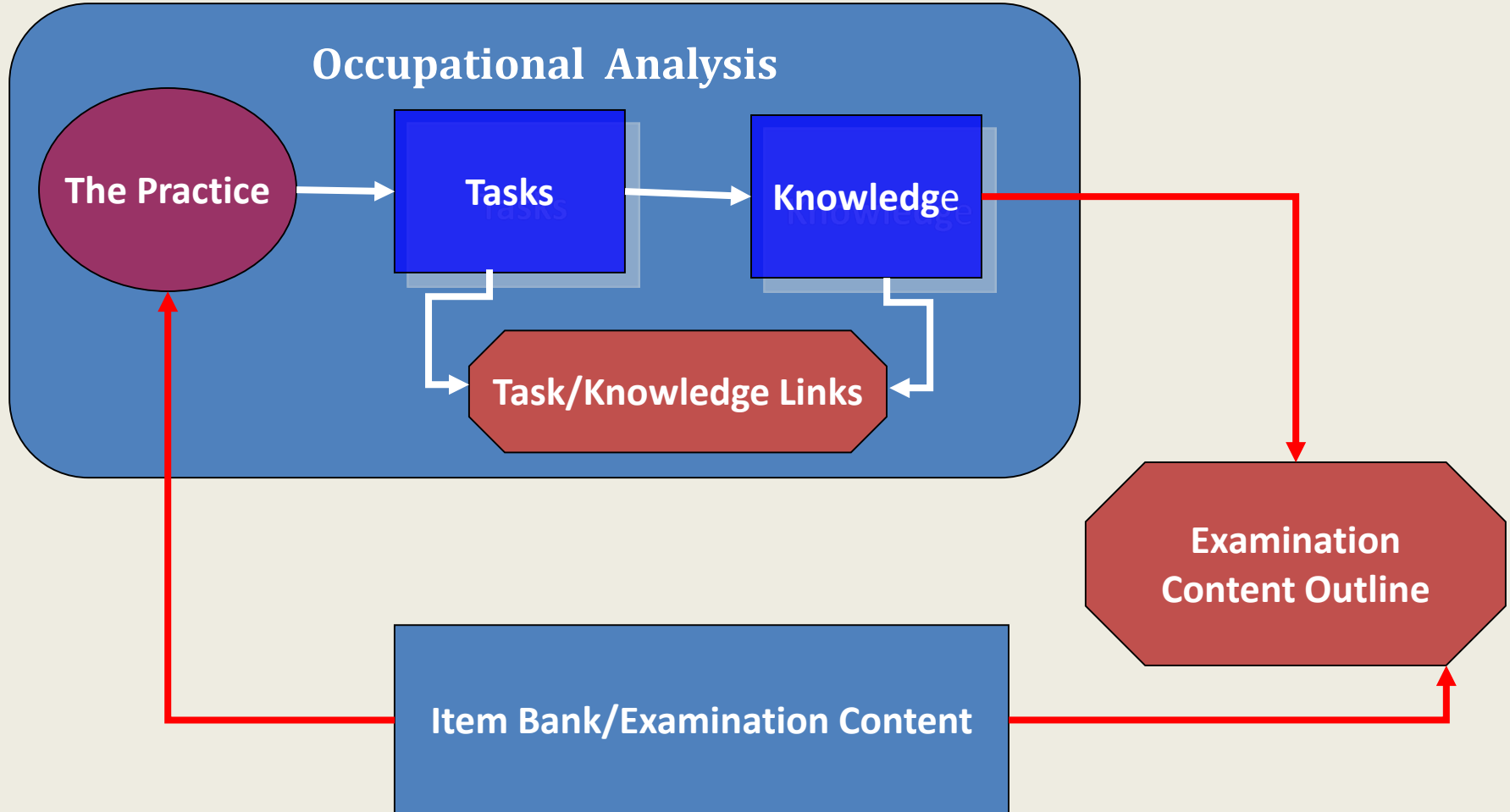
Why are Occupational Analyses Critical in Examination Development?

- Both legislation and professional testing standards require that examinations are job-related
 - Content domain of the licensing examination “should be defined clearly and justified in terms of the importance of the content for credential-worthy performance” (*Standard 14.14*)
- Occupational analysis:
 - Establishes job-relatedness of examinations
 - Forms the basis for legal defensibility of an examination

Occupational Analysis Process

1. Perform background research
2. Conduct interviews with Subject Matter Experts (SMEs)
3. Identify, review, and finalize Task and Knowledge statements with SMEs
4. Develop occupational analysis survey
5. Analyze data collected from survey
6. Review survey results with SMEs
7. Create Examination Content Outline

Occupational Analysis and Examination Development Process Diagram



Veterinarians: CSB Examination Content Outline

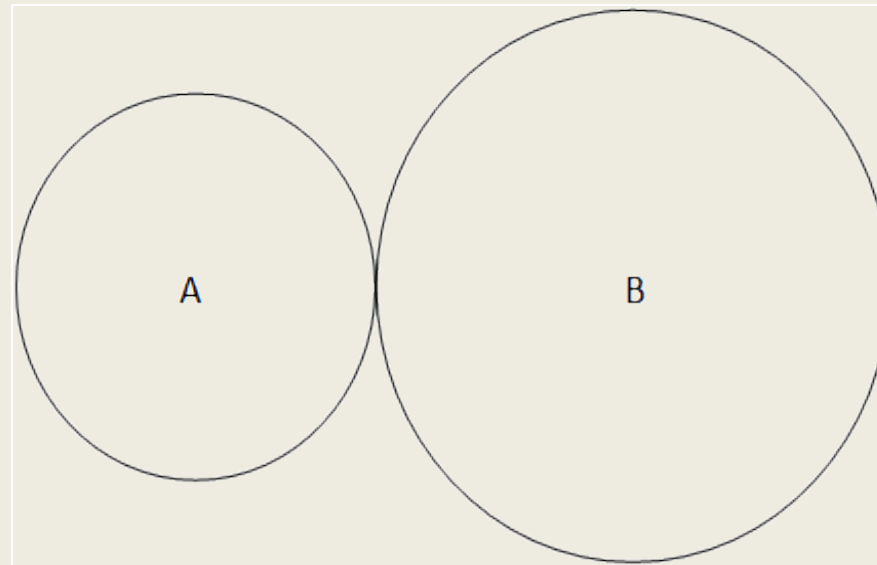
<u>Content Domain</u>	<u>Weight</u>
I. History	12%
II. Examination of Patient and Environment	21%
III. Assessment	6%
IV. Diagnostic Plan	2%
V. Diagnostic Procedures	16%
VI. Treatment Plan	12%
VII. Treatment	12%
VIII. Preventative Care	5%
IX. Professional Responsibilities	14%

Veterinarians: CSB Examination Content Outline

IX. PROFESSIONAL RESPONSIBILITIES (14%) –

Fulfill California and federal laws and regulations, upholding standards of veterinary practice, reportable diseases, animal movement and disaster response.

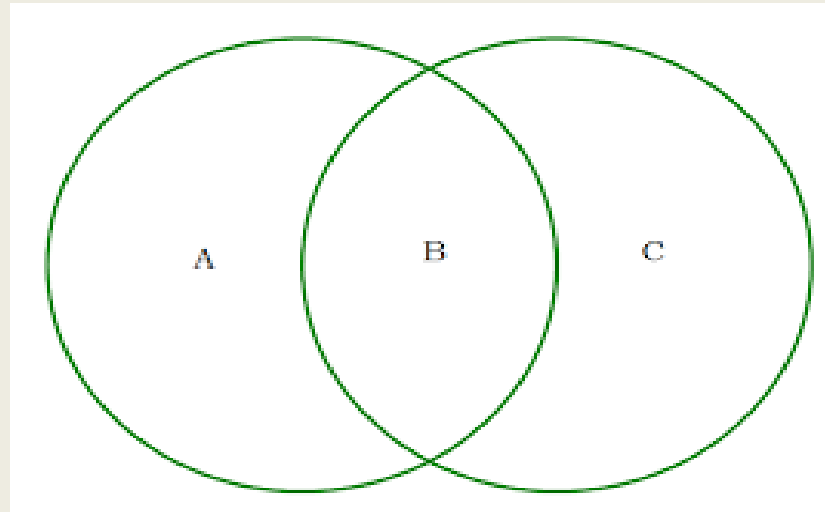
Examination Coverage



A = VLE

B = CSB Examination

Examination Coverage



A = VLE

B = Overlapping Concepts

C = CSB Examination

Veterinarians: Law Examination Review



Comparison Study

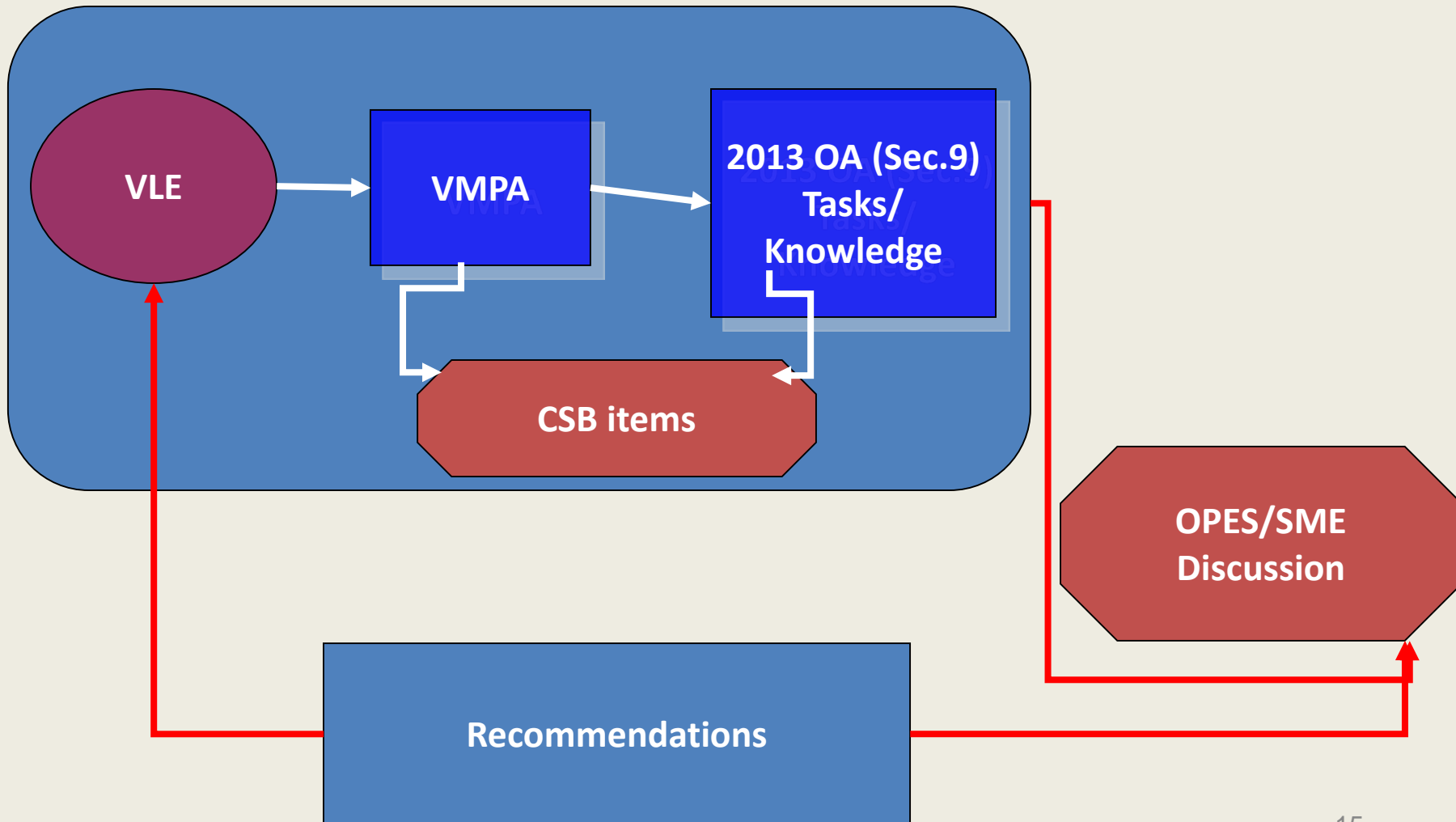
To determine overlap between the VLE and the CSB examination:

- The SMEs reviewed the VLE items.
- The SMEs reviewed the 2016 California Veterinary Medicine Practice Act (VMMPA) and established the link between VLE items and VMMPA laws and regulations.

Veterinarians: Law Examination Review (cont'd)

- The SMEs reviewed the Professional Responsibilities content area of the CSB examination content outline.

Comparison Study Process Diagram:



Comparison Study

Discussion

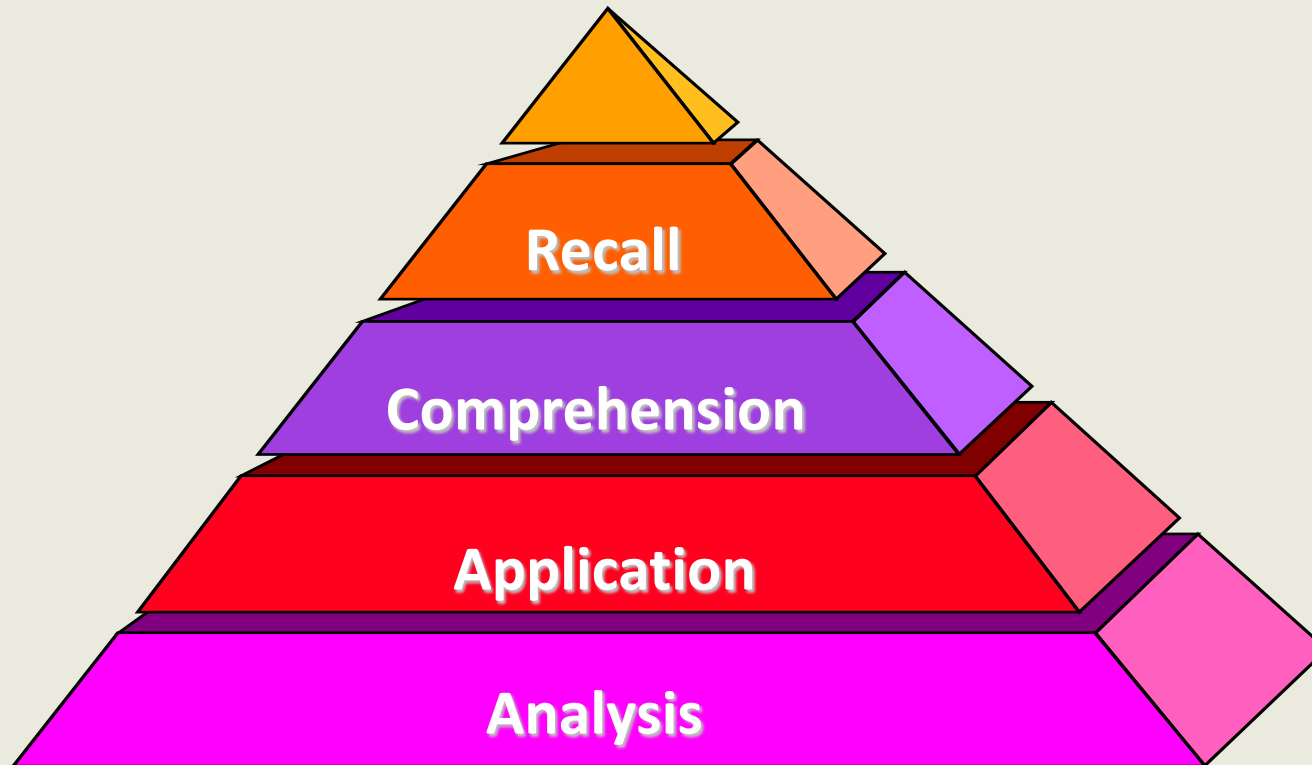
- Are the questions on the CSB examination and VLE assessing identical knowledge concepts?
- Is the weight of the Professional Responsibilities section of the CSB adequate to cover what the VLE assesses?
- Current weight 14% of the 100 item CSB examination, meaning there are 14 questions
- The VLE is 32 questions but many of those questions were determined to address duplicate codes

VLE vs CSB

Examination Question Level

- VLE:
 - Examinees are presented with recall/definition based questions
- CSB:
 - Examinees are presented with mainstream scenarios that require action
 - Qualified Examinees “comprehend” the knowledge concept enough to “apply” and/or “perform an analysis of information given in the scenario
 - Qualified test takers can then select the required action out of provided options

Examination Items: Levels of Processing Pyramid



Comparison Study- Final Steps

- OPES and SMEs worked together to create and finalize a table documenting examination overlap
- OPES and SMEs worked together to finalize options and recommendations to the Board
- OPES prepared a memo for the Board (12/2016) explaining the outcome of the study and providing options for examination protocol moving forward

Veterinarians: Law Examination Review



Examination Item Development

- In addition to the steps taken to determine overlap between the VLE and the CSB examination:
 - OPES worked with the SMEs to write new VLE items and to create two new VLE forms in accordance with the identified OA and VMPPA linkage.

Comparison Study Outcome: Options

1. Continue to administer the current form of the VLE.
2. Continue to administer the VLE using new examination forms yearly to eliminate overexposure of examination materials.

Comparison Study Outcome: Options (Cont'd):

3. Initiate regulatory changes to discontinue administration of the VLE for all candidates for licensure who have completed the national exam, the CSB examination, and a Board-approved veterinary training program.

Comparison Study Outcome: Options (Cont'd):

Option 3 (continued):

- a) Only successful completion of the national examination and CSB examination would be required to obtain veterinarian licensure.
- b) The VLE would continue to be administered to candidates applying for licensure through reciprocity.
- c) The VLE will contain new examination items created yearly for administration to reciprocity-based candidates to prevent overexposure of examination materials.



MEMORANDUM

DATE	November 15, 2018
TO	Veterinary Medical Board
FROM	Jessica Sieferman, Executive Officer
SUBJECT	Agenda Item 14. Update, Discussion, and Possible Action Regarding 2018 Legislation and Implementation Plan

As board members are aware, multiple chaptered bills from the 2018 legislative session impacts the practice of veterinary medicine and requires Board implementation. This includes statutory, regulatory, operational, and outreach impacts. Implementation recommendations are before for Board consideration.

AB 2138 – Chiu. Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction.

This Board-opposed amended several sections of the Business and Professions code related to how regulatory licensing boards respond to applicants with criminal convictions. This bill removes any authority for the Board to deny an application based on formal discipline by a licensing board in or outside of California or criminal convictions and underlying acts occurring over seven years ago.

Regulatory Impact: *Regulatory revisions must be implemented by July 1, 2020.*

- Disciplinary Guidelines is not being amended to contain the revised statute at this time but may be a possible amendment in the future.
- CCR 2040 will need to be revised to include new criteria (bill section 7, new BPC section 481(b)(1)-(3))
- CCR 2041(a) will need to be revised to include completion of the criminal sentence at issue without a violation of parole or probation (bill section 9, new BPC section 482(b)(1)) and revised to correspond with new BPC section 483(b)(1)-(2) (bill section 13)
- CCR 2041(b) will need to be revised to cross-reference BPC section 490 (bill section 9, new BPC section 481(a)(2)) and revised to correspond with new BPC section 483(b)(1)-(2) (bill section 13)
- CCR 2042 may need to be revised.

Operational Impact

- There will be increased staff workload to collect criminal information. Licensing will now be tasked with reaching out to the individual jurisdictions to obtain documents, since the applicants no longer are required to submit this information upon application. The Board may be required to request additional staffing via BCP due to increased workload.
- Update BreZE and paper applications to comply with new statutes including review and revise all license, registration, and permit applications to remove disclosure of criminal

history (per bill section C5; new BPC sec. 480(f)(2)); Add a question to the applications whether the applicant has documents or evidence they wish to provide with the application regarding mitigating information relative to a conviction or disciplinary action; have to advise applicant on the form that disclosure is voluntary and the applicant's decision not to disclose any information shall not be a factor in a board's decision to grant or deny an application for licensure (per bill section 4, new BPC sec. 480(f)(2).

- Amend retention schedule and workflow process to retain all application forms and other documents submitted by applicant for 3 years, any notice provided to applicant, and all other communications received from and provided to applicant, and criminal history reports of an applicant. (per bill section 4, new BPC sec. 480(g)(1).
- Amend retention schedule and workflow process to retain the number of applications received for each license and the number of applications requiring inquiries regarding criminal history; retain information as listed in subparagraphs (A)-(D) (per bill section 4, new BPC sec. 480(g)(2)(A)-(D))
- Annually publish on Board's website and in legislative report the deidentified information collected in application forms, other documents, notice to applicants, all other communications received from/provided to applicant, and criminal history reports of applicants (per bill section 4, new BPC sec. 480(g)(3)(A)).
- Annually publish on Board's website a summary of the criteria used to consider whether a crime is considered to be substantially related to the qualifications, functions, or duties of the business or profession it regulates (per bill section 7, new BPC sec. 481(d)).
- Review and possibly amend existing regulations regarding substantially related crimes that would qualify for denial of licensure and post those requirements and post those requirements onto the website.

Outreach:

- Inform the applicant and licensee population at large via a general update on Legislation.

AB 2215 – Kalra. Use of Cannabis for Animals.

This Board-supported bill provides veterinarians the ability to discuss the use of cannabis on an animal patient and requires the Board to establish guidelines for veterinarians discussing cannabis with the veterinarian-client-patient relationship.

Regulatory Impact: Guidelines required for implementation of January 1, 2020.

- Possibly update the Disciplinary Guidelines with reference to new statute.
- Determine if the cannabis discussion "Guidelines" should be implemented through regulation or as a stand-alone document like the [Medical Board's guidelines](#).

Operational Impact

- If the cannabis discussion Guidelines are implemented as a stand-alone document, then staff will work with stakeholders to develop the document. If implemented as a regulatory document incorporated by reference, staff will work with stakeholders and develop a regulatory package.
- Update BreEZe with new enforcement codes.

Outreach:

- Inform veterinarians and those involved with the practice of veterinary medicine about the new statutes and what this allows. Distribute cannabis discussion guidelines via a newsletter, social media, and the website.

AB 2300 – Maienschein. Continuing Education: Veterinarian Spay and Neutering

This Board-opposed bill authorized a veterinarian to earn a total of 6 hours or less of the 36 hours of continuing education by either taking up to 6 hours of self-study courses or providing up to 4 hours of pro bono spaying or neutering services to benefit residents of low-income communities.

Regulatory Impact:

- Veterinary continuing education regulations ([CCR 2085-series](#)) may need to be updated so statutes does not conflict with existing regulation.

Operational Impact

- Possible implementation of new regulations.
- Additional work will be required of licensing staff when performing continuing education audits to obtain the necessary information to ensure that the veterinarian is providing the spay/neuter services pro-bono and to “a household with a demonstrated financial need for reduced-cost services”.

Outreach:

- Update the website with continuing education credit information and disseminate the new requirement via normal channels (i.e. newsletters, website, ListServ, social media, etc.)

SB 1480 & SB 1491 – Committee Bills – VMB Sponsored Changes

These Board-support bills contain numerous technical changes to clarify existing statute, streamline processes, and mandate 20% premises inspections.

Regulatory Impact:

- Update the Disciplinary Guidelines to include probationary veterinary assistant controlled substance permit information, update [CCR 2032.1](#) and [2032.15](#) regarding veterinary-client-patient relationships to identify the conditions for an emergency pursuant to the new statutes.
- Possible amendment to [CCR 2027](#) to confirm with statute and consider past Board discussion to allow for certain American Veterinary Medical Association (AVMA) veterinary graduates to apply for and obtain registered veterinary technician (RVT) registration.
- [CCR 2015.2](#) states the veterinary law exam (VLE) shall be administered by mail and refers to mailing date(s). Statute overrides regulations, but may consider updating regulations to conform with statute.

Operational Impact

- Possible amendment and/or implementation of new regulations.
- Amend regulations regarding veterinary student exemption to align with statute.
- Request additional Board staff and funding to implement the 20% mandatory inspections with consideration to total budgetary impact and long-term Board solvency of additional expenditures for staff and inspection costs.
- Develop the electronic VLE and implementation of new exam format and requisite website amendments.
- Possible amendments to regulations.

Outreach:

- Update the website and social media with information regarding the changes per these statutes (including drug counseling information, updated to the veterinary student exemption, updates to the AVMA graduates practicing as RVTs, etc.)
- Notify applicants of updated VLE format via existing applications.
- General notification of changes via normal channels (newsletter, website, etc.)

Attachments

- Bill Text for Legislation of Interest

Assembly Bill No. 2138

CHAPTER 995

An act to amend, repeal, and add Sections 7.5, 480, 481, 482, 488, 493, and 11345.2 of, and to add Section 480.2 to, the Business and Professions Code, relating to professions and vocations.

[Approved by Governor September 30, 2018. Filed with
Secretary of State September 30, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2138, Chiu. Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to deny, suspend, or revoke a license or take disciplinary action against a licensee on the grounds that the applicant or licensee has, among other things, been convicted of a crime, as specified. Existing law provides that a person shall not be denied a license solely on the basis that the person has been convicted of a felony if he or she has obtained a certificate of rehabilitation or that the person has been convicted of a misdemeanor if he or she has met applicable requirements of rehabilitation developed by the board, as specified. Existing law also prohibits a person from being denied a license solely on the basis of a conviction that has been dismissed, as specified. Existing law requires a board to develop criteria to aid it when considering the denial, suspension, or revocation of a license to determine whether a crime is substantially related to the qualifications, functions, or duties of the business or profession the board regulates and requires a board to develop criteria to evaluate the rehabilitation of a person when considering the denial, suspension, or revocation of a license.

This bill would revise and recast those provisions to instead authorize a board to, among other things, deny, revoke, or suspend a license on the grounds that the applicant or licensee has been subject to formal discipline, as specified, or convicted of a crime only if the applicant or licensee has been convicted of a crime within the preceding 7 years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or if the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding 7 years, except as specified. The bill would prohibit a board from

denying a person a license based on the conviction of a crime, or on the basis of acts underlying a conviction, as defined, for a crime, if the conviction has been dismissed or expunged, if the person has provided evidence of rehabilitation, if the person has been granted clemency or a pardon, or if an arrest resulted in a disposition other than a conviction.

The bill would require the board to develop criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession. The bill would require a board to consider whether a person has made a showing of rehabilitation if certain conditions are met. The bill would require a board to follow certain procedures when requesting or acting on an applicant's or licensee's criminal history information. The bill would also require a board to annually submit a report to the Legislature and post the report on its Internet Web site containing specified deidentified information regarding actions taken by a board based on an applicant or licensee's criminal history information.

Existing law authorizes a board to deny a license on the grounds that an applicant knowingly made a false statement of fact that is required to be revealed in the application for licensure.

This bill would prohibit a board from denying a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had the fact been disclosed.

Existing law authorizes a board, after a specified hearing requested by an applicant for licensure to take various actions in relation to denying or granting the applicant the license.

This bill would revise and recast those provisions to eliminate some of the more specific options that the board may take in these circumstances.

This bill would clarify that the existing above-described provisions continue to apply to the State Athletic Commission, the Bureau for Private Postsecondary Education, and the California Horse Racing Board.

This bill would also make necessary conforming changes.

This bill would make these provisions operative on July 1, 2020.

The people of the State of California do enact as follows:

SECTION 1. Section 7.5 of the Business and Professions Code is amended to read:

7.5. (a) A conviction within the meaning of this code means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action which a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code. However, a board may not deny a license to an applicant who is otherwise qualified pursuant to subdivision (b) of Section 480.

Nothing in this section shall apply to the licensure of persons pursuant to Chapter 4 (commencing with Section 6000) of Division 3.

(b) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 2. Section 7.5 is added to the Business and Professions Code, to read:

7.5. (a) A conviction within the meaning of this code means a judgment following a plea or verdict of guilty or a plea of nolo contendere or finding of guilt. Any action which a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence. However, a board may not deny a license to an applicant who is otherwise qualified pursuant to subdivision (b) or (c) of Section 480.

(b) (1) Nothing in this section shall apply to the licensure of persons pursuant to Chapter 4 (commencing with Section 6000) of Division 3.

(2) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(A) The State Athletic Commission.

(B) The Bureau for Private Postsecondary Education.

(C) The California Horse Racing Board.

(c) Except as provided in subdivision (b), this section controls over and supersedes the definition of conviction contained within individual practice acts under this code.

(d) This section shall become operative on July 1, 2020.

SEC. 3. Section 480 of the Business and Professions Code is amended to read:

480. (a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:

(1) Been convicted of a crime. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.

(2) Done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another.

(3) (A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

(B) The board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license solely on the basis that he or she has been convicted of a felony if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code or that he or she has been convicted of a misdemeanor if he or she has met all applicable requirements of the criteria of rehabilitation developed by the board to evaluate the rehabilitation of a person when considering the denial of a license under subdivision (a) of Section 482.

(c) Notwithstanding any other provisions of this code, a person shall not be denied a license solely on the basis of a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code shall provide proof of the dismissal.

(d) A board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license.

(e) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 4. Section 480 is added to the Business and Professions Code, to read:

480. (a) Notwithstanding any other provision of this code, a board may deny a license regulated by this code on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline only if either of the following conditions are met:

(1) The applicant has been convicted of a crime within the preceding seven years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding seven years from the date of application. However, the preceding seven-year limitation shall not apply in either of the following situations:

(A) The applicant was convicted of a serious felony, as defined in Section 1192.7 of the Penal Code or a crime for which registration is required pursuant to paragraph (2) or (3) of subdivision (d) of Section 290 of the Penal Code.

(B) The applicant was convicted of a financial crime currently classified as a felony that is directly and adversely related to the fiduciary qualifications, functions, or duties of the business or profession for which the application is made, pursuant to regulations adopted by the board, and for which the applicant is seeking licensure under any of the following:

- (i) Chapter 1 (commencing with Section 5000) of Division 3.
- (ii) Chapter 6 (commencing with Section 6500) of Division 3.

- (iii) Chapter 9 (commencing with Section 7000) of Division 3.
- (iv) Chapter 11.3 (commencing with Section 7512) of Division 3.
- (v) Licensure as a funeral director or cemetery manager under Chapter 12 (commencing with Section 7600) of Division 3.
- (vi) Division 4 (commencing with Section 10000).

(2) The applicant has been subjected to formal discipline by a licensing board in or outside California within the preceding seven years from the date of application based on professional misconduct that would have been cause for discipline before the board for which the present application is made and that is substantially related to the qualifications, functions, or duties of the business or profession for which the present application is made. However, prior disciplinary action by a licensing board within the preceding seven years shall not be the basis for denial of a license if the basis for that disciplinary action was a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code or a comparable dismissal or expungement.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis that he or she has been convicted of a crime, or on the basis of acts underlying a conviction for a crime, if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code, has been granted clemency or a pardon by a state or federal executive, or has made a showing of rehabilitation pursuant to Section 482.

(c) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis of any conviction, or on the basis of the acts underlying the conviction, that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code, or a comparable dismissal or expungement. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code shall provide proof of the dismissal if it is not reflected on the report furnished by the Department of Justice.

(d) Notwithstanding any other provision of this code, a board shall not deny a license on the basis of an arrest that resulted in a disposition other than a conviction, including an arrest that resulted in an infraction, citation, or a juvenile adjudication.

(e) A board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license. A board shall not deny a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had it been disclosed.

(f) A board shall follow the following procedures in requesting or acting on an applicant's criminal history information:

(1) A board issuing a license pursuant to Chapter 3 (commencing with Section 5500), Chapter 3.5 (commencing with Section 5615), Chapter 10 (commencing with Section 7301), Chapter 20 (commencing with Section 9800), or Chapter 20.3 (commencing with Section 9880), of Division 3, or Chapter 3 (commencing with Section 19000) or Chapter 3.1 (commencing

with Section 19225) of Division 8 may require applicants for licensure under those chapters to disclose criminal conviction history on an application for licensure.

(2) Except as provided in paragraph (1), a board shall not require an applicant for licensure to disclose any information or documentation regarding the applicant's criminal history. However, a board may request mitigating information from an applicant regarding the applicant's criminal history for purposes of determining substantial relation or demonstrating evidence of rehabilitation, provided that the applicant is informed that disclosure is voluntary and that the applicant's decision not to disclose any information shall not be a factor in a board's decision to grant or deny an application for licensure.

(3) If a board decides to deny an application for licensure based solely or in part on the applicant's conviction history, the board shall notify the applicant in writing of all of the following:

(A) The denial or disqualification of licensure.

(B) Any existing procedure the board has for the applicant to challenge the decision or to request reconsideration.

(C) That the applicant has the right to appeal the board's decision.

(D) The processes for the applicant to request a copy of his or her complete conviction history and question the accuracy or completeness of the record pursuant to Sections 11122 to 11127 of the Penal Code.

(g) (1) For a minimum of three years, each board under this code shall retain application forms and other documents submitted by an applicant, any notice provided to an applicant, all other communications received from and provided to an applicant, and criminal history reports of an applicant.

(2) Each board under this code shall retain the number of applications received for each license and the number of applications requiring inquiries regarding criminal history. In addition, each licensing authority shall retain all of the following information:

(A) The number of applicants with a criminal record who received notice of denial or disqualification of licensure.

(B) The number of applicants with a criminal record who provided evidence of mitigation or rehabilitation.

(C) The number of applicants with a criminal record who appealed any denial or disqualification of licensure.

(D) The final disposition and demographic information, consisting of voluntarily provided information on race or gender, of any applicant described in subparagraph (A), (B), or (C).

(3) (A) Each board under this code shall annually make available to the public through the board's Internet Web site and through a report submitted to the appropriate policy committees of the Legislature deidentified information collected pursuant to this subdivision. Each board shall ensure confidentiality of the individual applicants.

(B) A report pursuant to subparagraph (A) shall be submitted in compliance with Section 9795 of the Government Code.

(h) “Conviction” as used in this section shall have the same meaning as defined in Section 7.5.

(i) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

- (1) The State Athletic Commission.
- (2) The Bureau for Private Postsecondary Education.
- (3) The California Horse Racing Board.

(j) This section shall become operative on July 1, 2020.

SEC. 5. Section 480.2 is added to the Business and Professions Code, to read:

480.2. (a) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may deny a license regulated by it on the grounds that the applicant has one of the following:

- (1) Been convicted of a crime.
- (2) Done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another.
- (3) (A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

(B) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license solely on the basis that he or she has been convicted of a felony if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code or that he or she has been convicted of a misdemeanor if he or she has met all applicable requirements of the criteria of rehabilitation developed by the Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board to evaluate the rehabilitation of a person when considering the denial of a license under paragraph (1) of subdivision (f).

(c) Notwithstanding any other provisions of this code, a person shall not be denied a license by the Bureau for Private Postsecondary Education, the State Athletic Commission, or the California Horse Racing Board solely on the basis of a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code shall provide proof of the dismissal.

(d) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may deny a license regulated by it on the ground that the applicant knowingly made a false

statement of fact that is required to be revealed in the application for the license.

(e) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board shall develop criteria to aid it, when considering the denial, suspension or revocation of a license, to determine whether a crime or act is substantially related to the qualifications, functions, or duties of the business or profession it regulates.

(f) (1) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board shall develop criteria to evaluate the rehabilitation of a person either when:

(A) Considering the denial of a license under this section.

(B) Considering suspension or revocation of a license under Section 490.

(2) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board shall take into account all competent evidence of rehabilitation furnished by the applicant or licensee.

(g) Except as otherwise provided by law, following a hearing requested by an applicant pursuant to subdivision (b) of Section 485, the Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may take any of the following actions:

(1) Grant the license effective upon completion of all licensing requirements by the applicant.

(2) Grant the license effective upon completion of all licensing requirements by the applicant, immediately revoke the license, stay the revocation, and impose probationary conditions on the license, which may include suspension.

(3) Deny the license.

(4) Take other action in relation to denying or granting the license as the Bureau for Private Postsecondary Education, the State Athletic Commission, or the California Horse Racing Board, in its discretion, may deem proper.

(h) Notwithstanding any other law, in a proceeding conducted by the Bureau for Private Postsecondary Education, the State Athletic Commission, or the California Horse Racing Board to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact, and the Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, and duties of the licensee in question.

(i) Notwithstanding Section 7.5, a conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that the Bureau for Private Postsecondary

Education, the State Athletic Commission, or the California Horse Racing Board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.

(j) This section shall become operative on July 1, 2020.

SEC. 6. Section 481 of the Business and Professions Code is amended to read:

481. (a) Each board under the provisions of this code shall develop criteria to aid it, when considering the denial, suspension or revocation of a license, to determine whether a crime or act is substantially related to the qualifications, functions, or duties of the business or profession it regulates.

(b) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 7. Section 481 is added to the Business and Professions Code, to read:

481. (a) Each board under this code shall develop criteria to aid it, when considering the denial, suspension, or revocation of a license, to determine whether a crime is substantially related to the qualifications, functions, or duties of the business or profession it regulates.

(b) Criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession a board regulates shall include all of the following:

- (1) The nature and gravity of the offense.
- (2) The number of years elapsed since the date of the offense.
- (3) The nature and duties of the profession in which the applicant seeks licensure or in which the licensee is licensed.

(c) A board shall not deny a license based in whole or in part on a conviction without considering evidence of rehabilitation submitted by an applicant pursuant to any process established in the practice act or regulations of the particular board and as directed by Section 482.

(d) Each board shall post on its Internet Web site a summary of the criteria used to consider whether a crime is considered to be substantially related to the qualifications, functions, or duties of the business or profession it regulates consistent with this section.

(e) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

- (1) The State Athletic Commission.
- (2) The Bureau for Private Postsecondary Education.
- (3) The California Horse Racing Board.

(f) This section shall become operative on July 1, 2020.

SEC. 8. Section 482 of the Business and Professions Code is amended to read:

482. (a) Each board under the provisions of this code shall develop criteria to evaluate the rehabilitation of a person when:

(1) Considering the denial of a license by the board under Section 480;
or

(2) Considering suspension or revocation of a license under Section 490.

(b) Each board shall take into account all competent evidence of rehabilitation furnished by the applicant or licensee.

(c) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 9. Section 482 is added to the Business and Professions Code, to read:

482. (a) Each board under this code shall develop criteria to evaluate the rehabilitation of a person when doing either of the following:

(1) Considering the denial of a license by the board under Section 480.

(2) Considering suspension or revocation of a license under Section 490.

(b) Each board shall consider whether an applicant or licensee has made a showing of rehabilitation if either of the following are met:

(1) The applicant or licensee has completed the criminal sentence at issue without a violation of parole or probation.

(2) The board, applying its criteria for rehabilitation, finds that the applicant is rehabilitated.

(c) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(1) The State Athletic Commission.

(2) The Bureau for Private Postsecondary Education.

(3) The California Horse Racing Board.

(d) This section shall become operative on July 1, 2020.

SEC. 10. Section 488 of the Business and Professions Code is amended to read:

488. (a) Except as otherwise provided by law, following a hearing requested by an applicant pursuant to subdivision (b) of Section 485, the board may take any of the following actions:

(1) Grant the license effective upon completion of all licensing requirements by the applicant.

(2) Grant the license effective upon completion of all licensing requirements by the applicant, immediately revoke the license, stay the revocation, and impose probationary conditions on the license, which may include suspension.

(3) Deny the license.

(4) Take other action in relation to denying or granting the license as the board in its discretion may deem proper.

(b) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 11. Section 488 is added to the Business and Professions Code, to read:

488. (a) Except as otherwise provided by law, following a hearing requested by an applicant pursuant to subdivision (b) of Section 485, the board may take any of the following actions:

(1) Grant the license effective upon completion of all licensing requirements by the applicant.

(2) Grant the license effective upon completion of all licensing requirements by the applicant, immediately revoke the license, stay the revocation, and impose probationary conditions on the license, which may include suspension.

(3) Deny the license.

(4) Take other action in relation to denying or granting the license as the board in its discretion may deem proper.

(b) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(1) The State Athletic Commission.

(2) The Bureau for Private Postsecondary Education.

(3) The California Horse Racing Board.

(c) This section shall become operative on July 1, 2020.

SEC. 12. Section 493 of the Business and Professions Code is amended to read:

493. (a) Notwithstanding any other provision of law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact, and the board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, and duties of the licensee in question.

(b) As used in this section, “license” includes “certificate,” “permit,” “authority,” and “registration.”

(c) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 13. Section 493 is added to the Business and Professions Code, to read:

493. (a) Notwithstanding any other law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact.

(b) (1) Criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession the board regulates shall include all of the following:

(A) The nature and gravity of the offense.

- (B) The number of years elapsed since the date of the offense.
- (C) The nature and duties of the profession.
- (2) A board shall not categorically bar an applicant based solely on the type of conviction without considering evidence of rehabilitation.
- (c) As used in this section, “license” includes “certificate,” “permit,” “authority,” and “registration.”
- (d) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:
 - (1) The State Athletic Commission.
 - (2) The Bureau for Private Postsecondary Education.
 - (3) The California Horse Racing Board.
- (e) This section shall become operative on July 1, 2020.

SEC. 14. Section 11345.2 of the Business and Professions Code is amended to read:

11345.2. (a) An individual shall not act as a controlling person for a registrant if any of the following apply:

(1) The individual has entered a plea of guilty or no contest to, or been convicted of, a felony. Notwithstanding subdivision (c) of Section 480, if the individual’s felony conviction has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code, the bureau may allow the individual to act as a controlling person.

(2) The individual has had a license or certificate to act as an appraiser or to engage in activities related to the transfer of real property refused, denied, canceled, or revoked in this state or any other state.

(b) Any individual who acts as a controlling person of an appraisal management company and who enters a plea of guilty or no contest to, or is convicted of, a felony, or who has a license or certificate as an appraiser refused, denied, canceled, or revoked in any other state shall report that fact or cause that fact to be reported to the office, in writing, within 10 days of the date he or she has knowledge of that fact.

(c) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 15. Section 11345.2 is added to the Business and Professions Code, to read:

11345.2. (a) An individual shall not act as a controlling person for a registrant if any of the following apply:

(1) The individual has entered a plea of guilty or no contest to, or been convicted of, a felony. If the individual’s felony conviction has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code, the bureau may allow the individual to act as a controlling person.

(2) The individual has had a license or certificate to act as an appraiser or to engage in activities related to the transfer of real property refused, denied, canceled, or revoked in this state or any other state.

(b) Any individual who acts as a controlling person of an appraisal management company and who enters a plea of guilty or no contest to, or is convicted of, a felony, or who has a license or certificate as an appraiser

refused, denied, canceled, or revoked in any other state shall report that fact or cause that fact to be reported to the office, in writing, within 10 days of the date he or she has knowledge of that fact.

(c) This section shall become operative on July 1, 2020.

O

Assembly Bill No. 2215

CHAPTER 819

An act to amend Section 4883 of, and to add Section 4884 to, the Business and Professions Code, relating to veterinarians.

[Approved by Governor September 27, 2018. Filed with
Secretary of State September 27, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2215, Kalra. Veterinarians: cannabis: animals.

The California Uniform Controlled Substances Act classifies controlled substances into 5 designated schedules, and places cannabis and cannabis products under Schedule I. The act prohibits prescribing, administering, dispensing, or furnishing a controlled substance to or for any person or animal, unless otherwise specified.

The Veterinary Medicine Practice Act provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs. The act authorizes the board to revoke or suspend the license of a person to practice veterinary medicine, or to assess a fine, for specified causes, including violating a statute related to controlled substances. The act also makes a violation of its provisions a misdemeanor.

This bill would authorize the board to revoke or suspend a veterinarian license, or to assess a fine, for accepting, soliciting, or offering any form of remuneration from or to a Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA) licensee if the veterinarian or his or her immediate family has a financial interest, as defined, with the MAUCRSA licensee. The bill would authorize the board to revoke or suspend a veterinarian license, or to assess a fine, for discussing medicinal cannabis with a client while the veterinarian is employed by, or has an agreement with, a MAUCRSA licensee. The bill would authorize the board to revoke or suspend a license, or to assess a fine, for distributing any form of advertising for cannabis in California. The bill would prohibit a licensed veterinarian from dispensing or administering cannabis or cannabis products to an animal patient. Because a violation of the Veterinary Medicine Practice Act's provisions is a crime, the bill would expand the scope of that crime, thereby imposing a state-mandated local program.

The bill would also prohibit the Veterinary Medical Board from disciplining, or denying, revoking, or suspending the license of, a licensed veterinarian solely for discussing the use of cannabis on an animal for medicinal purposes, absent negligence or incompetence. The bill would require the board to adopt guidelines for these discussions on or before

January 1, 2020, and would require the board to post the guidelines on its Internet Web site.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Section 4883 of the Business and Professions Code is amended to read:

4883. The board may deny, revoke, or suspend a license or registration or assess a fine as provided in Section 4875 for any of the following:

(a) Conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, surgery, or dentistry, in which case the record of the conviction shall be conclusive evidence.

(b) For having professional connection with, or lending the licensee's or registrant's name to, any illegal practitioner of veterinary medicine and the various branches thereof.

(c) Violation or attempting to violate, directly or indirectly, any of the provisions of this chapter.

(d) Fraud or dishonesty in applying, treating, or reporting on tuberculin or other biological tests.

(e) Employment of anyone but a veterinarian licensed in the state to demonstrate the use of biologics in the treatment of animals.

(f) False or misleading advertising.

(g) Unprofessional conduct, that includes, but is not limited to, the following:

(1) Conviction of a charge of violating any federal statutes or rules or any statute or rule of this state regulating dangerous drugs or controlled substances. The record of the conviction is conclusive evidence thereof. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order the license or registration to be suspended or revoked, or assess a fine, or decline to issue a license or registration, when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4, 1210.1, or 3063.1 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(2) (A) The use of or prescribing for or administering to himself or herself, any controlled substance.

(B) The use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages to the extent, or in any manner as to be dangerous

or injurious to a person licensed or registered under this chapter, or to any other person or to the public, or to the extent that the use impairs the ability of the person so licensed or registered to conduct with safety the practice authorized by the license or registration.

(C) The conviction of more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section or any combination thereof, and the record of the conviction is conclusive evidence.

A plea or verdict of guilty or a conviction following a plea of *nolo contendere* is deemed to be a conviction within the meaning of this section. The board may order the license or registration to be suspended or revoked or assess a fine, or may decline to issue a license or registration, when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under Section 1203.4, 1210.1, or 3063.1 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(3) A violation of any federal statute, rule, or regulation or any of the statutes, rules, or regulations of this state regulating dangerous drugs or controlled substances.

(h) Failure to keep the licensee's or registrant's premises and all equipment therein in a clean and sanitary condition.

(i) Fraud, deception, negligence, or incompetence in the practice of veterinary medicine.

(j) Aiding or abetting in any acts that are in violation of any of the provisions of this chapter.

(k) The employment of fraud, misrepresentation, or deception in obtaining the license or registration.

(l) The revocation, suspension, or other discipline by another state or territory of a license, certificate, or registration to practice veterinary medicine or as a veterinary technician in that state or territory.

(m) Cruelty to animals, conviction on a charge of cruelty to animals, or both.

(n) Disciplinary action taken by any public agency in any state or territory for any act substantially related to the practice of veterinary medicine or the practice of a veterinary technician.

(o) Violation, or the assisting or abetting violation, of any regulations adopted by the board pursuant to this chapter.

(p) Accepting, soliciting, or offering any form of remuneration from or to a cannabis licensee if the veterinarian or his or her immediate family have a financial interest with the cannabis licensee. For purposes of this subdivision, the following definitions shall apply:

(1) "Cannabis licensee" shall have the same meaning as "licensee" in Section 26001.

(2) "Financial interest" shall have the same meaning as in Section 650.01.

(q) Discussing medicinal cannabis with a client while the veterinarian is employed by, or has an agreement with, a cannabis licensee. For purposes of this subdivision, “cannabis licensee” shall have the same meaning as “licensee” in Section 26001.

(r) Distributing any form of advertising for cannabis in California.

SEC. 2. Section 4884 is added to the Business and Professions Code, to read:

4884. (a) A licensee shall not dispense or administer cannabis or cannabis products to an animal patient.

(b) Notwithstanding any other law and absent negligence or incompetence, a veterinarian licensed under this chapter shall not be disciplined by the board or have his or her license denied, revoked, or suspended solely for discussing the use of cannabis on an animal for medicinal purposes.

(c) On or before January 1, 2020, the board shall adopt guidelines for veterinarians to follow when discussing cannabis within the veterinarian-client-patient relationship. These guidelines shall be posted on the board’s Internet Web site.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Assembly Bill No. 2300

CHAPTER 236

An act to amend Section 4846.5 of the Business and Professions Code, relating to healing arts.

[Approved by Governor August 28, 2018. Filed with Secretary of State August 28, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2300, Maienschein. Continuing education: veterinarians.

Existing law creates a Veterinary Medical Board in the Department of Consumer Affairs whose highest priority is to protect the public in exercising its licensing, regulatory, and disciplinary functions. Existing law requires applications for a veterinarian license to be furnished on a form and accompanied by a diploma or other verification of graduation from a veterinary college recognized by the board. Existing law requires each veterinarian licensed by the board to biennially apply for renewal of his or her license. Existing law requires the board to issue renewal licenses to those applicants that have completed a minimum of 36 hours of continuing education in the preceding 2 years, including no more than 6 hours of self-study courses.

This bill would instead authorize an applicant for renewal to earn a total of 6 hours or less of the 36 hours of continuing education by either taking up to 6 hours of self-study courses or providing up to 4 hours of pro bono spaying or neutering services to a household with a demonstrated financial need for reduced-cost services, or a combination thereof.

The people of the State of California do enact as follows:

SECTION 1. Section 4846.5 of the Business and Professions Code is amended to read:

4846.5. (a) Except as provided in this section, the board shall issue renewal licenses only to those applicants that have completed a minimum of 36 hours of continuing education in the preceding two years.

(b) (1) Notwithstanding any other law, continuing education hours shall be earned by attending courses relevant to veterinary medicine and sponsored or cosponsored by any of the following:

(A) American Veterinary Medical Association (AVMA) accredited veterinary medical colleges.

(B) Accredited colleges or universities offering programs relevant to veterinary medicine.

(C) The American Veterinary Medical Association.

(D) American Veterinary Medical Association recognized specialty or affiliated allied groups.

(E) American Veterinary Medical Association's affiliated state veterinary medical associations.

(F) Nonprofit annual conferences established in conjunction with state veterinary medical associations.

(G) Educational organizations affiliated with the American Veterinary Medical Association or its state affiliated veterinary medical associations.

(H) Local veterinary medical associations affiliated with the California Veterinary Medical Association.

(I) Federal, state, or local government agencies.

(J) Providers accredited by the Accreditation Council for Continuing Medical Education (ACCME) or approved by the American Medical Association (AMA), providers recognized by the American Dental Association Continuing Education Recognition Program (ADA CERP), and AMA or ADA affiliated state, local, and specialty organizations.

(2) Notwithstanding paragraph (1), a total of six hours or less of the required 36 hours of continuing education may be earned by doing either of the following, or a combination thereof:

(A) Up to six hours may be earned by taking self-study courses, which may include, but are not limited to, reading journals, viewing video recordings, or listening to audio recordings.

(B) Up to four hours may be earned by providing pro bono spaying or neutering services under the supervision of a public animal control agency or shelter, society for the prevention of cruelty to animals shelter, humane society shelter, or rescue group. The services shall be administered at a facility that is appropriately equipped and staffed to provide those services. The service shall be provided to a household with a demonstrated financial need for reduced-cost services.

(3) The board may approve other continuing veterinary medical education providers not specified in paragraph (1).

(A) The board has the authority to recognize national continuing education approval bodies for the purpose of approving continuing education providers not specified in paragraph (1).

(B) Applicants seeking continuing education provider approval shall have the option of applying to the board or to a board-recognized national approval body.

(4) For good cause, the board may adopt an order specifying, on a prospective basis, that a provider of continuing veterinary medical education authorized pursuant to paragraph (1) or (3) is no longer an acceptable provider.

(5) Continuing education hours earned by attending courses sponsored or cosponsored by those entities listed in paragraph (1) between January 1, 2000, and January 1, 2001, shall be credited toward a veterinarian's continuing education requirement under this section.

(c) Every person renewing his or her license issued pursuant to Section 4846.4, or any person applying for relicensure or for reinstatement of his

or her license to active status, shall submit proof of compliance with this section to the board certifying that he or she is in compliance with this section. Any false statement submitted pursuant to this section shall be a violation subject to Section 4831.

(d) This section shall not apply to a veterinarian's first license renewal. This section shall apply only to second and subsequent license renewals granted on or after January 1, 2002.

(e) The board shall have the right to audit the records of all applicants to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a period of four years and shall make these records available to the board for auditing purposes upon request. If the board, during this audit, questions whether any course reported by the veterinarian satisfies the continuing education requirement, the veterinarian shall provide information to the board concerning the content of the course; the name of its sponsor and cosponsor, if any; and specify the specific curricula that was of benefit to the veterinarian.

(f) A veterinarian desiring an inactive license or to restore an inactive license under Section 701 shall submit an application on a form provided by the board. In order to restore an inactive license to active status, the veterinarian shall have completed a minimum of 36 hours of continuing education within the last two years preceding application. The inactive license status of a veterinarian shall not deprive the board of its authority to institute or continue a disciplinary action against a licensee.

(g) Knowing misrepresentation of compliance with this article by a veterinarian constitutes unprofessional conduct and grounds for disciplinary action or for the issuance of a citation and the imposition of a civil penalty pursuant to Section 4883.

(h) The board, in its discretion, may exempt from the continuing education requirement any veterinarian who for reasons of health, military service, or undue hardship cannot meet those requirements. Applications for waivers shall be submitted on a form provided by the board.

(i) The administration of this section may be funded through professional license and continuing education provider fees. The fees related to the administration of this section shall not exceed the costs of administering the corresponding provisions of this section.

(j) For those continuing education providers not listed in paragraph (1) of subdivision (b), the board or its recognized national approval agent shall establish criteria by which a provider of continuing education shall be approved. The board shall initially review and approve these criteria and may review the criteria as needed. The board or its recognized agent shall monitor, maintain, and manage related records and data. The board may impose an application fee, not to exceed two hundred dollars (\$200) biennially, for continuing education providers not listed in paragraph (1) of subdivision (b).

(k) (1) Beginning January 1, 2018, a licensed veterinarian who renews his or her license shall complete a minimum of one credit hour of continuing

education on the judicious use of medically important antimicrobial drugs every four years as part of his or her continuing education requirements.

(2) For purposes of this subdivision, “medically important antimicrobial drug” means an antimicrobial drug listed in Appendix A of the federal Food and Drug Administration’s Guidance for Industry #152, including critically important, highly important, and important antimicrobial drugs, as that appendix may be amended.

O

Senate Bill No. 1480

CHAPTER 571

An act to amend Sections 101.7, 328, 2064.5, 2065, 2135, 2428, 2499.5, 2529.1, 2529.5, 2529.6, 2708, 2816, 2892.6, 2895, 3047, 3147, 3680, 4518, 4548, 4604, 4809.7, 4830, 4836.2, and 11506 of, and to add Sections 1006.5, 2892.7, 4518.1, 4826.4, 4829.5, and 4841.2 to, the Business and Professions Code, to amend Sections 7000, 7103, 8731, 8778.5, 8785, 103775, and 103780 of the Health and Safety Code, and to amend an initiative act entitled “An act prescribing the terms upon which licenses may be issued to practitioners of chiropractic, creating the State Board of Chiropractic Examiners, and declaring its powers and duties, prescribing penalties for violation hereof, and repealing all acts and parts of acts inconsistent herewith” approved by voters on November 7, 1922, (the Chiropractic Act) by amending Sections 5 and 12 of the act, relating to professions and vocations, and making an appropriation therefor.

[Approved by Governor September 19, 2018. Filed with
Secretary of State September 19, 2018.]

LEGISLATIVE COUNSEL’S DIGEST

SB 1480, Hill. Professions and vocations.

(1) Existing law establishes the Department of Consumer Affairs, specifies the various boards that comprise the department, and requires the boards to meet at least 3 times a year.

This bill would instead require the boards to meet at least 2 times a year.

(2) Existing law requires the Director of Consumer Affairs to implement complaint prioritization guidelines for boards to use in prioritizing their respective complaint and investigative workloads.

This bill would require the director to amend those guidelines to include the category of “allegations of serious harm to a minor,” as specified.

(3) Existing law, the Medical Practice Act, establishes the Medical Board of California for the licensure and regulation of physicians and surgeons. Existing law prohibits a postgraduate trainee, intern, resident, postdoctoral fellow, or instructor from engaging in the practice of medicine unless he or she holds a valid, unrevoked, and unsuspended physician’s and surgeon’s certificate issued by the board. Existing law provides an exemption to this provision and authorizes a graduate of an approved medical school to engage in the practice of medicine as a part of a postgraduate training program, as specified. Existing law, on and after January 1, 2020, limits to 12 months the practice of medicine, and receipt of compensation for that practice, by a medical school graduate as a part of an approved first-year postgraduate training program. Existing law, on and after January 1, 2020, limits to 27 months the practice of medicine, and receipt of compensation for that

practice, by a medical school graduate as a part of an approved residency or fellowship. Existing law, on and after January 1, 2020, requires all privileges and exemptions under these provisions to cease automatically if the resident or fellow fails to receive a license to practice medicine within 27 months from the commencement of the residency or fellowship or if the board denies his or her application for licensure. Existing law, on and after January 1, 2020, requires all approved postgraduate training that the medical school graduate has successfully completed in the United States or Canada to count toward the aggregate 39-month license exemption. Existing law, on and after January 1, 2020, requires a medical school graduate to successfully complete a minimum of 36 months of approved postgraduate training with at least 24 consecutive months in the same program to be eligible for a California physician's and surgeon's certificate.

This bill would, on and after January 1, 2020, delete the 12-month and 27-month limitations on the license exemptions for medical school graduates in first-year postgraduate training programs and residencies and fellowships, respectively. The bill would, on and after January 1, 2020, authorize the board, upon review of supporting documentation, to grant an extension beyond the 39-month license exemption to a postgraduate training licensee to successfully complete the 36 months of required approved postgraduate training. The bill would, on and after January 1, 2020, require an applicant who has successfully completed 36 months of approved postgraduate training in another state or in Canada and who is accepted into an approved postgraduate training program in California to obtain his or her license within 90 days after beginning the program. The bill would, on and after January 1, 2020, replace the requirement that the 24 months in the postgraduate training program be consecutive with a requirement that there be successful progression through the 24 months.

The bill would, on and after January 1, 2020, require the program director for a postgraduate training program in California to report to the board, on a form approved by the board, and provide any supporting documents as required by the board, specified events regarding a postgraduate trainee's status in the postgraduate program within 30 days of the event.

Existing law requires the board to issue a physician's and surgeon's certificate to an applicant who holds a specified license from another state or a Canadian province or Canadian provinces and who, in addition to meeting other requirements, has satisfactorily completed at least 2 years of approved postgraduate training or has satisfactorily completed at least one year of approved postgraduate training and takes and passes the clinical competency written examination. Existing law, on and after January 1, 2020, revises this provision to, among other things, exclude the applicant from licensure.

This bill instead would continue to include such an applicant who meets the other requirements as revised on and after January 1, 2020.

Existing law authorizes a person who voluntarily cancels his or her license or fails to renew his or her license within 5 years after its expiration under the Medical Practice Act to apply for and obtain a new license upon

satisfaction of specified requirements, including satisfactory completing 2 years of approved postgraduate training.

This bill would instead require the person to satisfactorily complete 3 years of approved postgraduate training.

Existing law establishes various fees in connection with the issuance of licenses under the Medical Practice Act, and requires those fees to be paid into the State Treasury and credited to the Contingent Fund of the Medical Board of California, available to the board for specified purposes upon appropriation by the Legislature. Existing law requires that an applicant for a physician's and surgeon's postgraduate training license be required to pay only 50% of the initial license fee. Existing law requires the applicant to, among other things, pay the reduced licensing fee to be considered for a postgraduate training license.

This bill would instead require the applicant to pay a nonrefundable application and processing fee.

(4) Existing law regulates the practice of podiatric medicine by the California Board of Podiatric Medicine and prescribes various fees relating to, among others, an application, licensure, and renewal. All revenue received by the board is required to be deposited into the Board of Podiatric Medicine Fund, which is available to the board upon appropriation by the Legislature.

This bill would revise those fee provisions by, among other things, deleting the oral examination fee and increasing, until January 1, 2021, the amount of the biennial renewal fee.

(5) Existing law, the Nursing Practice Act, regulates the practice of nursing by the Board of Registered Nursing and authorizes the board to appoint an executive officer.

This bill would authorize the executive officer to adopt a decision entered by default and a stipulation for surrender of a license.

Existing law establishes various fees in connection with the issuance of licenses under the act, and requires those fees to be deposited in the Board of Registered Nursing Fund, available to the board upon appropriation by the Legislature. Existing law establishes that the fee paid by a registered nurse for an evaluation of his or her qualifications to use the title "public health nurse" shall be not less than \$500 or more than \$1,500.

This bill would instead establish a fee for that purpose of not less than \$300 or more than \$1,000, would establish a penalty for failure to renew a certificate to practice as a public health nurse within the prescribed time, and would require the Board of Registered Nursing to reimburse any registered nurse who paid more than \$300 for an evaluation between April 5, 2018, and December 31, 2018.

(6) Existing law, the Vocational Nursing Practice Act, provides for the regulation of vocational nurses by the Board of Vocational Nursing and Psychiatric Technicians of the State of California, establishes the Vocational Nursing and Psychiatric Technician Fund, and makes those funds available to the board upon appropriation by the Legislature. Existing law prescribes various fees in connection with the issuance of licenses under the act and

requires the board to collect a biennial fee not to exceed \$200 from a continuing education course provider.

This bill would instead require the board to collect an initial approval and a biennial renewal fee of \$150 unless a higher fee, not to exceed \$250, is established by the board. The bill would also require the board to collect an initial approval and a biennial renewal fee of \$150, unless a higher fee, not to exceed \$250, is established by the board, from any provider of a course in intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal. The bill would revise the fees and fee amounts to be assessed under the act, including, but not limited to, application, examination, and renewal fees.

(7) Existing law, the Optometry Practice Act, provides for the licensure and regulation of the practice of optometry by the State Board of Optometry. Existing law authorizes a person to renew an expired optometrist license by paying specified fees and filing a form prescribed by the board. Existing law, commencing July 1, 2018, requires the board to charge an applicant for licensure a fee of \$2, and an applicant for renewal a fee of \$4, for purposes of developing an interface with the National Practitioner Data Bank.

This bill would also authorize the renewal of expired statements of licensure, branch office licenses, and fictitious name permits by filing an application for renewal and paying renewal and delinquency fees prescribed by the board, and would make the National Practitioner Data Bank fee \$4 for both licensure and renewal applicants.

(8) Existing law, the Naturopathic Doctors Act, provides for the regulation of the practice of naturopathic medicine by the Naturopathic Medicine Committee within the Osteopathic Medical Board of California. Existing law establishes various fees in connection with the issuance of a license to practice naturopathic medicine, which are deposited in the Naturopathic Doctor's Fund and are available to the committee upon appropriation by the Legislature.

This bill would revise those provisions by, among other things, increasing the application, initial licensing, and renewal fees, and establishing a fee for a certified license verification.

(9) Existing law makes it unprofessional conduct for certain unlicensed persons who have completed clinical training in psychoanalysis and are registered to engage in psychoanalysis to use controlled substances, dangerous drugs, or alcoholic beverages under prescribed circumstances, including if the use impairs the ability of the registrant to practice safely. Existing law requires an unlicensed person registered to engage in psychoanalysis pursuant to those provisions to pay a sum not in excess of \$100 and a renewal fee not in excess of \$50 to the Contingent Fund of the Medical Board of California. Existing law requires the board to revoke the exemption from licensure of any person who has been required to register as a sex offender, as specified. Existing law makes all of the these provisions inoperative on and after January 1, 2019.

This bill would delete the repeal of the above-specified provisions. By extending the term for an existing appropriation, the bill would make an appropriation.

(10) Existing law provides for the licensure and regulation of psychiatric technicians by the Board of Vocational Nursing and Psychiatric Technicians of the State of California, and authorizes the board, if it adopts a continuing education program, to collect a fee from continuing education course providers. Existing law also prescribes various fees in connection with the issuance of a psychiatric technician license.

This bill would instead require the board, if it adopts a continuing education or blood withdrawal program, to collect an initial approval and a biennial renewal fee from a provider of a course in continuing education or blood withdrawal, as specified. The bill would also revise the fees and fee amounts required for licensure as a psychiatric technician.

(11) Existing law, the Massage Therapy Act, provides for the certification and regulation of massage therapists by the California Massage Therapy Council and requires an applicant for certification as a massage therapist to pass a massage and bodywork competency assessment examination.

This bill would make that examination requirement inoperative from January 1, 2019, until January 1, 2021.

(12) The Veterinary Medicine Practice Act regulates the practice of veterinary medicine by the Veterinary Medical Board and makes a violation of its provisions a crime. Existing law separately provides immunity from liability to a veterinarian or registered veterinary technician who renders services during certain states of emergency.

This bill would authorize a California-licensed veterinarian at a registered premises located within a 25-mile radius of any declared condition of emergency to, in good faith, provide veterinary services without establishing a veterinarian-client-patient relationship and dispense or prescribe a dangerous drug or device where failure to provide services or medications may result in loss of life or intense suffering. The bill would provide immunity from liability for a veterinarian providing those services.

Existing law excludes specified persons from the provisions regulating the practice of veterinary medicine, including veterinary medicine students in 2 specified schools of veterinary medicine who participate in diagnosis and treatment, as specified.

This bill would instead exclude students from any veterinary medical program accredited by the American Veterinary Medical Association Council on Education who participate in diagnosis or treatment with direct supervision, or surgery with immediate supervision, subject to specified conditions.

Existing law provides for a veterinary assistant controlled substance permit issued by the Veterinary Medical Board to qualified applicants and authorizes the board to deny, revoke, or suspend a veterinary assistant controlled substance permit for specified reasons.

This bill would add to the list of reasons the conviction of a crime substantially related to the qualifications, functions, or duties of veterinary

medicine, veterinary surgery, or veterinary dentistry. The bill would also authorize the board, in addition to denial, revocation, or suspension, to issue a probationary veterinary assistant controlled substance permit.

The bill would prohibit a graduate of a veterinary college from performing animal health care tasks otherwise performed by a registered veterinary technician, except as specified, and would require a veterinarian to offer a consultation to the client each time he or she initially prescribes, dispenses, or furnishes a dangerous drug, as defined, to an animal patient in an outpatient setting. Because a violation of that provision would be a crime, the bill would impose a state-mandated local program.

Existing law requires the Veterinary Medical Board to establish a regular inspection program, and provides that the board is required to make every effort to inspect at least 20% of veterinary premises annually.

This bill would instead require the board to inspect at least 20% of veterinary premises annually.

(13) Existing law requires a person to meet specified requirements in order to use the title “certified common interest development manager,” and requires a certified common interest development manager to make specified disclosures to the board of directors of a common interest development before providing services to the common interest development. Existing law repeals those provisions governing certified common interest development managers on January 1, 2019.

This bill would delete the repeal provision, thereby extending those provisions indefinitely.

(14) Existing law, the Chiropractic Act, enacted by initiative, provides for the licensure and regulation of chiropractors by the State Board of Chiropractic Examiners, which is composed of 7 members appointed by the Governor, and establishes an application fee of not more than \$100 and, on and after January 1, 2019, a renewal fee of \$250. Existing law authorizes the Legislature to fix the amounts of the fees payable by applicants and licensees, and directs the deposit of these fees into the State Board of Chiropractic Examiners’ Fund, a continuously appropriated fund.

This bill would delete the provisions providing for the application and renewal fees and would instead establish a schedule of regulatory fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act, including, among others, application and renewal fees for licensure, fees to apply for approval for a continuing education course, and satellite office certificate fees. By increasing specified fees and establishing new fees for deposit into a continuously appropriated fund, the bill would make an appropriation.

(15) The bill would make technical changes to various provisions of the Business and Professions Code. The bill would also make technical changes to various provisions of the Health and Safety Code by eliminating cross-references to obsolete provisions governing cemeteries.

(16) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 101.7 of the Business and Professions Code is amended to read:

101.7. (a) Notwithstanding any other provision of law, boards shall meet at least two times each calendar year. Boards shall meet at least once each calendar year in northern California and once each calendar year in southern California in order to facilitate participation by the public and its licensees.

(b) The director at his or her discretion may exempt any board from the requirement in subdivision (a) upon a showing of good cause that the board is not able to meet at least two times in a calendar year.

(c) The director may call for a special meeting of the board when a board is not fulfilling its duties.

(d) An agency within the department that is required to provide a written notice pursuant to subdivision (a) of Section 11125 of the Government Code, may provide that notice by regular mail, email, or by both regular mail and email. An agency shall give a person who requests a notice the option of receiving the notice by regular mail, email, or by both regular mail and email. The agency shall comply with the requester's chosen form or forms of notice.

(e) An agency that plans to Web cast a meeting shall include in the meeting notice required pursuant to subdivision (a) of Section 11125 of the Government Code a statement of the board's intent to Web cast the meeting. An agency may Web cast a meeting even if the agency fails to include that statement of intent in the notice.

SEC. 2. Section 328 of the Business and Professions Code is amended to read:

328. (a) In order to implement the Consumer Protection Enforcement Initiative of 2010, the director, through the Division of Investigation, shall implement "Complaint Prioritization Guidelines" for boards to utilize in prioritizing their respective complaint and investigative workloads. The guidelines shall be used to determine the referral of complaints to the division and those that are retained by the health care boards for investigation.

(b) Neither the Medical Board of California nor the California Board of Podiatric Medicine shall be required to utilize the guidelines implemented pursuant to subdivision (a).

(c) On or before July 1, 2019, the director shall amend the guidelines implemented pursuant to subdivision (a) to include the category of "allegations of serious harm to a minor" under the "urgent" or "highest priority" level.

SEC. 3. Section 1006.5 is added to the Business and Professions Code, to read:

1006.5. Notwithstanding any other law, the amount of regulatory fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act and this chapter are fixed in the following schedule:

(a) Fee to apply for a license to practice chiropractic: three hundred seventy-one dollars (\$371).

(b) Fee for initial license to practice chiropractic: one hundred eighty-six dollars (\$186).

(c) Fee to renew an active or inactive license to practice chiropractic: three hundred thirteen dollars (\$313).

(d) Fee to apply for approval as a continuing education provider: eighty-four dollars (\$84).

(e) Biennial continuing education provider renewal fee: fifty-six dollars (\$56).

(f) Fee to apply for approval of a continuing education course: fifty-six dollars (\$56) per course.

(g) Fee to apply for a satellite office certificate: sixty-two dollars (\$62).

(h) Fee to renew a satellite office certificate: thirty-one dollars (\$31).

(i) Fee to apply for a license to practice chiropractic pursuant to Section 9 of the Chiropractic Initiative Act: three hundred seventy-one dollars (\$371).

(j) Fee to apply for a certificate of registration of a chiropractic corporation: one hundred eighty-six dollars (\$186).

(k) Fee to renew a certificate of registration of a chiropractic corporation: thirty-one dollars (\$31).

(l) Fee to file a chiropractic corporation special report: thirty-one dollars (\$31).

(m) Fee to apply for approval as a referral service: five hundred fifty-seven dollars (\$557).

(n) Fee for an endorsed verification of licensure: one hundred twenty-four dollars (\$124).

(o) Fee for replacement of a lost or destroyed license: fifty dollars (\$50).

(p) Fee for replacement of a satellite office certificate: fifty dollars (\$50).

(q) Fee for replacement of a certificate of registration of a chiropractic corporation: fifty dollars (\$50).

(r) Fee to restore a forfeited or canceled license to practice chiropractic: double the annual renewal fee specified in subdivision (c).

(s) Fee to apply for approval to serve as a preceptor: thirty-one dollars (\$31).

(t) Fee to petition for reinstatement of a revoked license: three hundred seventy-one dollars (\$371).

(u) Fee to petition for early termination of probation: three hundred seventy-one dollars (\$371).

(v) Fee to petition for reduction of penalty: three hundred seventy-one dollars (\$371).

SEC. 4. Section 2064.5 of the Business and Professions Code is amended to read:

2064.5. (a) Within 180 days after enrollment in a board-approved postgraduate training program pursuant to Section 2065, medical school graduates shall obtain a physician's and surgeon's postgraduate training license. To be considered for a postgraduate training license, the applicant shall submit the application forms and primary source documents required by the board, shall successfully pass all required licensing examinations, shall pay a nonrefundable application and processing fee, and shall not have committed any act that would be grounds for denial.

(1) Each application submitted pursuant to this section shall be made upon a form provided by the board, and each application form shall contain a legal verification to be signed by the applicant verifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.

(2) Each application shall include the following:

(A) A diploma issued by a board-approved medical school. The requirements of the school shall not have been less than those required under this chapter at the time the diploma was granted or by any preceding medical practice act at the time that the diploma was granted. In lieu of a diploma, the applicant may submit evidence satisfactory to the board of having possessed the same.

(B) An official transcript or other official evidence satisfactory to the board showing each approved medical school in which a resident course of professional instruction was pursued covering the minimum requirements for certification as a physician and surgeon, and that a diploma and degree were granted by the school.

(C) Other information concerning the professional instruction and preliminary education of the applicant as the board may require.

(D) An affidavit showing to the satisfaction of the board that the applicant is the person named in each diploma and transcript that he or she submits, that he or she is the lawful holder thereof, and that the diploma or transcript was procured in the regular course of professional instruction and examination without fraud or misrepresentation.

(E) Either fingerprint cards or a copy of a completed Live Scan form from the applicant in order to establish the identity of the applicant and in order to determine whether the applicant has a record of any criminal convictions in this state or in any other jurisdiction, including foreign countries. The information obtained as a result of the fingerprinting of the applicant shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475) and Section 2221 of this code.

(F) If the medical school graduate graduated from a foreign medical school approved by the board pursuant to Section 2084, an official Educational Commission for Foreign Medical Graduates (ECFMG) Certification Status Report confirming the graduate is ECFMG certified.

(b) The physician's and surgeon's postgraduate training license shall be valid until 90 days after the holder has successfully completed 36 months of board-approved postgraduate training. The physician's and surgeon's postgraduate training licensee may engage in the practice of medicine only in connection with his or her duties as an intern or resident physician in a board-approved program, including its affiliated sites, or under those conditions as are approved in writing and maintained in the postgraduate training licensee's file by the director of his or her program.

(c) The postgraduate training licensee may engage in the practice of medicine in locations authorized by subdivision (b), and as permitted by the Medical Practice Act and other applicable statutes and regulations, including, but not limited to, the following:

(1) Diagnose and treat patients.

(2) Prescribe medications without a cosigner, including prescriptions for controlled substances, if the training licensee has the appropriate Drug Enforcement Agency registration or permit and is registered with the Department of Justice CURES program.

(3) Sign birth certificates without a cosigner.

(4) Sign death certificates without a cosigner.

(d) The postgraduate training licensee may be disciplined by the board at any time for any of the grounds that would subject the holder of a physician's and surgeon's certificate to discipline.

(e) If the medical school graduate fails to obtain a postgraduate training license within 180 days after enrollment in a board-approved postgraduate training program or if the board denies his or her application for a postgraduate training license, all privileges and exemptions under this section shall automatically cease.

(f) Each medical school graduate enrolled in a board-approved postgraduate training program on January 1, 2020, shall apply for and obtain a postgraduate training license by June 30, 2020, in order to continue in postgraduate training pursuant to Section 2065.

(g) Each medical school graduate who was issued a postgraduate training authorization letter by the board prior to January 1, 2020, and is enrolled in a board-approved postgraduate training program by April 30, 2025, will be issued a postgraduate training license automatically by June 30, 2020, or by June 30 of the year following initial enrollment into a board-approved postgraduate training program, whichever is earlier, upon proof of enrollment in the postgraduate training program.

(h) The board shall confidentially destroy the file of each medical school graduate who was issued a postgraduate training authorization letter by the board prior to January 1, 2020, who did not enroll in a postgraduate training program by April 30, 2025.

(i) This section shall become operative on January 1, 2020.

SEC. 5. Section 2065 of the Business and Professions Code, as added by Section 29 of Chapter 775 of the Statutes of 2017, is amended to read:

2065. (a) Unless otherwise provided by law, no postgraduate trainee, intern, resident, postdoctoral fellow, or instructor may engage in the practice

of medicine, or receive compensation therefor, or offer to engage in the practice of medicine unless he or she holds a valid, unrevoked, and unsuspended physician's and surgeon's certificate issued by the board. However, a graduate of an approved medical school may engage in the practice of medicine whenever and wherever required as a part of a postgraduate training program under the following conditions:

(1) The medical school graduate has taken and passed the board-approved medical licensing examinations required to qualify the applicant to participate in an approved postgraduate training program.

(2) If the medical school graduate graduated from a foreign medical school approved by the board pursuant to Section 2084, the Educational Commission for Foreign Medical Graduates (ECFMG) has submitted an official ECFMG Certification Status Report directly to the board confirming the graduate is ECFMG certified.

(3) The medical school graduate is enrolled in a postgraduate training program approved by the board.

(4) The board-approved postgraduate training program has submitted the required board-approved form to the board documenting the medical school graduate is enrolled in an approved postgraduate training program.

(5) The medical school graduate obtains a physician's and surgeon's postgraduate training license in accordance with Section 2064.5.

(b) A medical school graduate enrolled in an approved first-year postgraduate training program in accordance with this section may engage in the practice of medicine whenever and wherever required as a part of the training program, and may receive compensation for that practice.

(c) A graduate who has completed the first year of postgraduate training may, in an approved residency or fellowship, engage in the practice of medicine whenever and wherever required as part of that residency or fellowship, and may receive compensation for that practice. The resident or fellow shall qualify for, take, and pass the next succeeding written examination for licensure. If the resident or fellow fails to receive a license to practice medicine under this chapter within 27 months from the commencement of the residency or fellowship, except as otherwise allowed under subdivision (g) or (h), or if the board denies his or her application for licensure, all privileges and exemptions under this section shall automatically cease.

(d) All approved postgraduate training the medical school graduate has successfully completed in the United States or Canada shall count toward the 39-month license exemption, except as otherwise allowed under subdivision (h).

(e) A medical school graduate from a medical school approved by the board shall have successfully completed a minimum of 36 months of approved postgraduate training, which includes successful progression through 24 months in the same program, to be eligible for a California physician's and surgeon's certificate.

(f) The program director for an approved postgraduate training program in California shall report to the board, on a form approved by the board,

and provide any supporting documents as required by the board, the following actions within 30 days of the action:

(1) A postgraduate trainee is notified that he or she has received partial or no credit for a period of postgraduate training, and his or her postgraduate training period is extended.

(2) A postgraduate trainee takes a leave of absence or any break from his or her postgraduate training, and he or she is notified that his or her postgraduate training period is extended.

(3) A postgraduate trainee is terminated from the postgraduate training program.

(4) A postgraduate trainee resigns, dies, or otherwise leaves the postgraduate training program.

(5) A postgraduate trainee has completed a one-year contract approved by the postgraduate training program.

(g) Upon review of supporting documentation, the board, in its discretion, may grant an extension beyond 39 months to a postgraduate training licensee to successfully complete the 36 months of required approved postgraduate training.

(h) An applicant for a physician's and surgeon's license who has successfully completed 36 months of approved postgraduate training in another state or in Canada and who is accepted into an approved postgraduate training in another state or in Canada and who is accepted into an approved postgraduate training program in California shall obtain his or her physician's and surgeon's license within 90 days after beginning that postgraduate training program or all privileges and exemptions under this section shall automatically cease.

(i) This section shall become operative on January 1, 2020.

SEC. 6. Section 2135 of the Business and Professions Code, as added by Section 64 of Chapter 775 of the Statutes of 2017, is amended to read:

2135. The board shall issue a physician's and surgeon's certificate to an applicant who meets all of the following requirements:

(a) The applicant holds an unlimited license as a physician and surgeon in another state or states, or in a Canadian province or Canadian provinces, which was issued upon:

(1) Successful completion of a resident course of professional instruction leading to a degree of medical doctor from a board-approved medical school pursuant to Section 2084.

(2) Taking and passing a written examination that is recognized by the board to be equivalent in content to that administered in California.

(b) The applicant has held an unrestricted license to practice medicine, in a state or states, in a Canadian province or Canadian provinces, or as a member of the active military, United States Public Health Services, or other federal program, for a period of at least four years. Any time spent by the applicant in an approved postgraduate training program or clinical fellowship acceptable to the board shall not be included in the calculation of this four-year period.

(c) The board determines that no disciplinary action has been taken against the applicant by any medical licensing authority and that the applicant has not been the subject of adverse judgments or settlements resulting from the practice of medicine that the board determines constitutes evidence of a pattern of negligence or incompetence.

(d) The applicant (1) has satisfactorily completed at least one year of approved postgraduate training and is certified by a specialty board approved by the American Board of Medical Specialties or approved by the board pursuant to subdivision (h) of Section 651, (2) has satisfactorily completed at least two years of approved postgraduate training, or (3) has satisfactorily completed at least one year of approved postgraduate training and takes and passes the clinical competency written examination.

(e) The applicant has not committed any acts or crimes constituting grounds for denial of a certificate under Division 1.5 (commencing with Section 475) or Article 12 (commencing with Section 2220).

(f) Any application received from an applicant who has held an unrestricted license to practice medicine, in a state or states, or Canadian province or Canadian provinces, or as a member of the active military, United States Public Health Services, or other federal program for four or more years shall be reviewed and processed pursuant to this section. Any time spent by the applicant in an approved postgraduate training program or clinical fellowship acceptable to the board shall not be included in the calculation of this four-year period. This subdivision does not apply to applications that may be reviewed and processed pursuant to Section 2151.

(g) This section shall become operative on January 1, 2020.

SEC. 7. Section 2428 of the Business and Professions Code is amended to read:

2428. (a) A person who voluntarily cancels his or her license or who fails to renew his or her license within five years after its expiration shall not renew it, but that person may apply for and obtain a new license if he or she:

(1) Has not committed any acts or crimes constituting grounds for denial of licensure under Division 1.5 (commencing with Section 475).

(2) Takes and passes the examination, if any, which would be required of him or her if application for licensure was being made for the first time, or otherwise establishes to the satisfaction of the licensing authority that passes on the qualifications of applicants for the license that, with due regard for the public interest, he or she is qualified to practice the profession or activity for which the applicant was originally licensed.

(3) Pays all of the fees that would be required if application for licensure was being made for the first time.

The licensing authority may provide for the waiver or refund of all or any part of an examination fee in those cases in which a license is issued without an examination pursuant to this section.

Nothing in this section shall be construed to authorize the issuance of a license for a professional activity or system or mode of healing for which licenses are no longer required.

(b) In addition to the requirements set forth in subdivision (a), an applicant shall establish that he or she meets one of the following requirements: (1) satisfactory completion of at least three years of approved postgraduate training; (2) certification by a specialty board approved by the American Board of Medical Specialties or approved by the board pursuant to subdivision (h) of Section 651; or (3) passing of the clinical competency written examination.

(c) Subdivision (a) shall apply to persons who held licenses to practice podiatric medicine except that those persons who failed to renew their licenses within three years after its expiration may not renew it, and it may not be reissued, reinstated, or restored, except in accordance with subdivision (a).

SEC. 8. Section 2499.5 of the Business and Professions Code is amended to read:

2499.5. The following fees apply to certificates to practice podiatric medicine. The amount of fees prescribed for doctors of podiatric medicine shall be determined by the board and shall be as described below. Fees collected pursuant to this section shall be fixed by the board in amounts not to exceed the actual costs of providing the service for which the fee is collected.

(a) Each applicant for a certificate to practice podiatric medicine shall pay an application fee of one hundred dollars (\$100) at the time the application is filed. If the applicant qualifies for a certificate, he or she shall pay a fee of one hundred dollars (\$100).

(b) Each applicant who qualifies for a certificate, as a condition precedent to its issuance, in addition to other fees required by this section, shall pay an initial license fee. The initial license fee shall be eight hundred dollars (\$800). The initial license shall expire the second year after its issuance on the last day of the month of birth of the licensee. The board may reduce the initial license fee by up to 50 percent of the amount of the fee for any applicant who is enrolled in a postgraduate training program approved by the board or who has completed a postgraduate training program approved by the board within six months prior to the payment of the initial license fee.

(c) Before January 1, 2021, the biennial renewal fee shall be one thousand one hundred dollars (\$1,100). Any licensee enrolled in an approved residency program shall be required to pay only 50 percent of the biennial renewal fee at the time of his or her first renewal.

(d) On and after January 1, 2021, the biennial renewal fee shall be nine hundred dollars (\$900). Any licensee enrolled in an approved residency program shall be required to pay only 50 percent of the biennial renewal fee at the time of his or her first renewal.

(e) The delinquency fee shall be one hundred fifty dollars (\$150).

(f) The duplicate wall certificate fee shall be one hundred dollars (\$100).

(g) The duplicate renewal receipt fee shall be fifty dollars (\$50).

(h) The endorsement fee shall be thirty dollars (\$30).

(i) The letter of good standing fee or for loan deferment shall be one hundred dollars (\$100).

(j) There shall be a fee of one hundred dollars (\$100) for the issuance of a resident's license under Section 2475.

(k) The fee for approval of a continuing education course or program shall be two hundred fifty dollars (\$250).

SEC. 9. Section 2529.1 of the Business and Professions Code is amended to read:

2529.1. (a) The use of any controlled substance or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the registrant, or to any other person or to the public, or to the extent that this use impairs the ability of the registrant to practice safely or more than one misdemeanor or any felony conviction involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of this unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order discipline of the registrant in accordance with Section 2227 or may order the denial of the registration when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing this person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

SEC. 10. Section 2529.5 of the Business and Professions Code is amended to read:

2529.5. (a) Each person to whom registration is granted under the provisions of this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the Medical Board of California at a sum not in excess of one hundred dollars (\$100).

(b) The registration shall expire after two years. The registration may be renewed biennially at a fee to be fixed by the board at a sum not in excess of fifty dollars (\$50). Students seeking to renew their registration shall present to the board evidence of their continuing student status.

(c) The money in the Contingent Fund of the Medical Board of California shall be used for the administration of this chapter.

SEC. 11. Section 2529.6 of the Business and Professions Code is amended to read:

2529.6. (a) Except as provided in subdivisions (b) and (c), the board shall revoke the registration of any person who has been required to register as a sex offender pursuant to Section 290 of the Penal Code for conduct that occurred on or after January 1, 2017.

(b) This section shall not apply to a person who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(c) This section shall not apply to a person who has been relieved under Section 290.5 of the Penal Code of his or her duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law.

(d) A proceeding to revoke a registration pursuant to this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 12. Section 2708 of the Business and Professions Code is amended to read:

2708. (a) The board shall appoint an executive officer who shall perform the duties delegated by the board and who shall be responsible to it for the accomplishment of those duties.

(b) The executive officer shall be a nurse currently licensed under this chapter and shall possess other qualifications as determined by the board.

(c) The executive officer shall not be a member of the board.

(d) The executive officer is authorized to adopt a decision entered by default and a stipulation for surrender of a license.

(e) This section shall remain in effect only until January 1, 2022, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2022, deletes or extends that date.

SEC. 13. Section 2816 of the Business and Professions Code is amended to read:

2816. The nonrefundable fee to be paid by a registered nurse for an evaluation of his or her qualifications to use the title “public health nurse” shall not be less than three hundred dollars (\$300) or more than one thousand dollars (\$1,000). The fee to be paid upon the application for renewal of the certificate to practice as a public health nurse shall not be less than one hundred twenty-five dollars (\$125) and not more than five hundred dollars (\$500). The penalty fee for failure to renew a certificate to practice as a public health nurse within the prescribed time shall be 50 percent of the renewal fee in effect on the date of renewal of the certificate, but not less than sixty-two dollars and fifty cents (\$62.50), and not more than two hundred fifty dollars (\$250). All fees payable under this section shall be collected by and paid to the Board of Registered Nursing Fund. It is the intention of the Legislature that the costs of carrying out the purposes of this article shall be covered by the revenue collected pursuant to this section. The board shall refund any registered nurse who paid more than three hundred dollars (\$300) for an evaluation of his or her qualifications to use the title “public health nurse” between April 5, 2018, and December 31, 2018.

SEC. 14. Section 2892.6 of the Business and Professions Code is amended to read:

2892.6. The board shall collect an initial approval fee and a biennial renewal fee of one hundred fifty dollars (\$150) unless a higher fee, not to

exceed two hundred fifty dollars (\$250), is established by the board, from any provider of a course in continuing education who requests approval by the board of such a course for purposes of continuing education requirements under this chapter. That fee, however, shall in no event exceed that cost required for the board to administer the approval of continuing education courses by continuing education providers.

SEC. 15. Section 2892.7 is added to the Business and Professions Code, to read:

2892.7. The board shall collect an initial approval and a biennial renewal fee in the amount of one hundred fifty dollars (\$150) unless a higher fee, not to exceed two hundred fifty dollars (\$250), is established by the board, from any provider of a course in intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal, who requests approval by the board of such a course for purposes of intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal requirements under this chapter. That fee, however, shall not exceed the regulatory cost required for the board to administer the approval of intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal courses by intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal providers.

SEC. 16. Section 2895 of the Business and Professions Code is amended to read:

2895. The amount of the fees prescribed by this chapter in connection with the issuance of licenses under its provisions shall be according to the following schedule:

(a) The fee to be paid upon the filing of an application for licensure by examination by applicants who have successfully completed a prescribed course of study in a California-approved vocational nursing program shall be two hundred twenty dollars (\$220) unless a higher fee, not to exceed three hundred dollars (\$300), is established by the board.

(b) The fee to be paid upon the filing of an application for licensure by examination by applicants who are qualified to take the examination by methods other than as specified in subdivision (a) shall be two hundred fifty dollars (\$250) unless a higher fee, not to exceed three hundred thirty dollars (\$330), is established by the board.

(c) The fee to be paid upon the filing of an application for licensure by endorsement shall be two hundred twenty dollars (\$220) unless a higher fee, not to exceed three hundred dollars (\$300), is established by the board.

(d) The fee to be paid for taking each examination for licensure shall be the actual cost to purchase the examination from a vendor approved by the board.

(e) The fee to be paid for any examination for licensure after the first shall be two hundred twenty dollars (\$220) unless a higher fee, not to exceed three hundred dollars (\$300), is established by the board.

(f) The biennial renewal fee to be paid upon the filing of an application for renewal shall be two hundred twenty dollars (\$220) unless a higher fee, not to exceed three hundred dollars (\$300), is established by the board. In

addition, an assessment of five dollars (\$5) shall be collected and credited to the Vocational Nurse Education Fund, pursuant to Section 2895.5.

(g) Notwithstanding Section 163.5, the delinquency fee for failure to pay the biennial renewal fee within the prescribed time shall be one hundred ten dollars (\$110) unless a higher fee, not to exceed 50 percent of the regular renewal fee and in no case no more than one hundred fifty dollars (\$150), is established by the board.

(h) The initial license fee is an amount equal to the biennial renewal fee in effect on the date the application for the license is filed.

(i) The fee to be paid for an interim permit shall be twenty dollars (\$20) unless a higher fee, not to exceed fifty dollars (\$50), is established by the board.

(j) The fee to be paid for a duplicate license or wall certificate shall be in an amount not less than twenty-five dollars (\$25) and may be fixed by the board at an amount no more than fifty dollars (\$50).

(k) The fee to be paid for verification of licensure papers to other states shall be one hundred dollars (\$100) unless a higher fee, not to exceed one hundred fifty dollars (\$150), is established by the board.

(l) The fee to be paid for postlicensure certification in intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal shall be twenty dollars (\$20) unless a higher fee, not to exceed fifty dollars (\$50), is established by the board.

No further fee shall be required for a license or a renewal thereof other than as prescribed by this chapter.

SEC. 17. Section 3047 of the Business and Professions Code is amended to read:

3047. (a) The board shall develop an interface with the National Practitioner Data Bank for the purpose of conducting inquiries on applicants for licensure, applicants for renewal of licensure, and current licensees.

(b) The board shall limit its inquiries to both of the following:

(1) Whether an applicant or current licensee has been subject to discipline.

(2) Whether an applicant or current licensee has been the subject of an action required to be reported to the National Practitioner Data Bank by federal law.

(c) On and after July 1, 2018, the board shall charge, in addition to the fees in Section 3152, an applicant for licensure and an applicant for renewal of licensure four dollars (\$4) for the purposes of this section.

SEC. 18. Section 3147 of the Business and Professions Code is amended to read:

3147. (a) Except as otherwise provided by Section 114, an expired optometrist license may be renewed at any time within three years after its expiration, and a retired license issued for less than three years may be reactivated to active status, by filing an application for renewal or reactivation on a form prescribed by the board, paying all accrued and unpaid renewal fees or reactivation fees determined by the board, paying any delinquency fees prescribed by the board, and submitting proof of completion of the required number of hours of continuing education for the last two

years, as prescribed by the board pursuant to Section 3059. Renewal or reactivation to active status under this section shall be effective on the date on which all of those requirements are satisfied. If so renewed or reactivated to active status, the license shall continue as provided in Sections 3146 and 3147.5.

(b) Expired statements of licensure, branch office licenses, and fictitious name permits issued pursuant to Sections 3070, 3077, and 3078, respectively, may be renewed at any time by filing an application for renewal, paying all accrued and unpaid renewal fees, and paying any delinquency fees prescribed by the board.

SEC. 19. Section 3680 of the Business and Professions Code is amended to read:

3680. (a) The application fee for a doctor of naturopathic medicine shall be no more than five hundred dollars (\$500) and may be increased to not more than six hundred dollars (\$600).

(b) The initial license fee shall be one thousand dollars (\$1,000) and may be increased to not more than one thousand two hundred dollars (\$1,200).

(c) The renewal fee for a license shall be one thousand dollars (\$1,000) and may be increased to not more than one thousand two hundred dollars (\$1,200).

(d) The late renewal fee for a license shall be two hundred twenty-five dollars (\$225).

(e) The fee for processing fingerprint cards shall be the current fee charged by the Department of Justice.

(f) The fee for a duplicate or replacement license shall be thirty-eight dollars (\$38).

(g) The fee for a certified license verification shall be thirty dollars (\$30).

SEC. 20. Section 4518 of the Business and Professions Code is amended to read:

4518. In the event the board adopts a continuing education or blood withdrawal program, the board shall collect an initial approval and a biennial renewal fee as prescribed under Sections 4548 and 4518.1 from any provider of a course in continuing education or blood withdrawal who requests approval by the board of the course for purposes of continuing education or blood withdrawal requirements adopted by the board. The fee, however, shall in no event exceed the cost required for the board to administer the approval of continuing education or blood withdrawal courses by continuing education or blood withdrawal providers.

SEC. 21. Section 4518.1 is added to the Business and Professions Code, to read:

4518.1. The board shall collect an initial approval and a biennial renewal fee in the amount of one hundred fifty dollars (\$150) unless a higher fee, not to exceed two hundred fifty dollars (\$250), is established by the board, from any provider of continuing education or a course to meet the certification requirements for blood withdrawal who requests approval by the board of the course for purposes of continuing education or blood withdrawal requirements under this chapter. That fee, however, shall not

exceed the regulatory cost required for the board to administer the approval of continuing education or blood withdrawal by continuing education or blood withdrawal providers.

SEC. 22. Section 4548 of the Business and Professions Code is amended to read:

4548. The amount of the fees prescribed by this chapter in connection with the issuance of licenses under its provisions shall be according to the following schedule:

(a) The fee to be paid upon the filing of an application for licensure by examination by applicants who have successfully completed a prescribed course of study in a California-approved school for preparation of psychiatric technicians shall be two hundred sixty-five dollars (\$265) unless a higher fee, not to exceed three hundred forty-five dollars (\$345), is established by the board.

(b) The fee to be paid upon the filing of an application for licensure by examination by applicants who are qualified to take the examination by methods other than as described in subdivision (a) shall be two hundred ninety-five dollars (\$295) unless a higher fee, not to exceed three hundred seventy-five dollars (\$375), is established by the board.

(c) The fee to be paid upon the filing of an application for licensure by endorsement shall be two hundred twenty dollars (\$220) unless a higher fee, not to exceed three hundred dollars (\$300), is established by the board.

(d) The fee to be paid for taking each examination for licensure shall be the actual cost to purchase an examination from a vendor approved by the board.

(e) The fee to be paid for any examination for licensure after the first shall be two hundred sixty-five dollars (\$265) unless a higher fee, not to exceed three hundred forty-five dollars (\$345), is established by the board.

(f) The biennial renewal fee to be paid upon the filing of an application for renewal shall be two hundred twenty dollars (\$220) unless a higher fee, not to exceed three hundred dollars (\$300), is established by the board.

(g) Notwithstanding Section 163.5, the delinquency fee for failure to pay the biennial renewal fee within the prescribed time shall be one hundred ten dollars (\$110) unless a higher fee, not to exceed 50 percent of the regular renewal fee and in no case more than one hundred fifty dollars (\$150), is established by the board.

(h) The initial license fee is an amount equal to the biennial renewal fee in effect on the date the application for the license is filed.

(i) The fee to be paid for an interim permit shall be twenty dollars (\$20) unless a higher fee, not to exceed fifty dollars (\$50), is established by the board.

(j) The fee to be paid for a duplicate license or wall certificate shall be in an amount not less than twenty-five dollars (\$25) and may be fixed by the board at an amount no more than fifty dollars (\$50).

(k) The fee to be paid for processing verification of licensure papers to other states shall be twenty dollars (\$20) unless a higher fee, not to exceed fifty dollars (\$50), is established by the board.

(l) The fee to be paid for postlicensure certification in blood withdrawal shall be twenty dollars (\$20) unless a higher fee, not to exceed fifty dollars (\$50), is established by the board.

SEC. 23. Section 4604 of the Business and Professions Code is amended to read:

4604. (a) In order to obtain certification as a massage therapist, an applicant shall submit a written application and provide the council with satisfactory evidence that he or she meets all of the following requirements:

(1) The applicant is 18 years of age or older.

(2) The applicant has successfully completed the curricula in massage and related subjects totaling a minimum of 500 hours, or the credit unit equivalent, that incorporates appropriate school assessment of student knowledge and skills.

(A) Of the 500 hours, a minimum of 100 hours of instruction shall address anatomy and physiology, contraindications, health and hygiene, and business and ethics.

(B) All of the 500 hours shall be from approved schools. The council shall accept the 500 hours if, at the time all of the hours were completed, the school or schools were approved. The 500 hours may be completed at more than one approved school. Notwithstanding any other law, pursuant to its policies and procedures for approval of schools, the council shall accept hours earned by an applicant for certification as a massage therapist if those hours were completed before July 1, 2016, and were earned from a school providing education in this state that was unapproved by the council after July 1, 2016, based solely on the fact that the National Certification Board for Therapeutic Massage and Bodywork took denial or disciplinary action against the school. For purposes of this section, “unapproved” means that the council determined that it will not accept hours from a school toward certification.

(3) The applicant has passed a massage and bodywork competency assessment examination that meets generally recognized psychometric principles and standards and that is approved by the council. The successful completion of this examination may have been accomplished before the date the council is authorized by this chapter to begin issuing certificates. This paragraph shall be inoperative commencing on January 1, 2019, and shall become operative on January 1, 2021.

(4) The applicant has successfully passed a background investigation pursuant to Section 4606, and has not violated any of the provisions of this chapter.

(5) All fees required by the council have been paid.

(6) The council may issue a certificate to an applicant who meets the qualifications of this chapter if he or she holds a current and valid registration, certification, or license from any other state whose licensure requirements meet or exceed those defined within this chapter. If an applicant has received education at a school that is not approved by the council, the council shall have the discretion to give credit for comparable academic work completed by an applicant in a program outside of California.

(b) A certificate issued pursuant to this chapter and any identification card issued by the council shall be surrendered to the council by any certificate holder whose certificate is suspended or revoked.

SEC. 24. Section 4809.7 of the Business and Professions Code is amended to read:

4809.7. The board shall establish a regular inspection program that will provide for random, unannounced inspections and the board shall inspect at least 20 percent of veterinary premises on an annual basis.

SEC. 25. Section 4826.4 is added to the Business and Professions Code, to read:

4826.4. (a) A California-licensed veterinarian at premises registered in accordance with Section 4853 that is located within a 25-mile radius of any condition of emergency specified in Section 8558 of the Government Code may, in good faith, do both of the following in addition to any other acts authorized by law:

(1) Render necessary and prompt care and treatment to an animal patient without establishing a veterinarian-client-patient relationship if conditions are such that one cannot be established in a timely manner.

(2) Dispense or prescribe a dangerous drug or device, as defined in Section 4022, in reasonable quantities where failure to provide services or medications, including controlled substances, may result in loss of life or intense suffering of the animal patient. Prior to refilling a prescription pursuant to this paragraph, the veterinarian shall make a reasonable effort to contact the originally prescribing veterinarian.

(b) A veterinarian acting under this section shall make an appropriate record that includes the basis for proceeding under this section.

(c) A veterinarian who performs services pursuant to this section shall have immunity from liability pursuant to subdivision (b) of Section 8659 of the Government Code.

SEC. 26. Section 4829.5 is added to the Business and Professions Code, to read:

4829.5. (a) Each time a veterinarian initially prescribes, dispenses, or furnishes a dangerous drug, as defined in Section 4022, to an animal patient in an outpatient setting, the veterinarian shall offer to provide, in person or through electronic means, to the client responsible for the animal, or his or her agent, a consultation that includes the following information:

(1) The name and description of the dangerous drug.

(2) Route of administration, dosage form, dosage, duration of drug therapy, the duration of the effects of the drug, and the common severe adverse effects associated with the use of a short-acting or long-acting drug.

(3) Any special directions for proper use and storage.

(4) Actions to be taken in the event of a missed dose.

(5) If available, precautions and relevant warnings provided by the drug's manufacturer, including common severe adverse effects of the drug.

(b) If requested, a veterinarian shall provide drug documentation, if available.

(c) A veterinarian may delegate to a registered veterinary technician or veterinary assistant the task of providing the consultation and drug documentation required by this section.

(d) It shall be noted in the medical record of the animal patient if the consultation described in this section is provided or declined by the client or his or her agent.

SEC. 27. Section 4830 of the Business and Professions Code is amended to read:

4830. (a) This chapter does not apply to:

(1) Veterinarians while serving in any armed branch of the military service of the United States or the United States Department of Agriculture while actually engaged and employed in their official capacity.

(2) Veterinarians holding a current, valid license in good standing in another state or country who provide assistance to a California-licensed veterinarian and attend on a specific case. The California-licensed veterinarian shall maintain a valid veterinarian-client-patient relationship. The veterinarian providing the assistance shall not establish a veterinarian-client-patient relationship with the client by attending the case or at a future time and shall not practice veterinary medicine, open an office, appoint a place to meet patients, communicate with clients who reside within the limits of this state, give orders, or have ultimate authority over the care or primary diagnosis of a patient that is located within this state.

(3) Veterinarians called into the state by a law enforcement agency or animal control agency pursuant to subdivision (b).

(4) A student of a veterinary medical program accredited by the American Veterinary Medical Association Council on Education who participates as part of his or her formal curriculum in the diagnosis and treatment with direct supervision, or in surgery with immediate supervision, provided all of the following requirements are met:

(A) The clinical training site has been approved by the university where the student is enrolled.

(B) The student has prior training in diagnosis, treatment, and surgery as part of the formal curriculum.

(C) The student is being supervised by a California-licensed veterinarian in good standing, as that term is defined in paragraph (1) of subdivision (b) of Section 4848.

(5) A veterinarian who is employed by the Meat and Poultry Inspection Branch of the California Department of Food and Agriculture while actually engaged and employed in his or her official capacity. A person exempt under this paragraph shall not otherwise engage in the practice of veterinary medicine unless he or she is issued a license by the board.

(6) Unlicensed personnel employed by the Department of Food and Agriculture or the United States Department of Agriculture when in the course of their duties they are directed by a veterinarian supervisor to conduct an examination, obtain biological specimens, apply biological tests, or administer medications or biological products as part of government disease or condition monitoring, investigation, control, or eradication activities.

(b) (1) For purposes of paragraph (3) of subdivision (a), a regularly licensed veterinarian in good standing who is called from another state by a law enforcement agency or animal control agency, as defined in Section 31606 of the Food and Agricultural Code, to attend to cases that are a part of an investigation of an alleged violation of federal or state animal fighting or animal cruelty laws within a single geographic location shall be exempt from the licensing requirements of this chapter if the law enforcement agency or animal control agency determines that it is necessary to call the veterinarian in order for the agency or officer to conduct the investigation in a timely, efficient, and effective manner. In determining whether it is necessary to call a veterinarian from another state, consideration shall be given to the availability of veterinarians in this state to attend to these cases. An agency, department, or officer that calls a veterinarian pursuant to this subdivision shall notify the board of the investigation.

(2) Notwithstanding any other provision of this chapter, a regularly licensed veterinarian in good standing who is called from another state to attend to cases that are a part of an investigation described in paragraph (1) may provide veterinary medical care for animals that are affected by the investigation with a temporary shelter facility, and the temporary shelter facility shall be exempt from the registration requirement of Section 4853 if all of the following conditions are met:

(A) The temporary shelter facility is established only for the purpose of the investigation.

(B) The temporary shelter facility provides veterinary medical care, shelter, food, and water only to animals that are affected by the investigation.

(C) The temporary shelter facility complies with Section 4854.

(D) The temporary shelter facility exists for not more than 60 days, unless the law enforcement agency or animal control agency determines that a longer period of time is necessary to complete the investigation.

(E) Within 30 calendar days upon completion of the provision of veterinary health care services at a temporary shelter facility established pursuant to this section, the veterinarian called from another state by a law enforcement agency or animal control agency to attend to a case shall file a report with the board. The report shall contain the date, place, type, and general description of the care provided, along with a listing of the veterinary health care practitioners who participated in providing that care.

(c) For purposes of paragraph (3) of subdivision (a), the board may inspect temporary facilities established pursuant to this section.

SEC. 28. Section 4836.2 of the Business and Professions Code is amended to read:

4836.2. (a) Applications for a veterinary assistant controlled substance permit shall be upon a form furnished by the board.

(b) The fee for filing an application for a veterinary assistant controlled substance permit shall be set by the board in an amount the board determines is reasonably necessary to provide sufficient funds to carry out the purposes of this section, not to exceed one hundred dollars (\$100).

(c) The board may suspend or revoke the controlled substance permit of a veterinary assistant after notice and hearing for any cause provided in this subdivision. The proceedings under this section shall be conducted in accordance with the provisions for administrative adjudication in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein. The board may deny, revoke, or suspend a veterinary assistant controlled substance permit, or, subject to terms and conditions deemed appropriate by the board, issue a probationary veterinary assistant controlled substance permit, for any of the following reasons:

(1) The employment of fraud, misrepresentation, or deception in obtaining a veterinary assistant controlled substance permit.

(2) Chronic inebriety or habitual use of controlled substances.

(3) The applicant or permit holder has been convicted of a state or federal felony controlled substance violation.

(4) Violating or attempts to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, or of the regulations adopted under this chapter.

(5) Conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, veterinary surgery, or veterinary dentistry, in which case the record of the conviction shall be conclusive evidence.

(d) The board shall not issue a veterinary assistant controlled substance permit to any applicant with a state or federal felony controlled substance conviction.

(e) (1) As part of the application for a veterinary assistant controlled substance permit, the applicant shall submit to the Department of Justice fingerprint images and related information, as required by the Department of Justice for all veterinary assistant applicants, for the purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on his or her own recognizance pending trial or appeal.

(2) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information that it receives pursuant to this section. The Department of Justice shall review any information returned to it from the Federal Bureau of Investigation and compile and disseminate a response to the board summarizing that information.

(3) The Department of Justice shall provide a state or federal level response to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(4) The Department of Justice shall charge a reasonable fee sufficient to cover the cost of processing the request described in this subdivision.

(f) The board shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in paragraph (1) of subdivision (e).

(g) This section shall become operative on July 1, 2015.

SEC. 29. Section 4841.2 is added to the Business and Professions Code, to read:

4841.2. (a) Except as provided in subdivision (b), a graduate of a recognized veterinary college shall not perform animal health care tasks otherwise performed by a registered veterinary technician unless the graduate has obtained licensure or registration as otherwise required under this chapter.

(b) If, on or before January 1, 2020, a graduate of a recognized veterinary college has performed animal health care tasks otherwise performed by a registered veterinary technician, the graduate shall discontinue performing such duties on or after January 1, 2020, unless the graduate is issued a license or registration as otherwise required under this chapter.

SEC. 30. Section 11506 of the Business and Professions Code is amended to read:

11506. This part shall be subject to review by the appropriate policy committees of the Legislature.

SEC. 31. Section 7000 of the Health and Safety Code is amended to read:

7000. The definitions in this chapter apply to this division, Division 8 (commencing with Section 8100) and Division 102 (commencing with Section 102100) of this code and Chapter 12 (commencing with Section 7600) of Division 3 of the Business and Professions Code.

SEC. 32. Section 7103 of the Health and Safety Code is amended to read:

7103. (a) Every person, upon whom the duty of interment is imposed by law, who omits to perform that duty within a reasonable time is guilty of a misdemeanor.

(b) Every licensee or registrant pursuant to Chapter 12 (commencing with Section 7600) of Division 3 of the Business and Professions Code, and the agents and employees of the licensee or registrant, or any unlicensed person acting in a capacity in which a license from the Cemetery and Funeral Bureau is required, upon whom the duty of interment is imposed by law, who omits to perform that duty within a reasonable time is guilty of a misdemeanor that shall be punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding ten thousand dollars (\$10,000), or both that imprisonment and fine.

(c) In addition, any person, registrant, or licensee described in subdivision (a) or (b) is liable to pay the person performing the duty in his or her stead treble the expenses incurred by the latter in making the interment, to be recovered in a civil action.

SEC. 33. Section 8731 of the Health and Safety Code is amended to read:

8731. (a) The cemetery authority may appoint a board of trustees of not less than three in number as trustees of its endowment care fund. The members of the board of trustees shall hold office subject to the direction of the cemetery authority.

(b) If within 30 days after notice of nonreceipt by the Cemetery and Funeral Bureau or other agency with regulatory authority over cemetery authorities, the cemetery authority fails to file the report required by Section 7612.6 of the Business and Professions Code, or if the report is materially not in compliance with law or the endowment care fund is materially not in compliance with law, the cemetery authority may be required to appoint as sole trustee of its endowment care fund under Section 8733.5, any bank or trust company qualified under the provisions of the Banking Law (Division 1 (commencing with Section 99) of the Financial Code) to engage in the trust business. That requirement may be imposed by the Cemetery and Funeral Bureau or other agency with regulatory authority over cemetery authorities, provided that the cemetery authority has received written notice of the alleged violation and has been given the opportunity to correct the alleged violation, and there has been a finding of a material violation in an administrative hearing.

(c) (1) Each member of the board of trustees shall provide signatory acknowledgment of understanding of the role of a trustee in managing trust funds in the following areas:

(A) Trustee duties, powers, and liabilities as contained in Part 4 (commencing with Section 16000) of Division 9 of the Probate Code.

(B) Reporting and regulatory requirements contained in Article 1.5 (commencing with Section 7611) of Chapter 12 of Division 3 of the Business and Professions Code.

(C) Provisions related to the care of active cemeteries contained in Chapter 5 (commencing with Section 8700) of Part 3 of Division 8.

(2) The signatory acknowledgment shall be retained by the cemetery authority during the duration of the trustee's term of office.

SEC. 34. Section 8778.5 of the Health and Safety Code is amended to read:

8778.5. Each special care trust fund established pursuant to this article shall be administered in compliance with the following requirements:

(a) (1) The board of trustees shall honor a written request of revocation by the trustor within 30 days upon receipt of the written request.

(2) Except as provided in paragraph (3), the board of trustees upon revocation of a special care trust may assess a revocation fee on the earned income of the trust only, the amount of which shall not exceed 10 percent of the trust corpus, as set forth in subdivision (c) of Section 2370 of Title 16 of the California Code of Regulations.

(3) If, prior to or upon the death of the beneficiary of a revocable special care trust, the cemetery authority is unable to perform the services of the special care trust fund agreement, the board of trustees shall pay the entire trust corpus and all earned income to the beneficiary or trustor, or the legal

representative of either the beneficiary or trustor, without the imposition of a revocation fee.

(b) Notwithstanding subdivision (d) of Section 2370 of Title 16 of the California Code of Regulations, the board of trustees may charge an annual fee for administering a revocable special care trust fund, which may be recovered by administrative withdrawals from current trust income, but the total administrative withdrawals in any year shall not exceed 4 percent of the trust balance.

(c) Notwithstanding Section 8785, any person, partnership, or corporation who violates this section shall be subject to disciplinary action as provided in Article 6 (commencing with Section 7686) of Chapter 12 of Division 3 of the Business and Professions Code, or by a civil fine not exceeding five hundred dollars (\$500), or by both, as determined by the Cemetery and Funeral Bureau and shall not be guilty of a crime.

SEC. 35. Section 8785 of the Health and Safety Code is amended to read:

8785. Any person, partnership, or corporation administering, managing, or having responsibility for endowment care or special care funds who violates the provisions of this chapter relating to the collection, investment, or use of those funds shall be punished either by imprisonment in a county jail for a period not exceeding six months or by fine not exceeding five hundred dollars (\$500), or by both such imprisonment and fine, or by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for 16 months, or two or three years. If the violator is a cemetery licensee or the holder of a certificate of authority, he, she, or it shall be subject to disciplinary action as provided in Article 6 (commencing with Section 7686) of Chapter 12 of Division 3 of the Business and Professions Code.

SEC. 36. Section 103775 of the Health and Safety Code is amended to read:

103775. (a) Every person, except a parent informant for a certificate of live birth and as provided in subdivision (b), who is responsible for supplying information who refuses or fails to furnish correctly any information in his or her possession that is required by this part, or furnishes false information affecting any certificate or record required by this part, is guilty of a misdemeanor.

(b) Every licensee or registrant pursuant to Chapter 12 (commencing with Section 7600) of Division 3 of the Business and Professions Code, and the agents and employees of the licensee, or any unlicensed person acting in a capacity in which a license from the Cemetery and Funeral Bureau is required, who is responsible for supplying information and who refuses or fails to furnish correctly any information in his or her possession that is required by this part, or furnishes false information with intent to defraud affecting a death certificate or record required by this part, is guilty of a misdemeanor that shall be punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding ten thousand dollars (\$10,000), or by both that imprisonment and fine.

SEC. 37. Section 103780 of the Health and Safety Code is amended to read:

103780. (a) Every person, except as provided in subdivision (b), who willfully alters or knowingly possesses more than one altered document, other than as permitted by this part, or falsifies any certificate of birth, fetal death, or death, or marriage license, or any record established by this part is guilty of a misdemeanor.

(b) Every licensee or registrant pursuant to Chapter 12 (commencing with Section 7600) of Division 3 of the Business and Professions Code, and the agents and employees of the licensee, or any unlicensed person acting in a capacity in which a license from the Cemetery and Funeral Bureau is required, who willfully alters or knowingly possesses more than one altered document, other than as permitted by this part, or falsifies any certificate of death, is guilty of a misdemeanor that shall be punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding ten thousand dollars (\$10,000), or by both that imprisonment and fine.

SEC. 38. Section 5 of the Chiropractic Act, as amended by Section 1 of Chapter 533 of the Statutes of 1983, is amended to read:

Sec.5. (a) It shall be unlawful for any person to practice chiropractic in this state without a license so to do.

(b) Any person wishing to practice chiropractic in this state shall make application to the board 45 days prior to any meeting thereof, upon such form and in such manner as may be provided by the board.

(c) Proof of graduation from an approved chiropractic school or college, as defined in Section 4, must reach the board 15 days prior to any meeting thereof.

(d) On and after January 1, 2019, each application must be accompanied by the fee specified in subdivision (a) of Section 1006.5 of the Business and Professions Code.

(e) Except in the cases herein otherwise prescribed, each applicant shall present to the board at the time of making such application a diploma from a high school and a transcript of 60 prechiropractic college credits satisfactory to the board, or proof, satisfactory to the board, of education equivalent in training power to such high school and college courses.

(f) The schedule of minimum educational requirements to enable any person to practice chiropractic in this state is as follows, except as herein otherwise provided:

Group 1

Anatomy, including embryology and histology.....14%

Group 2

Physiology.....6%

Group 3

Biochemistry and clinical nutrition.....	6%
Group 4	
Pathology and bacteriology.....	10%
Group 5	
Public health, hygiene and sanitation.....	3%
Group 6	
Diagnosis, dermatology, syphilology and geriatrics, and radiological technology, safety, and interpretation.....	18%
Group 7	
Obstetrics and gynecology and pediatrics.....	3%
Group 8	
Principles and practice of chiropractic, physical therapy, psychiatry, and office procedure.....	25%
Total.....	85%
Electives.....	15%

(g) Any applicant who had matriculated at a chiropractic college prior to the effective date of the amendments to this section submitted to the electors by the 1977–78 Regular Session of the Legislature shall meet all requirements that existed immediately prior to the effective date of those amendments but need not meet the change in requirements made by said amendments.

SEC. 39. Section 12 of the Chiropractic Act, as amended by Section 78 of Chapter 429 of the Statutes of 2017, is amended to read:

Sec. 12. (a) Licenses issued under the provisions of this section expire at 12 midnight on the last day of the month of birth of licentiates of the board.

(b) The board shall establish regulations for the administration of a birth month renewal program.

(c) A person practicing chiropractic within this state shall, on or before the last day of the person’s month of birth of each year, after a license is issued to the person under this act, pay to the Board of Chiropractic Examiners the renewal fee specified under subdivision (d).

(d) On and after January 1, 2019, the renewal fee shall be the amount specified in subdivision (c) of Section 1006.5 of the Business and Professions Code.

(e) The secretary shall mail to a licensed chiropractor in this state, on or before 60 days prior to the last day of the month of the licensee's birth each year, a notice that the renewal fee will be due on or before the last day of the next month following the licensee's birth. Nothing in this act shall be construed to require the receipts to be recorded in like manner as original licenses.

(f) The failure, neglect or refusal of a person holding a license or certificate to practice under this act in the State of California to pay the annual fee during the time the license remains in force shall, after a period of 60 days from the last day of the month of the licensee's birth, automatically work a forfeiture of the license or certificate, and it shall not be restored except upon the written application therefor and the payment to the board of a fee of twice the annual amount of the renewal fee in effect at the time the restoration application is filed except that a licensee who fails, refuses, or neglects to pay the annual tax within a period of 60 days after the last day of the month of the licensee's birth of each year shall not be required to submit to an examination for the reissuance of the certificate.

SEC. 40. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Senate Bill No. 1491

CHAPTER 703

An act to amend Sections 27, 865, 1607, 1611, 1611.3, 1611.5, 1612, 1614, 1615, 1621, 1645, 1680, 1750, 1750.2, 1750.4, 1751, 1753.7, 2290.5, 2556, 3004, 3040, 3146, 3735, 3751, 4848, 4980.37, 4980.39, 4980.41, 4980.72, 4980.78, 4980.79, 4990.30, 4992, 4996.17, 4999.14, 4999.22, 4999.32, 4999.48, 4999.60, 4999.62, 4999.63, and 4999.100 of, and to repeal Sections 650.4, 1601.5, and 1601.6 of, the Business and Professions Code, and to amend Section 6924 of the Family Code, relating to healing arts.

[Approved by Governor September 22, 2018. Filed with
Secretary of State September 22, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1491, Committee on Business, Professions and Economic Development. Healing arts.

(1) The Dental Practice Act provides for the licensure and regulation of dentists and registered dental assistants by the Dental Board of California, which is within the Department of Consumer Affairs, and requires the board to meet regularly once in San Francisco and once in Los Angeles each year after the commencement of dental schools for the purpose of examining applicants and at such other times as the board may designate. The act entitles the secretary of the board to traveling and other expenses and prohibits the secretary from receiving a salary. The act requires the board to examine all applicants for licensure to practice dentistry in the state and to issue licenses to those applicants that pass the examination of the board. That act requires the board to adopt reasonably necessary rules concerning, among other things, the establishment of standards for the approval of dental colleges. That act requires the board to only use examiners who have been appointed by the board and meet specified criteria, including that the examiner holds no position as an officer or faculty member at any college, school, or institution that provides dental instruction in the same licensure category as that held by the examiner.

This bill would delete the requirement that the board meet after the commencement of dental schools for the purpose of examining applicants, would delete the authorization for the secretary to receive expenses, and would delete the prohibition on the secretary receiving a salary. The bill would specify that the board is required to also examine applicants for a license to practice dental assisting and is required to issue a license to practice dentistry or a permit to practice dental assisting to an applicant who has successfully passed all licensing and permitting examinations administered by the board or any regional or national testing entity

designated to administer an exam. The bill would require the board to adopt regulations instead of reasonably necessary rules concerning, among other things, the establishment of standards for the approval of dental assisting programs and educational courses. The bill would exempt a portfolio examiner from the above-described prohibition that he or she hold no position as an officer or faculty member.

The Dental Practice Act authorizes the board to inspect the books, records, and premises of any licensed dentist and makes failure to allow an inspection grounds for suspension or revocation of a license. That act requires the board to, among other things, keep a record of the names of all persons issued licenses to practice dentistry and issue a specified notice that it is the entity that regulates dentists.

This bill would specify that the above provisions also apply to the practice of dental assisting and to permitted dentists.

The Dental Practice Act also authorizes the board to require licensees to continue their education as a condition of licensure renewal and to submit assurances to the board that the licensees will inform themselves of new developments in the practice of dentistry since the licensees were originally licensed. The act authorizes a dental assistant to perform basic supportive dental procedures without a license under the supervision of a dentist if he or she meets certain requirements, including a board-approved course regarding the Dental Practice Act and a board-approved course in infection control, and requires the employer of the dental assistant to ensure that he or she has successfully completed or does successfully complete those required courses. The act authorizes the board to issue an orthodontic assistant permit or a dental sedation assistant permit to a person who files an application and meets specified requirements, including completion of at least 12 months of work experience as a dental assistant and completion of a board-approved course regarding the Dental Practice Act and a board-approved course in infection control.

This bill would instead require a licensee under the chapter to continue his or her education as a condition of licensure renewal and would require a licensee to obtain evidence satisfactory to the board that he or she has, in the preceding 2 years, obtained continuing education relevant to the developments in the practice of dentistry or dental assisting consistent with regulations established by the board. The bill would require a dental assistant and an applicant for an orthodontic assistant permit or a dental sedation assistant permit to complete a 2-hour board-approved course in the Dental Practice Act and an 8-hour board-approved course in infection control. The bill would also require an applicant for an orthodontic assistant permit or a dental sedation assistant permit to have a current, active, and valid licensure as a registered dental assistant and at least 12 months of verifiable work experience as a dental assistant.

The Dental Practice Act requires the Dental Board of California to amend, consistent with the federal Centers for Disease Control and Prevention recommendations for water quality, the regulations on the minimum standards for infection control to require water or other methods used for

irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp.

This bill would repeal that provision and would instead make using water, or other methods used for irrigation, that are not sterile or that do not contain recognized disinfecting or antibacterial properties when performing dental procedures on exposed dental pulp unprofessional conduct by a person licensed pursuant to the Dental Practice Act.

(2) (A) The Optometry Practice Act provides for the licensure and regulation of the practice of optometry by the State Board of Optometry, which is within the Department of Consumer Affairs, and requires a license issued under the act to expire at midnight in the last day of the licenseholder's birth month following its original issuance and thereafter at midnight on the last day of the licenseholder's birth month every 2 years if not renewed. That act makes it unlawful for a person to engage in the practice of optometry or to display a sign in any other way to advertise or hold himself or herself out as an optometrist without having first obtained an optometrist license from the board or under the provisions of any former act relating to the practice of optometry. That act makes a violation of its provisions punishable as a misdemeanor.

This bill would change the name of the State Board of Optometry to the California State Board of Optometry, and would require an optometric license to expire at midnight in the last day of the month in which the license was issued during the 2nd year of a 2-year term if not renewed. The bill would instead make it unlawful for a person to engage in the practice of optometry or to advertise himself or herself out as an optometrist without a valid, unrevoked California optometrist license. By changing the definition of an existing crime, this bill would result in a state-mandated local program.

(B) Under existing law, the State Board of Optometry is responsible for the registration and regulation of registered dispensing opticians and makes a violation of any of the provisions regulating registered dispensing opticians punishable as a misdemeanor. Existing law makes it unlawful, except as provided, for a registered dispensing optician to advertise the furnishing of, or to furnish, services of an optometrist or a physician and surgeon, to directly employ an optometrist or physician and surgeon for the purpose of any examination or treatment of the eyes, or to duplicate or change lenses without a prescription or order from a person duly licensed to issue such a prescription or order.

This bill would additionally make it unlawful, except as provided, for a person who engages in the business of, or holds himself or herself out to be, a dispensing optician to do any of those above-described acts. By changing the definition of an existing crime, this bill would result in a state-mandated local program.

(3) The Respiratory Care Practice Act establishes the Respiratory Care Board of California, which is within the Department of Consumer Affairs, for the licensure and regulation of respiratory care practitioners. That act prohibits an applicant for licensure from receiving a license without first successfully passing all parts of the national registered respiratory therapist

examination, but exempts a person from taking that exam who provides evidence that he or she passed the National Certified Respiratory Therapist Examination prior to January 1, 2015, if there is no evidence of prior license or job related discipline as determined by the board. That act authorizes a person whose license has been revoked, surrendered, or suspended to petition the board for reinstatement and requires a person petitioning for reinstatement of his or her license that has been revoked or surrendered for 3 or more years to meet current education requirements required for licensure.

This bill would require an applicant for licensure to successfully pass the National Board for Respiratory Care's Therapist Multiple-Choice Examination, at the cut-off level required to qualify for the Clinical Stimulation Examination, and the Clinical Stimulation Examination, or any succeeding examinations, and would deem a person who took the National Certified Respiratory Therapist Examination prior to January 1, 2015, if there is no evidence of prior license or job related discipline as determined by the board, to meet that requirement. The bill would require a person petitioning the board for reinstatement of his or her license that has been revoked or surrendered for 3 or more years to also meet current examination requirements for initial licensure.

(4) The Veterinary Medicine Practice Act provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs, and requires an applicant for licensure to demonstrate his or her competency by examination. That act requires the examination to consist of certain components, including an examination concerning the act that is required to be administered by the board by mail.

This bill would require that component of the examination to be administered by the board by regular mail, email, or by both regular mail and email.

(5) The Board of Behavioral Sciences, which is within the Department of Consumer Affairs, licenses and regulates marriage and family therapists under the Licensed Marriage and Family Therapist Act, clinical social workers under the Clinical Social Worker Practice Act, and professional clinical counselors under the Licensed Professional Clinical Counselor Act.

(A) Those acts require applicants for licensure to, among other things, take a clinical examination, and authorize an applicant for licensure who obtained a license or registration under another jurisdiction to apply for licensure with the board without taking that examination if specified conditions are met.

This bill would instead provide that such an applicant can qualify for licensure with the board if he or she obtained a license or registration under another jurisdiction and meet the specified conditions.

(B) The Licensed Marriage and Family Therapist Act and the Licensed Professional Clinical Counselor Act provide that any reference in the act to the term "intern" means an "associate." Those acts require an applicant for licensure to meet specified education requirements, including 6 semester

units or 9 quarter units of practicum. Those acts also require applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018, to comply with specified educational and experience requirements and repeal those provisions on January 1, 2019.

This bill would make conforming changes by changing references to the term “intern” to “associate.” This bill would also require the above practicum requirement to be supervised. The bill would allow an applicant for a professional clinical counselor license to have field study experience instead of the required supervised practicum. The bill would also delete the repeal date for the provisions relating to applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018.

(C) Under existing law, the offer, delivery, receipt, or acceptance by any person licensed as a healing arts professional of any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration as compensation or inducement for referring patients is unlawful and punishable as a crime. Existing law, however, authorizes the participation in or operation of a group advertising and referral service for licensed marriage and family therapists if certain conditions are met.

This bill would repeal that authorization for licensed marriage and family therapists to participate in or operate a group advertising and referral service. By deleting that authorization, this bill would expand an existing crime and thereby impose a state-mandated local program.

(6) The bill would also make various nonsubstantive changes.

(7) The bill would incorporate additional changes to Section 27 of the Business and Professions Code proposed by SB 1483 and AB 3261 to be operative only if this bill and either or both SB 1483 and AB 3261 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 1645 of the Business and Professions Code proposed by SB 1109 to be operative only if this bill and SB 1109 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 1680 of the Business and Professions Code proposed by SB 1482 to be operative only if this bill and SB 1482 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 2290.5 of the Business and Professions Code proposed by AB 93 to be operative only if this bill and AB 93 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 4980.72 of the Business and Professions Code proposed by AB 2117 to be operative only if this bill and AB 2117 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 4980.78 of the Business and Professions Code proposed by AB 93 to be operative only if this bill and AB 93 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 4980.79 of the Business and Professions Code proposed by AB 93 to be operative only if this bill and AB 93 are enacted and this bill is enacted last.

The bill would incorporate additional changes to Section 4996.17 of the Business and Professions Code proposed by AB 93 and AB 2117 to be operative only if this bill and either or both AB 93 and AB 2117 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 4999.32 of the Business and Professions Code proposed by AB 2296 to be operative only if this bill and AB 2296 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 4999.60 of the Business and Professions Code proposed by AB 2117 to be operative only if this bill and AB 2117 are enacted and this bill is enacted last.

The bill would incorporate additional changes to Section 4999.62 of the Business and Professions Code proposed by AB 93 and AB 2296 to be operative only if this bill and either or both AB 93 and AB 2296 are enacted and this bill is enacted last.

The bill would incorporate additional changes to Section 4999.63 of the Business and Professions Code proposed by AB 93 and AB 2296 to be operative only if this bill and either or both AB 93 and AB 2296 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 4999.100 of the Business and Professions Code proposed by AB 2117 to be operative only if this bill and AB 2117 are enacted and this bill is enacted last.

(8) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Section 27 of the Business and Professions Code is amended to read:

27. (a) Each entity specified in subdivisions (c), (d), and (e) shall provide on the Internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the Internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action, including accusations filed pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee's address of

record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of his or her home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as his or her address of record, to provide a physical business address or residence address only for the entity's internal administrative use and not for disclosure as the licensee's address of record or disclosure on the Internet.

(b) In providing information on the Internet, each entity specified in subdivisions (c) and (d) shall comply with the Department of Consumer Affairs' guidelines for access to public records.

(c) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Board for Professional Engineers, Land Surveyors, and Geologists shall disclose information on its registrants and licensees.

(2) The Bureau of Automotive Repair shall disclose information on its licensees, including auto repair dealers, smog stations, lamp and brake stations, smog check technicians, and smog inspection certification stations.

(3) The Bureau of Electronic and Appliance Repair, Home Furnishings, and Thermal Insulation shall disclose information on its licensees and registrants, including major appliance repair dealers, combination dealers (electronic and appliance), electronic repair dealers, service contract sellers, and service contract administrators.

(4) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, and funeral directors.

(5) The Professional Fiduciaries Bureau shall disclose information on its licensees.

(6) The Contractors' State License Board shall disclose information on its licensees and registrants in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(7) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction, including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.

(8) The California Board of Accountancy shall disclose information on its licensees and registrants.

(9) The California Architects Board shall disclose information on its licensees, including architects and landscape architects.

(10) The State Athletic Commission shall disclose information on its licensees and registrants.

(11) The State Board of Barbering and Cosmetology shall disclose information on its licensees.

(12) The State Board of Guide Dogs for the Blind shall disclose information on its licensees and registrants.

(13) The Acupuncture Board shall disclose information on its licensees.

(14) The Board of Behavioral Sciences shall disclose information on its licensees and registrants.

(15) The Dental Board of California shall disclose information on its licensees.

(16) The State Board of Optometry shall disclose information on its licensees and registrants.

(17) The Board of Psychology shall disclose information on its licensees, including psychologists, psychological assistants, and registered psychologists.

(18) The Veterinary Medical Board shall disclose information on its licensees, registrants, and permit holders.

(d) The State Board of Chiropractic Examiners shall disclose information on its licensees.

(e) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.

(f) The Bureau of Medical Cannabis Regulation shall disclose information on its licensees.

(g) “Internet” for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (f) of Section 17538.

SEC. 1.1. Section 27 of the Business and Professions Code is amended to read:

27. (a) Each entity specified in subdivisions (c), (d), and (e) shall provide on the Internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the Internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action, including accusations filed pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee’s address of record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of his or her home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as his or her address of record, to provide a physical business address or residence address only for the entity’s internal

administrative use and not for disclosure as the licensee's address of record or disclosure on the Internet.

(b) In providing information on the Internet, each entity specified in subdivisions (c) and (d) shall comply with the Department of Consumer Affairs' guidelines for access to public records.

(c) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Board for Professional Engineers, Land Surveyors, and Geologists shall disclose information on its registrants and licensees.

(2) The Bureau of Automotive Repair shall disclose information on its licensees, including auto repair dealers, smog stations, lamp and brake stations, smog check technicians, and smog inspection certification stations.

(3) The Bureau of Household Goods and Services shall disclose information on its licensees and registrants, including major appliance repair dealers, combination dealers (electronic and appliance), electronic repair dealers, service contract sellers, and service contract administrators.

(4) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, and funeral directors.

(5) The Professional Fiduciaries Bureau shall disclose information on its licensees.

(6) The Contractors' State License Board shall disclose information on its licensees and registrants in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(7) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction, including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.

(8) The California Board of Accountancy shall disclose information on its licensees and registrants.

(9) The California Architects Board shall disclose information on its licensees, including architects and landscape architects.

(10) The State Athletic Commission shall disclose information on its licensees and registrants.

(11) The State Board of Barbering and Cosmetology shall disclose information on its licensees.

(12) The State Board of Guide Dogs for the Blind shall disclose information on its licensees and registrants.

(13) The Acupuncture Board shall disclose information on its licensees.

(14) The Board of Behavioral Sciences shall disclose information on its licensees and registrants.

(15) The Dental Board of California shall disclose information on its licensees.

(16) The State Board of Optometry shall disclose information on its licensees and registrants.

(17) The Board of Psychology shall disclose information on its licensees, including psychologists, psychological assistants, and registered psychologists.

(18) The Veterinary Medical Board shall disclose information on its licensees, registrants, and permitholders.

(d) The State Board of Chiropractic Examiners shall disclose information on its licensees.

(e) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.

(f) The Bureau of Medical Cannabis Regulation shall disclose information on its licensees.

(g) “Internet” for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (f) of Section 17538.

SEC. 1.2. Section 27 of the Business and Professions Code is amended to read:

27. (a) Each entity specified in subdivisions (c), (d), and (e) shall provide on the Internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the Internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action, including accusations filed pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee’s address of record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of his or her home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as his or her address of record, to provide a physical business address or residence address only for the entity’s internal administrative use and not for disclosure as the licensee’s address of record or disclosure on the Internet.

(b) In providing information on the Internet, each entity specified in subdivisions (c) and (d) shall comply with the Department of Consumer Affairs’ guidelines for access to public records.

(c) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Board for Professional Engineers, Land Surveyors, and Geologists shall disclose information on its registrants and licensees.

(2) The Bureau of Automotive Repair shall disclose information on its licensees, including auto repair dealers, smog stations, lamp and brake stations, smog check technicians, and smog inspection certification stations.

(3) The Bureau of Electronic and Appliance Repair, Home Furnishings, and Thermal Insulation shall disclose information on its licensees and registrants, including major appliance repair dealers, combination dealers (electronic and appliance), electronic repair dealers, service contract sellers, and service contract administrators.

(4) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, and funeral directors.

(5) The Professional Fiduciaries Bureau shall disclose information on its licensees.

(6) The Contractors' State License Board shall disclose information on its licensees and registrants in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(7) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction, including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.

(8) The California Board of Accountancy shall disclose information on its licensees and registrants.

(9) The California Architects Board shall disclose information on its licensees, including architects and landscape architects.

(10) The State Athletic Commission shall disclose information on its licensees and registrants.

(11) The State Board of Barbering and Cosmetology shall disclose information on its licensees.

(12) The State Board of Guide Dogs for the Blind shall disclose information on its licensees and registrants.

(13) The Acupuncture Board shall disclose information on its licensees.

(14) The Board of Behavioral Sciences shall disclose information on its licensees and registrants.

(15) The Dental Board of California shall disclose information on its licensees.

(16) The State Board of Optometry shall disclose information on its licensees and registrants.

(17) The Board of Psychology shall disclose information on its licensees, including psychologists, psychological assistants, and registered psychologists.

(18) The Veterinary Medical Board shall disclose information on its licensees, registrants, and permitholders.

(d) The State Board of Chiropractic Examiners shall disclose information on its licensees.

(e) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.

(f) The Bureau of Cannabis Control shall disclose information on its licensees.

(g) “Internet” for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (f) of Section 17538.

SEC. 1.3. Section 27 of the Business and Professions Code is amended to read:

27. (a) Each entity specified in subdivisions (c), (d), and (e) shall provide on the Internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the Internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action, including accusations filed pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee’s address of record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of his or her home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as his or her address of record, to provide a physical business address or residence address only for the entity’s internal administrative use and not for disclosure as the licensee’s address of record or disclosure on the Internet.

(b) In providing information on the Internet, each entity specified in subdivisions (c) and (d) shall comply with the Department of Consumer Affairs’ guidelines for access to public records.

(c) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Board for Professional Engineers, Land Surveyors, and Geologists shall disclose information on its registrants and licensees.

(2) The Bureau of Automotive Repair shall disclose information on its licensees, including auto repair dealers, smog stations, lamp and brake stations, smog check technicians, and smog inspection certification stations.

(3) The Bureau of Household Goods and Services shall disclose information on its licensees and registrants, including major appliance repair dealers, combination dealers (electronic and appliance), electronic repair dealers, service contract sellers, and service contract administrators.

(4) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, and funeral directors.

(5) The Professional Fiduciaries Bureau shall disclose information on its licensees.

(6) The Contractors' State License Board shall disclose information on its licensees and registrants in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(7) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction, including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.

(8) The California Board of Accountancy shall disclose information on its licensees and registrants.

(9) The California Architects Board shall disclose information on its licensees, including architects and landscape architects.

(10) The State Athletic Commission shall disclose information on its licensees and registrants.

(11) The State Board of Barbering and Cosmetology shall disclose information on its licensees.

(12) The State Board of Guide Dogs for the Blind shall disclose information on its licensees and registrants.

(13) The Acupuncture Board shall disclose information on its licensees.

(14) The Board of Behavioral Sciences shall disclose information on its licensees and registrants.

(15) The Dental Board of California shall disclose information on its licensees.

(16) The State Board of Optometry shall disclose information on its licensees and registrants.

(17) The Board of Psychology shall disclose information on its licensees, including psychologists, psychological assistants, and registered psychologists.

(18) The Veterinary Medical Board shall disclose information on its licensees, registrants, and permit holders.

(d) The State Board of Chiropractic Examiners shall disclose information on its licensees.

(e) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the

areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.

(f) The Bureau of Cannabis Control shall disclose information on its licensees.

(g) “Internet” for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (f) of Section 17538.

SEC. 2. Section 650.4 of the Business and Professions Code is repealed.

SEC. 3. Section 865 of the Business and Professions Code is amended to read:

865. For the purposes of this article, the following terms shall have the following meanings:

(a) “Mental health provider” means a physician and surgeon specializing in the practice of psychiatry, a psychologist, a psychological assistant, intern, or trainee, a licensed marriage and family therapist, a registered associate marriage and family therapist, a marriage and family therapist trainee, a licensed educational psychologist, a credentialed school psychologist, a licensed clinical social worker, an associate clinical social worker, a licensed professional clinical counselor, a registered associate clinical counselor, a professional clinical counselor trainee, or any other person designated as a mental health professional under California law or regulation.

(b) (1) “Sexual orientation change efforts” means any practices by mental health providers that seek to change an individual’s sexual orientation. This includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex.

(2) “Sexual orientation change efforts” does not include psychotherapies that: (A) provide acceptance, support, and understanding of clients or the facilitation of clients’ coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices; and (B) do not seek to change sexual orientation.

SEC. 4. Section 1601.5 of the Business and Professions Code is repealed.

SEC. 5. Section 1601.6 of the Business and Professions Code is repealed.

SEC. 6. Section 1607 of the Business and Professions Code is amended to read:

1607. The board shall meet regularly once each year in San Francisco and once each year in Los Angeles, and at such other times and places as the board may designate, for the purpose of transacting its business.

SEC. 7. Section 1611 of the Business and Professions Code is amended to read:

1611. The board shall carry out the purposes and enforce the provisions of this chapter. It shall examine all applicants for a license or permit to practice dentistry and dental assisting, according to the provisions of this chapter, and shall issue licenses and permits to practice dentistry and dental assisting in this state to such applicants as successfully pass all applicable licensing and permitting examinations administered by the board, or any regional or national testing entity designated to administer licensing or

permitting examinations, and otherwise comply with the provisions of this chapter. The board shall collect and apply all fees as directed by this chapter.

SEC. 8. Section 1611.3 of the Business and Professions Code is amended to read:

1611.3. The board shall comply with the requirements of Section 138 by January 1, 2013. The board shall require that the notice under that section include a provision that the board is the entity that regulates dentists and dental assistants and provide the telephone number and Internet address of the board. The board shall require the notice to be posted in a conspicuous location accessible to public view.

SEC. 9. Section 1611.5 of the Business and Professions Code is amended to read:

1611.5. (a) The board may inspect the books, records, and premises of any dentist licensed under this chapter and the licensing documents, records, and premises of any dental assistant permitted under this chapter in response to a complaint that a dentist or dental assistant has violated any law or regulation that constitutes grounds for disciplinary action by the board, and may employ inspectors for this purpose.

(b) Failure to allow an inspection or any part thereof shall be grounds for suspension or revocation of the license or permit in accordance with Section 1670.

SEC. 10. Section 1612 of the Business and Professions Code is amended to read:

1612. The board shall keep a record of the names of all persons to whom licenses or permits have been granted by it to practice dentistry, dental assisting, or any other function requiring a permit, and such other records as may be necessary to show plainly all of its acts and proceedings.

SEC. 11. Section 1614 of the Business and Professions Code is amended to read:

1614. The board may adopt regulations pursuant to this chapter concerning:

- (a) The holding of meetings.
- (b) The holding of examinations.
- (c) The manner of issuance and reissuance of licenses.
- (d) The establishment of standards for the approval of dental colleges and dental assisting programs and educational courses.
- (e) Prescribing subjects in which applicants are to be examined.
- (f) The administration and enforcement of this chapter.

Such rules shall be adopted, amended, or repealed in accordance with the provisions of the Administrative Procedure Act.

SEC. 12. Section 1615 of the Business and Professions Code is amended to read:

1615. Each member of the board shall receive a per diem and expenses as provided in Section 103.

SEC. 13. Section 1621 of the Business and Professions Code is amended to read:

1621. The board shall utilize in the administration of its licensure examinations only examiners whom it has appointed and who meet the following criteria:

(a) Possession of a valid license to practice dentistry in this state or possession of a valid license in one of the registered dental assistant categories licensed under this chapter.

(b) Practice as a licensed dentist or in a licensure category described in subdivision (a) for at least five years preceding his or her appointment.

(c) Hold no position as an officer or faculty member at any college, school, or institution that provides instruction in the same licensure category as that held by the examiner. This subdivision shall not apply to a portfolio examiner.

SEC. 14. Section 1645 of the Business and Professions Code is amended to read:

1645. (a) (1) All holders of licenses under this chapter shall continue their education after receiving a license as a condition to the renewal thereof, and shall obtain evidence satisfactory to the board that they have, during the preceding two-year period, obtained continuing education relevant to developments in the practice of dentistry and dental assisting consistent with regulations established by the board.

(2) The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with this section is accomplished.

(b) The board may also, as a condition of license renewal, require licentiates to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, and law and ethics. The mandatory coursework prescribed by the board shall not exceed fifteen hours per renewal period for dentists, and seven and one-half hours per renewal period for dental auxiliaries. Any mandatory coursework required by the board shall be credited toward the continuing education requirements established by the board pursuant to subdivision (a).

(c) For a retired dentist who provides only uncompensated care, the board shall not require more than 60 percent of the hours of continuing education that are required of other licensed dentists. Notwithstanding subdivision (b), all of the hours of continuing education as described in this subdivision shall be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Nothing in this subdivision shall be construed to reduce any requirements imposed by the board pursuant to subdivision (b).

(d) The board shall report on the outcome of subdivision (c) pursuant to, and at the time of, its regular sunset review process, as provided in Section 1601.1.

SEC. 14.5. Section 1645 of the Business and Professions Code is amended to read:

1645. (a) (1) All holders of licenses under this chapter shall continue their education after receiving a license as a condition to the renewal thereof, and shall obtain evidence satisfactory to the board that they have, during the preceding two-year period, obtained continuing education relevant to developments in the practice of dentistry and dental assisting consistent with regulations established by the board.

(2) The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with this section is accomplished.

(b) The board may also, as a condition of license renewal, require licentiates to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, law and ethics, and the risks of addiction associated with the use of Schedule II drugs. The mandatory coursework prescribed by the board shall not exceed 15 hours per renewal period for dentists, and 7.5 hours per renewal period for dental auxiliaries. Any mandatory coursework required by the board shall be credited toward the continuing education requirements established by the board pursuant to subdivision (a).

(c) For a retired dentist who provides only uncompensated care, the board shall not require more than 60 percent of the hours of continuing education that are required of other licensed dentists. Notwithstanding subdivision (b), all of the hours of continuing education as described in this subdivision shall be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Nothing in this subdivision shall be construed to reduce any requirements imposed by the board pursuant to subdivision (b).

(d) The board shall report on the outcome of subdivision (c) pursuant to, and at the time of, its regular sunset review process, as provided in Section 1601.1.

SEC. 15. Section 1680 of the Business and Professions Code is amended to read:

1680. Unprofessional conduct by a person licensed under this chapter is defined as, but is not limited to, any one of the following:

- (a) The obtaining of any fee by fraud or misrepresentation.
- (b) The employment directly or indirectly of any student or suspended or unlicensed dentist to practice dentistry as defined in this chapter.
- (c) The aiding or abetting of any unlicensed person to practice dentistry.
- (d) The aiding or abetting of a licensed person to practice dentistry unlawfully.
- (e) The committing of any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to the practice of dentistry.
- (f) The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which he or she is licensed to practice, in advertising or in any other

manner indicating that he or she is practicing or will practice dentistry, except that name as is specified in a valid permit issued pursuant to Section 1701.5.

(g) The practice of accepting or receiving any commission or the rebating in any form or manner of fees for professional services, radiograms, prescriptions, or other services or articles supplied to patients.

(h) The making use by the licensee or any agent of the licensee of any advertising statements of a character tending to deceive or mislead the public.

(i) The advertising of either professional superiority or the advertising of performance of professional services in a superior manner. This subdivision shall not prohibit advertising permitted by subdivision (h) of Section 651.

(j) The employing or the making use of solicitors.

(k) The advertising in violation of Section 651.

(l) The advertising to guarantee any dental service, or to perform any dental operation painlessly. This subdivision shall not prohibit advertising permitted by Section 651.

(m) The violation of any of the provisions of law regulating the procurement, dispensing, or administration of dangerous drugs, as defined in Chapter 9 (commencing with Section 4000) or controlled substances, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code.

(n) The violation of any of the provisions of this division.

(o) The permitting of any person to operate dental radiographic equipment who has not met the requirements of Section 1656.

(p) The clearly excessive prescribing or administering of drugs or treatment, or the clearly excessive use of diagnostic procedures, or the clearly excessive use of diagnostic or treatment facilities, as determined by the customary practice and standards of the dental profession.

Any person who violates this subdivision is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars (\$100) or more than six hundred dollars (\$600), or by imprisonment for a term of not less than 60 days or more than 180 days, or by both a fine and imprisonment.

(q) The use of threats or harassment against any patient or licensee for providing evidence in any possible or actual disciplinary action, or other legal action; or the discharge of an employee primarily based on the employee's attempt to comply with the provisions of this chapter or to aid in the compliance.

(r) Suspension or revocation of a license issued, or discipline imposed, by another state or territory on grounds that would be the basis of discipline in this state.

(s) The alteration of a patient's record with intent to deceive.

(t) Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental profession.

(u) The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued and before the patient has

ample opportunity to secure the services of another dentist, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions and provided the health of the patient is not jeopardized.

(v) The willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.

(w) Use of fraud in the procurement of any license issued pursuant to this chapter.

(x) Any action or conduct that would have warranted the denial of the license.

(y) The aiding or abetting of a licensed dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to practice dentistry in a negligent or incompetent manner.

(z) (1) The failure to report to the board in writing within seven days any of the following: (A) the death of his or her patient during the performance of any dental or dental hygiene procedure; (B) the discovery of the death of a patient whose death is related to a dental or dental hygiene procedure performed by him or her; or (C) except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment of any patient to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, or any patient as a result of dental or dental hygiene treatment. With the exception of patients to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, removal to a hospital or emergency center that is the normal or expected treatment for the underlying dental condition is not required to be reported. Upon receipt of a report pursuant to this subdivision the board may conduct an inspection of the dental office if the board finds that it is necessary. A dentist shall report to the board all deaths occurring in his or her practice with a copy sent to the Dental Hygiene Committee of California if the death was the result of treatment by a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions shall report to the Dental Hygiene Committee of California all deaths occurring as the result of dental hygiene treatment, and a copy of the notification shall be sent to the board.

(2) The report required by this subdivision shall be on a form or forms approved by the board. The form or forms approved by the board shall require the licensee to include, but not be limited to, the following information for cases in which patients received anesthesia: the date of the procedure; the patient's age in years and months, weight, and sex; the patient's American Society of Anesthesiologists (ASA) physical status; the patient's primary diagnosis; the patient's coexisting diagnoses; the procedures performed; the sedation setting; the medications used; the

monitoring equipment used; the category of the provider responsible for sedation oversight; the category of the provider delivering sedation; the category of the provider monitoring the patient during sedation; whether the person supervising the sedation performed one or more of the procedures; the planned airway management; the planned depth of sedation; the complications that occurred; a description of what was unexpected about the airway management; whether there was transportation of the patient during sedation; the category of the provider conducting resuscitation measures; and the resuscitation equipment utilized. Disclosure of individually identifiable patient information shall be consistent with applicable law. A report required by this subdivision shall not be admissible in any action brought by a patient of the licensee providing the report.

(3) For the purposes of paragraph (2), categories of provider are: General Dentist, Pediatric Dentist, Oral Surgeon, Dentist Anesthesiologist, Physician Anesthesiologist, Dental Assistant, Registered Dental Assistant, Dental Sedation Assistant, Registered Nurse, Certified Registered Nurse Anesthetist, or Other.

(4) The form shall state that this information shall not be considered an admission of guilt, but is for educational, data, or investigative purposes.

(5) The board may assess a penalty on any licensee who fails to report an instance of an adverse event as required by this subdivision. The licensee may dispute the failure to file within 10 days of receiving notice that the board had assessed a penalty against the licensee.

(aa) Participating in or operating any group advertising and referral services that are in violation of Section 650.2.

(ab) The failure to use a fail-safe machine with an appropriate exhaust system in the administration of nitrous oxide. The board shall, by regulation, define what constitutes a fail-safe machine.

(ac) Engaging in the practice of dentistry with an expired license.

(ad) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to patient, from patient to patient, and from patient to dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other

bloodborne pathogens in health care settings. The board shall review infection control guidelines, if necessary, on an annual basis and proposed changes shall be reviewed by the Dental Hygiene Committee of California to establish a consensus. The committee shall submit any recommended changes to the infection control guidelines for review to establish a consensus. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision.

The board shall seek to ensure that all appropriate dental personnel are informed of the responsibility to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of bloodborne infectious diseases.

(ae) The utilization by a licensed dentist of any person to perform the functions of any registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permiss holder, orthodontic assistant permiss holder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions who, at the time of initial employment, does not possess a current, valid license or permit to perform those functions.

(af) The prescribing, dispensing, or furnishing of dangerous drugs or devices, as defined in Section 4022, in violation of Section 2242.1.

(ag) Using water, or other methods used for irrigation, that are not sterile or that do not contain recognized disinfecting or antibacterial properties when performing dental procedures on exposed dental pulp.

SEC. 15.5. Section 1680 of the Business and Professions Code is amended to read:

1680. Unprofessional conduct by a person licensed under this chapter is defined as, but is not limited to, any one of the following:

- (a) The obtaining of any fee by fraud or misrepresentation.
- (b) The employment directly or indirectly of any student or suspended or unlicensed dentist to practice dentistry as defined in this chapter.
- (c) The aiding or abetting of any unlicensed person to practice dentistry.
- (d) The aiding or abetting of a licensed person to practice dentistry unlawfully.
- (e) The committing of any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to the practice of dentistry.
- (f) The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which he or she is licensed to practice, in advertising or in any other manner indicating that he or she is practicing or will practice dentistry, except that name as is specified in a valid permit issued pursuant to Section 1701.5.

(g) The practice of accepting or receiving any commission or the rebating in any form or manner of fees for professional services, radiograms, prescriptions, or other services or articles supplied to patients.

(h) The making use by the licensee or any agent of the licensee of any advertising statements of a character tending to deceive or mislead the public.

(i) The advertising of either professional superiority or the advertising of performance of professional services in a superior manner. This subdivision shall not prohibit advertising permitted by subdivision (h) of Section 651.

(j) The employing or the making use of solicitors.

(k) The advertising in violation of Section 651.

(l) The advertising to guarantee any dental service, or to perform any dental operation painlessly. This subdivision shall not prohibit advertising permitted by Section 651.

(m) The violation of any of the provisions of law regulating the procurement, dispensing, or administration of dangerous drugs, as defined in Chapter 9 (commencing with Section 4000) or controlled substances, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code.

(n) The violation of any of the provisions of this division.

(o) The permitting of any person to operate dental radiographic equipment who has not met the requirements of Section 1656.

(p) The clearly excessive prescribing or administering of drugs or treatment, or the clearly excessive use of diagnostic procedures, or the clearly excessive use of diagnostic or treatment facilities, as determined by the customary practice and standards of the dental profession.

Any person who violates this subdivision is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars (\$100) or more than six hundred dollars (\$600), or by imprisonment for a term of not less than 60 days or more than 180 days, or by both a fine and imprisonment.

(q) The use of threats or harassment against any patient or licensee for providing evidence in any possible or actual disciplinary action, or other legal action; or the discharge of an employee primarily based on the employee's attempt to comply with the provisions of this chapter or to aid in the compliance.

(r) Suspension or revocation of a license issued, or discipline imposed, by another state or territory on grounds that would be the basis of discipline in this state.

(s) The alteration of a patient's record with intent to deceive.

(t) Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental profession.

(u) The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued and before the patient has ample opportunity to secure the services of another dentist, registered dental hygienist, registered dental hygienist in alternative practice, or registered

dental hygienist in extended functions and provided the health of the patient is not jeopardized.

(v) The willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.

(w) Use of fraud in the procurement of any license issued pursuant to this chapter.

(x) Any action or conduct that would have warranted the denial of the license.

(y) The aiding or abetting of a licensed dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to practice dentistry in a negligent or incompetent manner.

(z) (1) The failure to report to the board in writing within seven days any of the following: (A) the death of his or her patient during the performance of any dental or dental hygiene procedure; (B) the discovery of the death of a patient whose death is related to a dental or dental hygiene procedure performed by him or her; or (C) except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment of any patient to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, or any patient as a result of dental or dental hygiene treatment. With the exception of patients to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, removal to a hospital or emergency center that is the normal or expected treatment for the underlying dental condition is not required to be reported. Upon receipt of a report pursuant to this subdivision the board may conduct an inspection of the dental office if the board finds that it is necessary. A dentist shall report to the board all deaths occurring in his or her practice with a copy sent to the Dental Hygiene Board of California if the death was the result of treatment by a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions shall report to the Dental Hygiene Board of California all deaths occurring as the result of dental hygiene treatment, and a copy of the notification shall be sent to the board.

(2) The report required by this subdivision shall be on a form or forms approved by the board. The form or forms approved by the board shall require the licensee to include, but not be limited to, the following information for cases in which patients received anesthesia: the date of the procedure; the patient's age in years and months, weight, and sex; the patient's American Society of Anesthesiologists (ASA) physical status; the patient's primary diagnosis; the patient's coexisting diagnoses; the procedures performed; the sedation setting; the medications used; the monitoring equipment used; the category of the provider responsible for sedation oversight; the category of the provider delivering sedation; the

category of the provider monitoring the patient during sedation; whether the person supervising the sedation performed one or more of the procedures; the planned airway management; the planned depth of sedation; the complications that occurred; a description of what was unexpected about the airway management; whether there was transportation of the patient during sedation; the category of the provider conducting resuscitation measures; and the resuscitation equipment utilized. Disclosure of individually identifiable patient information shall be consistent with applicable law. A report required by this subdivision shall not be admissible in any action brought by a patient of the licensee providing the report.

(3) For the purposes of paragraph (2), categories of provider are: General Dentist, Pediatric Dentist, Oral Surgeon, Dentist Anesthesiologist, Physician Anesthesiologist, Dental Assistant, Registered Dental Assistant, Dental Sedation Assistant, Registered Nurse, Certified Registered Nurse Anesthetist, or Other.

(4) The form shall state that this information shall not be considered an admission of guilt, but is for educational, data, or investigative purposes.

(5) The board may assess a penalty on any licensee who fails to report an instance of an adverse event as required by this subdivision. The licensee may dispute the failure to file within 10 days of receiving notice that the board had assessed a penalty against the licensee.

(aa) Participating in or operating any group advertising and referral services that are in violation of Section 650.2.

(ab) The failure to use a fail-safe machine with an appropriate exhaust system in the administration of nitrous oxide. The board shall, by regulation, define what constitutes a fail-safe machine.

(ac) Engaging in the practice of dentistry with an expired license.

(ad) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to patient, from patient to patient, and from patient to dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other bloodborne pathogens in health care settings. The board shall review infection control guidelines, if necessary, on an annual basis and proposed

changes shall be reviewed by the Dental Hygiene Board of California to establish a consensus. The hygiene board shall submit any recommended changes to the infection control guidelines for review to establish a consensus. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision.

The board shall seek to ensure that all appropriate dental personnel are informed of the responsibility to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of bloodborne infectious diseases.

(ae) The utilization by a licensed dentist of any person to perform the functions of any registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permiss holder, orthodontic assistant permiss holder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions who, at the time of initial employment, does not possess a current, valid license or permit to perform those functions.

(af) The prescribing, dispensing, or furnishing of dangerous drugs or devices, as defined in Section 4022, in violation of Section 2242.1.

(ag) Using water, or other methods used for irrigation, that are not sterile or that do not contain recognized disinfecting or antibacterial properties when performing dental procedures on exposed dental pulp.

SEC. 16. Section 1750 of the Business and Professions Code is amended to read:

1750. (a) A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by Section 1750.1 and by regulations adopted by the board, under the supervision of a licensed dentist. "Basic supportive dental procedures" are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.

(b) The supervising licensed dentist shall be responsible for determining the competency of the dental assistant to perform the basic supportive dental procedures, as authorized by Section 1750.1.

(c) The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been in continuous employment for 120 days or more, has already successfully completed, or successfully completes, all of the following within a year of the date of employment:

(1) A board-approved two-hour course in the Dental Practice Act.

(2) A board-approved eight-hour course in infection control.

(3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent and that provides the student the opportunity to engage in hands-on simulated clinical scenarios.

(d) The employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.

(e) This section shall become operative on January 1, 2010.

SEC. 17. Section 1750.2 of the Business and Professions Code is amended to read:

1750.2. (a) The board may issue an orthodontic assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current, active, and valid licensure as a registered dental assistant or completion of at least 12 months of verifiable work experience as a dental assistant.

(2) Successful completion of a two-hour board-approved course in the Dental Practice Act and an eight-hour board-approved course in infection control.

(3) Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(4) Successful completion of a board-approved orthodontic assistant course, which may commence after the completion of six months of work experience as a dental assistant.

(5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.3.

(b) A person who holds an orthodontic assistant permit pursuant to this section shall be subject to the same continuing education requirements for registered dental assistants as established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

SEC. 18. Section 1750.4 of the Business and Professions Code is amended to read:

1750.4. (a) The board may issue a dental sedation assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current, active, and valid licensure as a registered dental assistant or completion of at least 12 months of verifiable work experience as a dental assistant.

(2) Successful completion of a two-hour board-approved course in the Dental Practice Act and an eight-hour board-approved course in infection control.

(3) Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(4) Successful completion of a board-approved dental sedation assistant course, which may commence after the completion of six months of work experience as a dental assistant.

(5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.5.

(b) A person who holds a permit pursuant to this section shall be subject to the continuing education requirements established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

SEC. 19. Section 1751 of the Business and Professions Code is amended to read:

1751. At least once every seven years, the board shall review the allowable duties for dental assistants, registered dental assistants, registered dental assistants in extended functions, dental sedation assistant permitholders, and orthodontic assistant permitholders, the supervision level for these categories, and the settings under which these duties may be performed, and shall update the regulations as necessary to keep them current with the state of the dental practice.

SEC. 20. Section 1753.7 of the Business and Professions Code is amended to read:

1753.7. A licensed dentist may simultaneously utilize in his or her practice no more than three registered dental assistants in extended functions or registered dental hygienists in extended functions licensed pursuant to Section 1753 or 1918.

SEC. 21. Section 2290.5 of the Business and Professions Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions shall apply:

(1) “Asynchronous store and forward” means the transmission of a patient’s medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) “Distant site” means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) “Health care provider” means either of the following:

(A) A person who is licensed under this division.

(B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.

(4) “Originating site” means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) “Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.

(6) “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate

the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to telehealth interactions.

(g) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(h) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

SEC. 21.5. Section 2290.5 of the Business and Professions Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) “Distant site” means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) “Health care provider” means either of the following:

(A) A person who is licensed under this division.

(B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3.

(4) “Originating site” means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) “Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.

(6) “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient’s rights to his or her medical information shall apply to telehealth interactions.

(g) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(h) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, “telehealth” shall include “telemedicine” as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

SEC. 22. Section 2556 of the Business and Professions Code is amended to read:

2556. (a) Except as authorized by Section 655, it is unlawful for a registered dispensing optician or a person who engages in the business of, or holds himself or herself out to be, a dispensing optician to do any of the following: to advertise the furnishing of, or to furnish, the services of an optometrist or a physician and surgeon, to directly employ an optometrist or physician and surgeon for the purpose of any examination or treatment of the eyes, or to duplicate or change lenses without a prescription or order from a person duly licensed to issue the same. For the purposes of this section, “furnish” does not mean to enter into a landlord-tenant relationship of any kind.

(b) Notwithstanding Section 125.9, the board may, by regulation, impose and issue administrative fines and citations for a violation of this section or Section 655, which may be assessed in addition to any other applicable fines, citations, or administrative or criminal actions.

SEC. 23. Section 3004 of the Business and Professions Code is amended to read:

3004. (a) As used in this chapter, “board” means the State Board of Optometry.

(b) Any reference in this code or any other code to the “State Board of Optometry” shall be deemed to refer to the “California State Board of Optometry.”

SEC. 24. Section 3040 of the Business and Professions Code is amended to read:

3040. (a) It is unlawful for a person to engage in the practice of optometry or to advertise or hold himself or herself out as an optometrist without a valid, unrevoked California optometrist license. The practice of optometry includes the performing or controlling of any acts set forth in Section 3041.

(b) In any prosecution for a violation of this section, the use of test cards, test lenses, or of trial frames is prima facie evidence of the practice of optometry.

SEC. 25. Section 3146 of the Business and Professions Code is amended to read:

3146. An optometric license issued under this chapter expires at midnight on the last day of the month in which the license was issued during the second year of a two-year term if not renewed. To renew an unexpired license, the optometrist shall apply for renewal on a form prescribed by the board and pay the renewal fee prescribed by this chapter.

SEC. 26. Section 3735 of the Business and Professions Code is amended to read:

3735. (a) Except as otherwise provided in this chapter, an applicant shall not receive a license under this chapter without first successfully passing the National Board for Respiratory Care's Therapist Multiple-Choice Examination, at the cut-off level required to qualify for the Clinical Simulation Examination, and the Clinical Simulation Examination, or any succeeding examinations.

(b) Notwithstanding subdivision (a), any person applying for licensure who provides evidence that he or she passed the national Certified Respiratory Therapist Examination or Written Registry Examination prior to January 1, 2015, shall be deemed to have met the examination requirement of subdivision (a), provided there is no evidence of prior license or job-related discipline, as determined by the board in its discretion.

SEC. 27. Section 3751 of the Business and Professions Code is amended to read:

3751. (a) A person whose license has been revoked, surrendered, or suspended, or placed on probation, may petition the board for reinstatement, modification, or termination of probation, provided the person has paid all outstanding fees, fines, and cost recovery in full, and monthly probation monitoring payments are current.

(b) A person petitioning for reinstatement of his or her license that has been revoked or surrendered for three or more years shall also meet the current education and examination requirements required for initial licensure.

(c) A petition may be filed only after a period of time has elapsed, but not less than the following minimum periods from the effective date of the decision ordering that disciplinary action:

(1) At least three years for reinstatement of a license that has been revoked or surrendered.

(2) At least two years for early termination of probation of three years or more.

(3) At least one year for modification of a condition, or reinstatement of a license revoked or surrendered for mental or physical illness, or termination of probation of less than three years.

(d) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from licensed health care practitioners who have personal knowledge of the professional activities of the petitioner since the disciplinary penalty was imposed. The board may accept or reject the petition.

(e) Written or oral argument may be provided by the petitioner or, at the request of the board, by the Attorney General. Unless the board or the petitioner requests the presentation of oral argument, the petition shall be considered and voted upon by mail. If the petitioner or the board requests the opportunity for oral argument, the petition shall be heard by the board or the board may assign the petition to an administrative law judge.

(f) Consideration shall be given to all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was

disciplined, the petitioner's activities during the time the license was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability.

(g) The board may deny the petition for reinstatement, reinstate the license without terms and conditions, require an examination for the reinstatement, restoration, or modification of probation, or reinstate the license with terms and conditions as it deems necessary. Where a petition is heard by an administrative law judge, the administrative law judge shall render a proposed decision to the board denying the petition for reinstatement, reinstating the license without terms and conditions, requiring an examination for the reinstatement, or reinstating the license with terms and conditions as he or she deems necessary. The board may take any action with respect to the proposed decision and petition as it deems appropriate.

(h) No petition shall be considered under either of the following circumstances:

(1) If the petitioner is under sentence for any criminal offense including any period during which the petitioner is on court-imposed probation or parole.

(2) If an accusation or a petition to revoke probation is pending against the person.

(i) The board may deny without a hearing or argument any petition filed pursuant to this section within a period of three years from the effective date of the prior decision.

(j) Petitions for reinstatement shall include a processing fee equal to fees charged pursuant to subdivisions (a) and (h) of Section 3775. In addition, petitions for reinstatement that are granted shall include a fee equal to the fee charged pursuant to subdivision (d) of Section 3775, before the license may be reinstated.

(k) Nothing in this section shall be deemed to alter Sections 822 and 823.

SEC. 28. Section 4848 of the Business and Professions Code is amended to read:

4848. (a) (1) The board shall, by means of examination, ascertain the professional qualifications of all applicants for licenses to practice veterinary medicine in this state and shall issue a license to every person whom it finds to be qualified. No license shall be issued to anyone who has not demonstrated his or her competency by examination.

(2) The examination shall consist of each of the following:

(A) A licensing examination that is administered on a national basis.

(B) A California state board examination.

(C) An examination concerning those statutes and regulations of the Veterinary Medicine Practice Act administered by the board. The examination shall be administered by regular mail, email, or by both regular mail and email, and provided to applicants within 10 to 20 days of eligibility determination. The board shall have 10 to 20 days from the date of receipt to process the examination and provide candidates with the results of the examination. The applicant shall certify that he or she personally completed the examination. Any false statement is a violation subject to Section 4831.

University of California and Western University of Health Sciences veterinary medical students who have successfully completed a board-approved course on veterinary law and ethics covering the Veterinary Medicine Practice Act shall be exempt from this provision.

(3) The examinations may be given at the same time or at different times as determined by the board. For examination purposes, the board may make contractual arrangements on a sole source basis with organizations furnishing examination material as it may deem desirable and shall be exempt from Section 10115 of the Public Contract Code.

(4) The licensing examination may be waived by the board in any case in which it determines that the applicant has taken and passed an examination for licensure in another state substantially equivalent in scope and subject matter to the licensing examination last given in California before the determination is made, and has achieved a score on the out-of-state examination at least equal to the score required to pass the licensing examination administered in California.

(5) Nothing in this chapter shall preclude the board from permitting a person who has completed a portion of his or her educational program, as determined by the board, in a veterinary college recognized by the board under Section 4846 to take any examination or any part thereof prior to satisfying the requirements for application for a license established by Section 4846.

(b) For purposes of reciprocity, the board shall waive the examination requirements of subdivision (a), and issue a license to an applicant to practice veterinary medicine if the applicant meets all of the following requirements and would not be denied issuance of a license by any other provision of this code:

(1) The applicant holds a current valid license in good standing in another state, Canadian province, or United States territory and, within three years immediately preceding filing an application for licensure in this state, has practiced clinical veterinary medicine for a minimum of two years and completed a minimum of 2,944 hours of clinical practice. Experience obtained while participating in an American Veterinary Medical Association (AVMA) accredited institution's internship, residency, or specialty board training program shall be valid for meeting the minimum experience requirement.

The term "in good standing" means that an applicant under this section:

(A) Is not currently under investigation nor has been charged with an offense for any act substantially related to the practice of veterinary medicine by any public agency, nor entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, nor been the subject of an adverse judgment resulting from the practice of veterinary medicine that the board determines constitutes evidence of a pattern of incompetence or negligence.

(B) Has no physical or mental impairment related to drugs or alcohol, and has not been found mentally incompetent by a physician so that the

applicant is unable to undertake the practice of veterinary medicine in a manner consistent with the safety of a patient or the public.

(2) At the time of original licensure, the applicant passed the national licensing requirement in veterinary science with a passing score or scores on the examination or examinations equal to or greater than the passing score required to pass the national licensing examination or examinations administered in this state.

(3) The applicant has either graduated from a veterinary college recognized by the board under Section 4846 or possesses a certificate issued by the Educational Commission for Foreign Veterinary Graduates (ECFVG) or the Program for the Assessment of Veterinary Education Equivalence (PAVE).

(4) The applicant passes an examination concerning the statutes and regulations of the Veterinary Medicine Practice Act, administered by the board, pursuant to subparagraph (C) of paragraph (2) of subdivision (a).

(5) The applicant completes an approved educational curriculum on regionally specific and important diseases and conditions. The board, in consultation with the California Veterinary Medical Association (CVMA), shall approve educational curricula that cover appropriate regionally specific and important diseases and conditions that are common in California. The curricula shall focus on small and large animal diseases consistent with the current proportion of small and large animal veterinarians practicing in the state. The approved curriculum shall not exceed 30 hours of educational time. The approved curriculum may be offered by multiple providers so that it is widely accessible to candidates licensed under this subdivision.

(c) The board shall issue a temporary license valid for one year to an applicant to practice veterinary medicine under the supervision of another California-licensed veterinarian in good standing if the applicant satisfies all of the following requirements:

(1) The applicant meets the requirements of paragraphs (1) to (4), inclusive, of subdivision (b).

(2) The applicant would not be denied issuance of a license under any other provision of this chapter.

(3) The applicant agrees to complete the approved educational curriculum described in paragraph (5) of subdivision (b) on regionally specific and important diseases and conditions during the period of temporary licensure.

(d) Upon completion of the curriculum described in paragraph (5) of subdivision (b), a temporary licensee shall submit an application for full licensure accompanied by verification of completion of that curriculum and all applicable fees.

(e) The board, in its discretion, may extend the expiration date of a temporary license issued pursuant to subdivision (c) for not more than one year for reasons of health, military service, or undue hardship. An application for an extension shall be submitted on a form provided by the board.

SEC. 29. Section 4980.37 of the Business and Professions Code is amended to read:

4980.37. (a) This section shall apply to applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018. Those applicants may alternatively qualify under paragraph (2) of subdivision (a) of Section 4980.36.

(b) To qualify for a license or registration, applicants shall possess a doctor's or master's degree in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education or approved by the Bureau for Private Postsecondary Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval. In order to qualify for licensure pursuant to this section, a doctor's or master's degree program shall be a single, integrated program primarily designed to train marriage and family therapists and shall contain no less than 48 semester units or 72 quarter units of instruction. This instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling, and marital and family systems approaches to treatment. The coursework shall include all of the following areas:

(1) The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.

(2) Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups.

(3) Developmental issues and life events from infancy to old age and their effect on individuals, couples, and family relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, abuse and neglect of older and dependent adults, and geropsychology.

(4) A variety of approaches to the treatment of children.

The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(c) (1) In addition to the 12 semester or 18 quarter units of coursework specified in subdivision (b), the doctor's or master's degree program shall contain not less than six semester units or nine quarter units of supervised practicum in applied psychotherapeutic technique, assessments, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion,

and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(3) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(d) As an alternative to meeting the qualifications specified in subdivision (b), the board shall accept as equivalent degrees those master's or doctor's degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(e) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program that meets the educational qualifications for licensure or registration under this section shall do all of the following:

(1) Provide an integrated course of study that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.

(2) Prepare students to be familiar with the broad range of matters that may arise within marriage and family relationships.

(3) Train students specifically in the application of marriage and family relationship counseling principles and methods.

(4) Encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(5) Teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.

(6) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(7) Prepare students to be familiar with cross-cultural mores and values, including a familiarity with the wide range of racial and ethnic backgrounds common among California's population, including, but not limited to, Blacks, Hispanics, Asians, and Native Americans.

(f) Educational institutions are encouraged to design the practicum required by this section to include marriage and family therapy experience in low income and multicultural mental health settings.

SEC. 30. Section 4980.39 of the Business and Professions Code is amended to read:

4980.39. (a) An applicant for licensure whose education qualifies him or her under Section 4980.37 shall complete, as a condition of licensure, a minimum of 10 contact hours of coursework in aging and long-term care, which may include, but is not limited to, the biological, social, and psychological aspects of aging. On and after January 1, 2012, this

coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(b) Coursework taken in fulfillment of other educational requirements for licensure pursuant to this chapter, or in a separate course of study, may, at the discretion of the board, fulfill the requirements of this section.

(c) In order to satisfy the coursework requirement of this section, the applicant shall submit to the board a certification from the chief academic officer of the educational institution from which the applicant graduated stating that the coursework required by this section is included within the institution's required curriculum for graduation, or within the coursework, that was completed by the applicant.

(d) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.

SEC. 31. Section 4980.41 of the Business and Professions Code is amended to read:

4980.41. (a) An applicant for licensure whose education qualifies him or her under Section 4980.37 shall complete the following coursework or training in order to be eligible to sit for the licensing examinations as specified in subdivision (d) of Section 4980.40:

(1) A two semester or three quarter unit course in California law and professional ethics for marriage and family therapists, which shall include, but not be limited to, the following areas of study:

(A) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.

(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.

(C) The current legal patterns and trends in the mental health profession.

(D) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(E) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

This course may be considered as part of the 48 semester or 72 quarter unit requirements contained in Section 4980.37.

(2) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(3) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.37.

(4) For persons who began graduate study on or after January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical substance dependency as

specified by regulation. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.37. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

(5) For persons who began graduate study during the period commencing on January 1, 1995, and ending on December 31, 2003, a master's or doctor's degree qualifying for licensure shall include coursework in spousal or partner abuse assessment, detection, and intervention. For persons who began graduate study on or after January 1, 2004, a master's or doctor's degree qualifying for licensure shall include a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

(6) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychological testing. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.37.

(7) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychopharmacology. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.37.

(b) The requirements added by paragraphs (6) and (7) of subdivision (a) are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice and are not intended in any way to expand or restrict the scope of practice for licensed marriage and family therapists.

SEC. 32. Section 4980.72 of the Business and Professions Code is amended to read:

4980.72. (a) This section applies to a person who is licensed outside of California and applies for licensure on or after January 1, 2016.

(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or country, if all of the following conditions are satisfied:

(1) The applicant's education is substantially equivalent, as defined in Section 4980.79. The applicant's degree title need not be identical to that required by Section 4980.36 or 4980.37.

(2) The applicant complies with Section 4980.76, if applicable.

(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license described above. If the applicant has less than 3,000 hours of qualifying supervised experience, time actively licensed as a marriage and family therapist shall be accepted at a rate of 100 hours per month, up to a maximum of 1,200 hours, if the applicant's degree meets the practicum requirement described in subparagraph (C) of paragraph (1) of subdivision (b) of Section 4980.79 without exemptions or remediation.

(4) The applicant passes the California law and ethics examination.

(5) The applicant passes a clinical examination designated by the board. An applicant who obtained his or her license or registration under another jurisdiction may qualify for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the clinical licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is active, in good standing at the time of his or her application, and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

SEC. 32.5. Section 4980.72 of the Business and Professions Code is amended to read:

4980.72. (a) This section applies to a person who is licensed outside of California and applies for licensure on or after January 1, 2016.

(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or country, if all of the following conditions are satisfied:

(1) The applicant's education is substantially equivalent, as defined in Section 4980.79. The applicant's degree title need not be identical to that required by Section 4980.36 or 4980.37.

(2) The applicant complies with Section 4980.76, if applicable.

(3) (A) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter.

(B) For persons who have held their license for less than four years immediately preceding the date of application, the board shall determine substantial equivalency by considering hours of experience obtained outside

of California during the six-year period immediately preceding the date the applicant initially obtained the license described above. If the applicant has less than 3,000 hours of qualifying supervised experience, time actively licensed in the equivalent profession shall be accepted at a rate of 100 hours per month, up to a maximum of 1,200 hours, if the applicant's degree meets the practicum requirement described in subparagraph (C) of paragraph (1) of subdivision (b) of Section 4980.79 without exemptions or remediation.

(4) The applicant passes the California law and ethics examination.

(5) The applicant passes a clinical examination designated by the board.

An applicant who obtained his or her license or registration under another jurisdiction may qualify for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the clinical licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is active, in good standing at the time of his or her application, and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

SEC. 33. Section 4980.78 of the Business and Professions Code is amended to read:

4980.78. (a) This section applies to persons who apply for licensure or registration on or after January 1, 2016, and who do not hold a license as described in Section 4980.72.

(b) For purposes of Section 4980.74, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from a school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education and consists of, at a minimum, the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4980.36, the degree shall contain no less than 60 semester units or 90 quarter units of instruction.

(ii) Up to 12 semester units or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an intern.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4980.37, the degree shall contain no less than 48 semester units or 72 quarter units of instruction.

(C) Six semester units or nine quarter units of supervised practicum, including, but not limited to, a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups, and an additional 75 hours of either face-to-face experience counseling individuals, couples, families, or groups or client centered advocacy, or a combination of face-to-face experience counseling individuals, couples, families, or groups and client centered advocacy.

(D) Twelve semester units or 18 quarter units in the areas of marriage, family, and child counseling and marital and family systems approaches to

treatment, as specified in subparagraph (A) of paragraph (1) of subdivision (d) of Section 4980.36.

(2) The applicant shall complete coursework in California law and ethics as follows:

(A) An applicant who completed a course in law and professional ethics for marriage and family therapists as specified in paragraph (8) of subdivision (a) of Section 4980.81, that did not contain instruction in California law and ethics, shall complete an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and licensing process. This coursework shall be completed prior to registration as an intern.

(B) An applicant who has not completed a course in law and professional ethics for marriage and family therapists as specified in paragraph (8) of subdivision (a) of Section 4980.81 shall complete this required coursework. The coursework shall contain content specific to California law and ethics. This coursework shall be completed prior to registration as an intern.

(3) The applicant completes the educational requirements specified in Section 4980.81 not already completed in his or her education. The coursework may be from an accredited school, college, or university as specified in paragraph (1), from an educational institution approved by the Bureau for Private Postsecondary Education, or from a continuing education provider that is acceptable to the board as defined in Section 4980.54. Undergraduate courses shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited school, college, or university as specified in paragraph (1) from an educational institution approved by the Bureau for Private Postsecondary Education, or from a continuing education provider that is acceptable to the board as defined in Section 4980.54. Undergraduate courses shall not satisfy this requirement.

(A) At least three semester units, or 45 hours, of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(B) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required under paragraphs (3) and (4) not already completed in his or her education while registered as an intern, unless otherwise specified.

(6) The applicant's degree title need not be identical to that required by subdivision (b) of Section 4980.36.

SEC. 33.5. Section 4980.78 of the Business and Professions Code is amended to read:

4980.78. (a) This section applies to persons who apply for licensure or registration and who do not hold a license as described in Section 4980.72.

(b) For purposes of Section 4980.74, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from a school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education and consists of, at a minimum, the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4980.36, the degree shall contain no less than 60 semester units or 90 quarter units of instruction.

(ii) Up to 12 semester units or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an associate.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4980.37, the degree shall contain no less than 48 semester units or 72 quarter units of instruction.

(C) Six semester units or nine quarter units of supervised practicum, including, but not limited to, a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups, and an additional 75 hours of either face-to-face experience counseling individuals, couples, families, or groups or client centered advocacy, or a combination of face-to-face experience counseling individuals, couples, families, or groups and client centered advocacy.

(D) Twelve semester units or 18 quarter units in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment, as specified in subparagraph (A) of paragraph (1) of subdivision (d) of Section 4980.36.

(2) The applicant shall complete coursework in California law and ethics as follows:

(A) An applicant who completed a course in law and professional ethics for marriage and family therapists as specified in paragraph (8) of subdivision (a) of Section 4980.81, that did not contain instruction in California law and ethics, shall complete an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement,

civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and licensing process. This coursework shall be completed prior to registration as an associate.

(B) An applicant who has not completed a course in law and professional ethics for marriage and family therapists as specified in paragraph (8) of subdivision (a) of Section 4980.81 shall complete this required coursework. The coursework shall contain content specific to California law and ethics. This coursework shall be completed prior to registration as an associate.

(3) The applicant completes the educational requirements specified in Section 4980.81 not already completed in his or her education. The coursework may be from an accredited school, college, or university as specified in paragraph (1), from an educational institution approved by the Bureau for Private Postsecondary Education, or from a continuing education provider that is acceptable to the board as defined in Section 4980.54. Undergraduate courses shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited school, college, or university as specified in paragraph (1) from an educational institution approved by the Bureau for Private Postsecondary Education, or from a continuing education provider that is acceptable to the board as defined in Section 4980.54. Undergraduate courses shall not satisfy this requirement.

(A) At least three semester units, or 45 hours, of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(B) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required under paragraphs (3) and (4) not already completed in his or her education while registered as an associate, unless otherwise specified.

(6) The applicant's degree title need not be identical to that required by subdivision (b) of Section 4980.36.

SEC. 34. Section 4980.79 of the Business and Professions Code is amended to read:

4980.79. (a) This section applies to persons who apply for licensure or registration on or after January 1, 2016, and who hold a license as described in Section 4980.72.

(b) For purposes of Section 4980.72, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from a school, college, or university accredited by a regional or national institutional accrediting agency recognized by the

United States Department of Education and consists of, at a minimum, the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4980.36, the degree shall contain no less than 60 semester units or 90 quarter units of instruction.

(ii) Up to 12 semester units or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an intern.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4980.37, the degree shall contain no less than 48 semester units or 72 quarter units of instruction.

(C) Six semester units or nine quarter units of supervised practicum, including, but not limited to, a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups, and an additional 75 hours of either face-to-face experience counseling individuals, couples, families, or groups or client centered advocacy, or a combination of face-to-face experience counseling individuals, couples, families, or groups and client centered advocacy.

(i) An out-of-state applicant who has been licensed for at least two years in clinical practice, as verified by the board, is exempt from this requirement.

(ii) An out-of-state applicant who has been licensed for less than two years in clinical practice, as verified by the board, who does not meet the supervised practicum requirement, shall remediate it by obtaining 150 hours of face-to-face experience counseling individuals, couples, families, or groups, and an additional 75 hours of either face-to-face experience counseling individuals, couples, families, or groups or client centered advocacy, or a combination of face-to-face experience counseling individuals, couples, families, or groups and client centered advocacy. These hours are in addition to the 3,000 hours of experience required by this chapter, and shall be gained while registered as an intern.

(D) Twelve semester units or 18 quarter units in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment, as specified in subparagraph (A) of paragraph (1) of subdivision (d) of Section 4980.36.

(2) An applicant shall complete coursework in California law and ethics as follows:

(A) An applicant who completed a course in law and professional ethics for marriage and family therapists as specified in paragraph (8) of subdivision (a) of Section 4980.81 that did not include instruction in California law and ethics, shall complete an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics

complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and licensing process. This coursework shall be completed prior to registration as an intern.

(B) An applicant who has not completed a course in law and professional ethics for marriage and family therapists as specified in paragraph (8) of subdivision (a) of Section 4980.81 shall complete this required coursework. The coursework shall include content specific to California law and ethics. An applicant shall complete this coursework prior to registration as an intern.

(3) The applicant completes the educational requirements specified in Section 4980.81 not already completed in his or her education. The coursework may be from an accredited school, college, or university as specified in paragraph (1), from an educational institution approved by the Bureau for Private Postsecondary Education, or from a continuing education provider that is acceptable to the board as defined in Section 4980.54. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited school, college, or university as specified in paragraph (1) above, from an educational institution approved by the Bureau for Private Postsecondary Education, or from a continuing education provider that is acceptable to the board as defined in Section 4980.54. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units, or 45 hours, of instruction pertaining to the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(B) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant's degree title need not be identical to that required by subdivision (b) of Section 4980.36.

(6) An applicant may complete any units and course content requirements required under paragraphs (3) and (4) not already completed in his or her education while registered as an intern, unless otherwise specified.

SEC. 34.5. Section 4980.79 of the Business and Professions Code is amended to read:

4980.79. (a) This section applies to persons who hold a license as described in Section 4980.72.

(b) For purposes of Section 4980.72, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from a school, college, or university accredited by a regional or national institutional accrediting agency recognized by the

United States Department of Education and consists of, at a minimum, the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4980.36, the degree shall contain no less than 60 semester units or 90 quarter units of instruction.

(ii) Up to 12 semester units or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an associate.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4980.37, the degree shall contain no less than 48 semester units or 72 quarter units of instruction.

(C) Six semester units or nine quarter units of supervised practicum, including, but not limited to, a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups, and an additional 75 hours of either face-to-face experience counseling individuals, couples, families, or groups or client centered advocacy, or a combination of face-to-face experience counseling individuals, couples, families, or groups and client centered advocacy.

(i) An out-of-state applicant who has been licensed for at least two years in clinical practice, as verified by the board, is exempt from this requirement.

(ii) An out-of-state applicant who has been licensed for less than two years in clinical practice, as verified by the board, who does not meet the supervised practicum requirement, shall remediate it by obtaining 150 hours of face-to-face experience counseling individuals, couples, families, or groups, and an additional 75 hours of either face-to-face experience counseling individuals, couples, families, or groups or client centered advocacy, or a combination of face-to-face experience counseling individuals, couples, families, or groups and client centered advocacy. These hours are in addition to the 3,000 hours of experience required by this chapter, and shall be gained while registered as an associate.

(D) Twelve semester units or 18 quarter units in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment, as specified in subparagraph (A) of paragraph (1) of subdivision (d) of Section 4980.36.

(2) An applicant shall complete coursework in California law and ethics as follows:

(A) An applicant who completed a course in law and professional ethics for marriage and family therapists as specified in paragraph (8) of subdivision (a) of Section 4980.81 that did not include instruction in California law and ethics, shall complete an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics

complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and licensing process. This coursework shall be completed prior to registration as an associate.

(B) An applicant who has not completed a course in law and professional ethics for marriage and family therapists as specified in paragraph (8) of subdivision (a) of Section 4980.81 shall complete this required coursework. The coursework shall include content specific to California law and ethics. An applicant shall complete this coursework prior to registration as an associate.

(3) The applicant completes the educational requirements specified in Section 4980.81 not already completed in his or her education. The coursework may be from an accredited school, college, or university as specified in paragraph (1), from an educational institution approved by the Bureau for Private Postsecondary Education, or from a continuing education provider that is acceptable to the board as defined in Section 4980.54. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited school, college, or university as specified in paragraph (1) above, from an educational institution approved by the Bureau for Private Postsecondary Education, or from a continuing education provider that is acceptable to the board as defined in Section 4980.54. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units, or 45 hours, of instruction pertaining to the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(B) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant's degree title need not be identical to that required by subdivision (b) of Section 4980.36.

(6) An applicant may complete any units and course content requirements required under paragraphs (3) and (4) not already completed in his or her education while registered as an associate, unless otherwise specified.

SEC. 35. Section 4990.30 of the Business and Professions Code is amended to read:

4990.30. (a) A licensed marriage and family therapist, associate marriage and family therapist, licensed clinical social worker, associate clinical social worker, licensed professional clinical counselor, associate professional clinical counselor, or licensed educational psychologist whose license or registration has been revoked, suspended, or placed on probation, may petition the board for reinstatement or modification of the penalty, including

modification or termination of probation. The petition shall be on a form provided by the board and shall state any facts and information as may be required by the board including, but not limited to, proof of compliance with the terms and conditions of the underlying disciplinary order. The petition shall be verified by the petitioner who shall file an original and sufficient copies of the petition, together with any supporting documents, for the members of the board, the administrative law judge, and the Attorney General.

(b) The licensee or registrant may file the petition on or after the expiration of the following timeframes, each of which commences on the effective date of the decision ordering the disciplinary action or, if the order of the board, or any portion of it, is stayed by the board itself or by the superior court, from the date the disciplinary action is actually implemented in its entirety:

(1) Three years for reinstatement of a license or registration that was revoked for unprofessional conduct, except that the board may, in its sole discretion, specify in its revocation order that a petition for reinstatement may be filed after two years.

(2) Two years for early termination of any probation period of three years or more.

(3) One year for modification of a condition, reinstatement of a license or registration revoked for mental or physical illness, or termination of probation of less than three years.

(c) The petition may be heard by the board itself or the board may assign the petition to an administrative law judge pursuant to Section 11512 of the Government Code.

(d) The petitioner may request that the board schedule the hearing on the petition for a board meeting at a specific city where the board regularly meets.

(e) The petitioner and the Attorney General shall be given timely notice by letter of the time and place of the hearing on the petition and an opportunity to present both oral and documentary evidence and argument to the board or the administrative law judge.

(f) The petitioner shall at all times have the burden of production and proof to establish by clear and convincing evidence that he or she is entitled to the relief sought in the petition.

(g) The board, when it is hearing the petition itself, or an administrative law judge sitting for the board, may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time his or her license or registration was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability.

(h) The hearing may be continued from time to time as the board or the administrative law judge deems appropriate but in no case may the hearing on the petition be delayed more than 180 days from its filing without the consent of the petitioner.

(i) The board itself, or the administrative law judge if one is designated by the board, shall hear the petition and shall prepare a written decision setting forth the reasons supporting the decision. In a decision granting a petition reinstating a license or modifying a penalty, the board itself, or the administrative law judge, may impose any terms and conditions that the agency deems reasonably appropriate, including those set forth in Sections 823 and 4990.40. If a petition is heard by an administrative law judge sitting alone, the administrative law judge shall prepare a proposed decision and submit it to the board. The board may take action with respect to the proposed decision and petition as it deems appropriate.

(j) The petitioner shall pay a fingerprinting fee and provide a current set of his or her fingerprints to the board. The petitioner shall execute a form authorizing release to the board or its designee, of all information concerning the petitioner's current physical and mental condition. Information provided to the board pursuant to the release shall be confidential and shall not be subject to discovery or subpoena in any other proceeding, and shall not be admissible in any action, other than before the board, to determine the petitioner's fitness to practice as required by Section 822.

(k) The board may delegate to its executive officer authority to order investigation of the contents of the petition.

(l) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole or the petitioner is required to register pursuant to Section 290 of the Penal Code. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner.

(m) Except in those cases where the petitioner has been disciplined for violation of Section 822, the board may in its discretion deny without hearing or argument any petition that is filed pursuant to this section within a period of two years from the effective date of a prior decision following a hearing under this section.

SEC. 36. Section 4992 of the Business and Professions Code is amended to read:

4992. (a) Every applicant for a license under this chapter shall file an application with the board accompanied by the application fee prescribed by this chapter. Every application shall also be accompanied by the applicable examination fee prescribed by this chapter.

(b) The application shall contain information showing that the applicant has all the qualifications required by the board for admission to an examination.

SEC. 37. Section 4996.17 of the Business and Professions Code is amended to read:

4996.17. (a) (1) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially the equivalent of the requirements of this chapter.

(2) Commencing January 1, 2014, an applicant with education gained outside of California shall complete an 18-hour course in California law

and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(b) The board may issue a license to any person who, at the time of application, holds a valid clinical social work license issued by a board of clinical social work examiners or corresponding authority of any state, if the person passes, or has passed, the licensing examinations as specified in Section 4996.1 and pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) The applicant has supervised experience that is substantially the equivalent of that required by this chapter. If the applicant has less than 3,200 hours of qualifying supervised experience, time actively licensed as a clinical social worker shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours.

(2) Completion of the following coursework or training in or out of this state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(3) Commencing January 1, 2014, completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(4) The applicant's license is in good standing and is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant shall provide a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(c) The board may issue a license to any person who, at the time of application, holds a valid clinical social work license issued by a board of clinical social work examiners or a corresponding authority of any state, if the person has held that license for at least four years immediately preceding the date of application, the person passes, or has passed, the licensing examinations as specified in Section 4996.1, and the person pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) Completion of the following coursework or training in or out of state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(2) Commencing January 1, 2014, completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(3) The applicant has been licensed as a clinical social worker continuously for a minimum of four years prior to the date of application.

(4) The applicant's license is in good standing and is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant provides a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(d) An applicant who obtained his or her license or registration under another jurisdiction may qualify for licensure with the board without taking the clinical examination specified in Section 4996.1 if both of the following conditions are met:

(1) The applicant obtained a passing score on the clinical licensing examination set forth in regulation as accepted by the board.

(2) The applicant's license or registration in that jurisdiction is active, in good standing at the time of his or her application, and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

SEC. 37.1. Section 4996.17 of the Business and Professions Code is amended to read:

4996.17. (a) (1) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially the equivalent of the requirements of this chapter.

(2) An applicant with education gained outside of California shall complete an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(b) The board may issue a license to any person who, at the time of application, holds a valid clinical social work license issued by a board of

clinical social work examiners or corresponding authority of any state, if the person passes, or has passed, the licensing examinations as specified in Section 4996.1 and pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) The applicant has supervised experience that is substantially the equivalent of that required by this chapter. If the applicant has less than 3,000 hours of qualifying supervised experience, time actively licensed as a clinical social worker shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours.

(2) Completion of the following coursework or training in or out of this state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(3) Completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(4) The applicant's license is in good standing and is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant shall provide a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(c) The board may issue a license to any person who, at the time of application, holds a valid clinical social work license issued by a board of clinical social work examiners or a corresponding authority of any state, if the person has held that license for at least four years immediately preceding the date of application, the person passes, or has passed, the licensing examinations as specified in Section 4996.1, and the person pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) Completion of the following coursework or training in or out of state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(2) Completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(3) The applicant has been licensed as a clinical social worker continuously for a minimum of four years prior to the date of application.

(4) The applicant's license is in good standing and is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the

board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant provides a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(d) An applicant who obtained his or her license or registration under another jurisdiction may qualify for licensure with the board without taking the clinical examination specified in Section 4996.1 if both of the following conditions are met:

(1) The applicant obtained a passing score on the clinical licensing examination set forth in regulation as accepted by the board.

(2) The applicant's license or registration in that jurisdiction is active, in good standing at the time of his or her application, and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

SEC. 37.2. Section 4996.17 of the Business and Professions Code is amended to read:

4996.17. (a) (1) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially the equivalent of the requirements of this chapter.

(2) Commencing January 1, 2014, an applicant with education gained outside of California shall complete an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process. This coursework shall be completed before registration as an associate.

(b) The board may issue a license to any person who, at the time of application, holds a valid clinical social work license issued by a board of clinical social work examiners or corresponding authority of any state, if the person passes, or has passed, the licensing examinations as specified in Section 4996.1 and pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) The applicant has supervised experience that is substantially the equivalent of that required by this chapter. If the applicant has less than 3,200 hours of qualifying supervised experience, time actively licensed as a clinical social worker shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours.

(2) Completion of the following coursework or training in or out of this state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(3) Commencing January 1, 2014, completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process. This coursework shall be completed before registration as an associate.

(4) The applicant's license is in good standing and is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant shall provide a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(c) The board may issue a license to any person who, at the time of application, holds a valid clinical social work license issued by a board of clinical social work examiners or a corresponding authority of any state, if the person has held that license for at least four years immediately preceding the date of application, the person passes, or has passed, the licensing

examinations as specified in Section 4996.1, and the person pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) Completion of the following coursework or training in or out of state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(2) Commencing January 1, 2014, completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process. This coursework shall be completed before registration as an associate.

(3) The applicant has been licensed as a clinical social worker continuously for a minimum of four years prior to the date of application.

(4) The applicant's license is in good standing and is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant provides a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(d) An applicant who obtained his or her license or registration under another jurisdiction may qualify for licensure with the board without taking

the clinical examination specified in Section 4996.1 if both of the following conditions are met:

(1) The applicant obtained a passing score on the clinical licensing examination set forth in regulation as accepted by the board.

(2) The applicant's license or registration in that jurisdiction is active, in good standing at the time of his or her application, and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

SEC. 37.3. Section 4996.17 of the Business and Professions Code is amended to read:

4996.17. (a) (1) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially the equivalent of the requirements of this chapter.

(2) An applicant with education gained outside of California shall complete an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process. This coursework shall be completed before registration as an associate.

(b) The board may issue a license to any person who, at the time of application, holds a valid clinical social work license issued by a board of clinical social work examiners or corresponding authority of any state, if the person passes, or has passed, the licensing examinations as specified in Section 4996.1 and pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) The applicant has supervised experience that is substantially the equivalent of that required by this chapter. If the applicant has less than 3,000 hours of qualifying supervised experience, time actively licensed as a clinical social worker shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours.

(2) Completion of the following coursework or training in or out of this state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(3) Completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process. This coursework shall be completed before registration as an associate.

(4) The applicant's license is in good standing and is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant shall provide a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(c) The board may issue a license to any person who, at the time of application, holds a valid clinical social work license issued by a board of clinical social work examiners or a corresponding authority of any state, if the person has held that license for at least four years immediately preceding the date of application, the person passes, or has passed, the licensing examinations as specified in Section 4996.1, and the person pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) Completion of the following coursework or training in or out of state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(2) Completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process. This coursework shall be completed before registration as an associate.

(3) The applicant has been licensed as a clinical social worker continuously for a minimum of four years prior to the date of application.

(4) The applicant's license is in good standing and is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant provides a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(d) An applicant who obtained his or her license or registration under another jurisdiction may qualify for licensure with the board without taking the clinical examination specified in Section 4996.1 if both of the following conditions are met:

(1) The applicant obtained a passing score on the clinical licensing examination set forth in regulation as accepted by the board.

(2) The applicant's license or registration in that jurisdiction is active, in good standing at the time of his or her application, and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

SEC. 38. Section 4999.14 of the Business and Professions Code is amended to read:

4999.14. The board shall do all of the following:

(a) Communicate information about its activities, the requirements and qualifications for licensure, and the practice of professional clinical counseling to the relevant educational institutions, supervisors, professional associations, applicants, clinical counselor trainees, associates, and the public.

(b) Develop policies and procedures to assist educational institutions in meeting the educational qualifications of Sections 4999.32 and 4999.33.

SEC. 39. Section 4999.22 of the Business and Professions Code is amended to read:

4999.22. (a) Nothing in this chapter shall prevent qualified persons from doing work of a psychosocial nature consistent with the standards and ethics of their respective professions. However, these qualified persons shall not hold themselves out to the public by any title or description of services incorporating the words "licensed professional clinical counselor" and shall not state that they are licensed to practice professional clinical counseling, unless they are otherwise licensed to provide professional clinical counseling services.

(b) Nothing in this chapter shall be construed to constrict, limit, or withdraw provisions of the Medical Practice Act, the Clinical Social Worker Practice Act, the Nursing Practice Act, the Psychology Licensing Law, or the Licensed Marriage and Family Therapist Act.

(c) This chapter shall not apply to any priest, rabbi, or minister of the gospel of any religious denomination who performs counseling services as part of his or her pastoral or professional duties, or to any person who is admitted to practice law in this state, or who is licensed to practice medicine, who provides counseling services as part of his or her professional practice.

(d) This chapter shall not apply to an employee of a governmental entity or a school, college, or university, or of an institution both nonprofit and charitable, if his or her practice is performed solely under the supervision of the entity, school, college, university, or institution by which he or she is employed, and if he or she performs those functions as part of the position for which he or she is employed.

(e) All persons registered as associates or licensed under this chapter shall not be exempt from this chapter or the jurisdiction of the board.

SEC. 40. Section 4999.32 of the Business and Professions Code is amended to read:

4999.32. (a) This section shall apply to applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018. Those applicants may alternatively qualify under paragraph (2) of subdivision (a) of Section 4999.33.

(b) To qualify for licensure or registration, applicants shall possess a master's or doctoral degree that is counseling or psychotherapy in content and that meets the requirements of this section, obtained from an accredited or approved institution, as defined in Section 4999.12. For purposes of this subdivision, a degree is "counseling or psychotherapy in content" if it contains the supervised practicum or field study experience described in paragraph (3) of subdivision (c) and, except as provided in subdivision (d), the coursework in the core content areas listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c).

(c) The degree described in subdivision (b) shall contain not less than 48 graduate semester units or 72 graduate quarter units of instruction, which shall, except as provided in subdivision (d), include all of the following:

(1) The equivalent of at least three semester units or four and one-half quarter units of graduate study in each of the following core content areas:

(A) Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

(B) Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

(C) Career development theories and techniques, including career development decisionmaking models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

(D) Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

(E) Assessment, appraisal, and testing of individuals, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.

(F) Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

(G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

(H) Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

(I) Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

(2) In addition to the course requirements described in paragraph (1), a minimum of 12 semester units or 18 quarter units of advanced coursework to develop knowledge of specific treatment issues, special populations, application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience that involves direct client contact in a clinical setting that provides a range of professional clinical counseling experience, including the following:

- (A) Applied psychotherapeutic techniques.
- (B) Assessment.
- (C) Diagnosis.
- (D) Prognosis.
- (E) Treatment.
- (F) Issues of development, adjustment, and maladjustment.
- (G) Health and wellness promotion.
- (H) Other recognized counseling interventions.

(I) A minimum of 150 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) (1) (A) An applicant whose degree is deficient in no more than two of the required areas of study listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing postmaster's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(B) Notwithstanding subparagraph (A), no applicant shall be deficient in the required areas of study specified in subparagraph (E) or (G) of paragraph (1) of subdivision (c).

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four and one-half quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

(e) In addition to the degree described in this section, or as part of that degree, an applicant shall complete the following coursework or training prior to registration as an associate:

(1) A minimum of 15 contact hours of instruction in alcoholism and other chemical substance abuse dependency, as specified by regulation.

(2) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(3) A two semester unit or three quarter unit survey course in psychopharmacology.

(4) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics.

(5) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations adopted thereunder.

(6) A minimum of 18 contact hours of instruction in California law and professional ethics for professional clinical counselors that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to clients, and state and federal laws related to confidentiality of patient health information. When coursework in a master's or doctoral degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester unit or 72 quarter unit requirement in subdivision (c).

(7) A minimum of 10 contact hours of instruction in aging and long-term care, which may include, but is not limited to, the biological, social, and psychological aspects of aging. On and after January 1, 2012, this coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(8) A minimum of 15 contact hours of instruction in crisis or trauma counseling, including multidisciplinary responses to crises, emergencies, or disasters, and brief, intermediate, and long-term approaches.

SEC. 40.5. Section 4999.32 of the Business and Professions Code is amended to read:

4999.32. (a) This section shall apply to applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018. Those applicants may alternatively qualify under paragraph (2) of subdivision (a) of Section 4999.33.

(b) To qualify for licensure or registration, applicants shall possess a master's or doctoral degree that is counseling or psychotherapy in content and that meets the requirements of this section, obtained from an accredited or approved institution, as defined in Section 4999.12. For purposes of this subdivision, a degree is "counseling or psychotherapy in content" if it contains the supervised practicum or field study experience described in paragraph (3) of subdivision (c) and, except as provided in subdivision (d), the coursework in the core content areas listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c).

(c) The degree described in subdivision (b) shall contain not less than 48 graduate semester units or 72 graduate quarter units of instruction, which shall, except as provided in subdivision (d), include all of the following:

(1) The equivalent of at least three semester units or four quarter units of graduate study in each of the following core content areas:

(A) Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

(B) Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

(C) Career development theories and techniques, including career development decisionmaking models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

(D) Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

(E) Assessment, appraisal, and testing of individuals, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.

(F) Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

(G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

(H) Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

(I) Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

(2) In addition to the course requirements described in paragraph (1), a minimum of 12 semester units or 18 quarter units of advanced coursework to develop knowledge of specific treatment issues, special populations, application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience that involves direct client contact in a clinical setting that provides a range of professional clinical counseling experience, including the following:

(A) Applied psychotherapeutic techniques.

(B) Assessment.

(C) Diagnosis.

(D) Prognosis.

(E) Treatment.

(F) Issues of development, adjustment, and maladjustment.

(G) Health and wellness promotion.

(H) Other recognized counseling interventions.

(I) A minimum of 150 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) (1) (A) An applicant whose degree is deficient in no more than two of the required areas of study listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing postmaster's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(B) Notwithstanding subparagraph (A), an applicant shall not be deficient in the required areas of study specified in subparagraph (E) or (G) of paragraph (1) of subdivision (c) unless the applicant meets one of the following criteria and remediates the deficiency:

(i) The application for licensure was received by the board on or before August 31, 2020.

(ii) The application for registration was received by the board on or before August 31, 2020, and the registration was subsequently issued by the board.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (I), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

(e) In addition to the degree described in this section, or as part of that degree, an applicant shall complete the following coursework or training prior to registration as an associate:

(1) A minimum of 15 contact hours of instruction in alcoholism and other chemical substance abuse dependency, as specified by regulation.

(2) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(3) A two semester unit or three quarter unit survey course in psychopharmacology.

(4) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics.

(5) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations adopted thereunder.

(6) A minimum of 18 contact hours of instruction in California law and professional ethics for professional clinical counselors that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to clients, and state and federal laws related to confidentiality of patient health information. When coursework in a master's or doctoral degree program is

acquired to satisfy this requirement, it shall be considered as part of the 48 semester unit or 72 quarter unit requirement in subdivision (c).

(7) A minimum of 10 contact hours of instruction in aging and long-term care, which may include, but is not limited to, the biological, social, and psychological aspects of aging. On and after January 1, 2012, this coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(8) A minimum of 15 contact hours of instruction in crisis or trauma counseling, including multidisciplinary responses to crises, emergencies, or disasters, and brief, intermediate, and long-term approaches.

SEC. 41. Section 4999.48 of the Business and Professions Code is amended to read:

4999.48. The board shall adopt regulations regarding the supervision of associates that may include, but not be limited to, the following:

- (a) Supervisor qualifications.
- (b) Continuing education requirements of supervisors.
- (c) Registration or licensing of supervisors, or both.
- (d) General responsibilities of supervisors.
- (e) The board's authority in cases of noncompliance or gross or repeated negligence by supervisors.

SEC. 42. Section 4999.60 of the Business and Professions Code is amended to read:

4999.60. (a) This section applies to persons who are licensed outside of California and apply for licensure on or after January 1, 2016.

(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing as a professional clinical counselor, or other counseling license that allows the applicant to independently provide clinical mental health services, in another jurisdiction of the United States, if all of the following conditions are satisfied:

(1) The applicant's education is substantially equivalent, as defined in Section 4999.63.

(2) The applicant complies with subdivision (c) of Section 4999.40, if applicable.

(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license described above. If the applicant has less than 3,000 hours of qualifying supervised experience, time actively licensed as a professional clinical counselor shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours if the applicant's degree meets the practicum requirement described in subparagraph (C) of paragraph (1) of subdivision (b) of Section 4999.63 without exemptions or remediation.

(4) The applicant passes the examinations required to obtain a license under this chapter. An applicant who obtained his or her license or registration under another jurisdiction may qualify for licensure with the

board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the clinical licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is active, in good standing at the time of his or her application, and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

SEC. 42.5. Section 4999.60 of the Business and Professions Code is amended to read:

4999.60. (a) This section applies to persons who are licensed outside of California and apply for licensure on or after January 1, 2016.

(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing as a professional clinical counselor, or other counseling license that allows the applicant to independently provide clinical mental health services, in another jurisdiction of the United States, if all of the following conditions are satisfied:

(1) The applicant's education is substantially equivalent, as defined in Section 4999.63.

(2) The applicant complies with subdivision (c) of Section 4999.40, if applicable.

(3) (A) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter.

(B) For persons who have held their license for less than four years immediately preceding the date of application, the board shall determine substantial equivalency by considering hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license described above. If the applicant has less than 3,000 hours of qualifying supervised experience, time actively licensed in the equivalent profession shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours if the applicant's degree meets the practicum requirement described in subparagraph (C) of paragraph (1) of subdivision (b) of Section 4999.63 without exemptions or remediation.

(4) The applicant passes the examinations required to obtain a license under this chapter. An applicant who obtained his or her license or registration under another jurisdiction may qualify for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the clinical licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is active, in good standing at the time of his or her application, and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

SEC. 43. Section 4999.62 of the Business and Professions Code is amended to read:

4999.62. (a) This section applies to persons who apply for licensure or registration on or after January 1, 2016, and who do not hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.61, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of, at a minimum, the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester units or 90 graduate quarter units of instruction.

(ii) Up to 12 semester units or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an associate.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain no less than 48 graduate semester units or 72 graduate quarter units of instruction.

(C) Six semester units or nine quarter units of supervised practicum or field study experience, including, but not limited to, a minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(D) The required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) (I) An applicant whose degree is deficient in no more than six of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33 may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet any deficiencies shall be the equivalent of three semester units or four and one-half quarter units of study.

(II) Notwithstanding subclause (I), no applicant shall be deficient in the required areas of study specified in subparagraph (E) or (G) of paragraph (1) of subdivision (c) of Section 4999.33.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care,

relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an associate.

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an associate.

(2) The applicant completes any units required by subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) (A) The applicant completes the following coursework not already completed in his or her education:

(i) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(ii) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iii) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(iv) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(B) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units, or 45 hours, of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of

mental health services to enhance understanding of their experiences of mental illness, treatment, and recovery.

(B) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required under paragraph (2), (3), or (4) not already completed in his or her education while registered with the board as an associate.

SEC. 43.1. Section 4999.62 of the Business and Professions Code is amended to read:

4999.62. (a) This section applies to persons who apply for licensure or registration and who do not hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.61, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of, at a minimum, the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester or 90 graduate quarter units of instruction.

(ii) Up to 12 semester or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an associate.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain no less than 48 graduate semester or 72 graduate quarter units of instruction.

(C) Six semester or nine quarter units of supervised practicum or field study experience, including, but not limited to, a minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(D) The required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) (I) An applicant whose degree is deficient in no more than six of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33 may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet any deficiencies shall be the equivalent of three semester units or four and one-half quarter units of study.

(II) Notwithstanding subclause (I), no applicant shall be deficient in the required areas of study specified in subparagraph (E) or (G) of paragraph (1) of subdivision (c) of Section 4999.33.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction

in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an associate.

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an associate.

(2) The applicant completes any units required by subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) (A) The applicant completes the following coursework not already completed in his or her education:

(i) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(ii) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iii) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(iv) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(B) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is described in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing

education provider that is described in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units, or 45 hours, of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experiences of mental illness, treatment, and recovery.

(B) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required under paragraph (2), (3), or (4) not already completed in his or her education while registered with the board as an associate.

SEC. 43.2. Section 4999.62 of the Business and Professions Code is amended to read:

4999.62. (a) This section applies to persons who apply for licensure or registration on or after January 1, 2016, and who do not hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.61, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of, at a minimum, the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester units or 90 graduate quarter units of instruction.

(ii) Up to 12 semester units or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an associate.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain no less than 48 graduate semester units or 72 graduate quarter units of instruction.

(C) Six semester units or nine quarter units of supervised practicum or field study experience, including, but not limited to, a minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(D) The required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) (I) An applicant whose degree is deficient in no more than six of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33 may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet any deficiencies shall be the equivalent of three semester units or four quarter units of study.

(II) Notwithstanding subclause (I), no applicant shall be deficient in the required areas of study specified in subparagraph (E) or (G) of paragraph (1) of subdivision (c) of Section 4999.33.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an associate.

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an associate.

(2) The applicant completes any units required by subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) (A) The applicant completes the following coursework not already completed in his or her education:

(i) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(ii) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iii) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(iv) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and

reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(B) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units, or 45 hours, of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experiences of mental illness, treatment, and recovery.

(B) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required under paragraph (2), (3), or (4) not already completed in his or her education while registered with the board as an associate.

SEC. 43.3. Section 4999.62 of the Business and Professions Code is amended to read:

4999.62. (a) This section applies to persons who apply for licensure or registration and who do not hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.61, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of, at a minimum, the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester or 90 graduate quarter units of instruction.

(ii) Up to 12 semester or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an associate.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain no less than 48 graduate semester or 72 graduate quarter units of instruction.

(C) Six semester or nine quarter units of supervised practicum or field study experience, including, but not limited to, a minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(D) The required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) (I) An applicant whose degree is deficient in no more than six of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33 may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet any deficiencies shall be the equivalent of three semester units or four quarter units of study.

(II) Notwithstanding subclause (I), no applicant shall be deficient in the required areas of study specified in subparagraph (E) or (G) of paragraph (1) of subdivision (c) of Section 4999.33.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an associate.

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an associate.

(2) The applicant completes any units required by subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) (A) The applicant completes the following coursework not already completed in his or her education:

(i) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(ii) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iii) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(iv) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(B) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is described in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is described in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units, or 45 hours, of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experiences of mental illness, treatment, and recovery.

(B) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required under paragraph (2), (3), or (4) not already completed in his or her education while registered with the board as an associate.

SEC. 44. Section 4999.63 of the Business and Professions Code is amended to read:

4999.63. (a) This section applies to persons who apply for licensure or registration on or after January 1, 2016, and who hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.60, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester units or 90 graduate quarter units of instruction.

(ii) Up to 12 semester units or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an associate.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain

no less than 48 graduate semester units or 72 graduate quarter units of instruction.

(C) Six semester units or nine quarter units of supervised practicum or field study experience, including, but not limited to, a minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(i) An applicant who has been licensed for at least two years in clinical practice, as verified by the board, is exempt from this requirement.

(ii) An out-of-state applicant who has been licensed for less than two years in clinical practice, as verified by the board, who does not meet the supervised practicum or field study experience requirement, shall remediate the requirement by demonstrating completion of a total of 280 hours of face-to-face supervised clinical experience, as specified in subparagraph (K) of paragraph (3) of subdivision (c) of Section 4999.33. Any postdegree hours gained to meet this requirement are in addition to the 3,000 hours of experience required by this chapter, and shall be gained while the applicant is registered with the board as an associate.

(D) The required areas of study specified in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) (I) An applicant whose degree is deficient in no more than six of the required areas of study specified in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33 may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet any deficiencies shall be the equivalent of three semester units or four and one-half quarter units of study.

(II) Notwithstanding subclause (I), no applicant shall be deficient in the required areas of study specified in subparagraph (E) or (G) of paragraph (1) of subdivision (c) of Section 4999.33.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an associate.

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this

required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an associate.

(2) The applicant completes any units required under subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) The applicant completes the following coursework not already completed in his or her education:

(A) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(B) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(C) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated under that section.

(D) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(E) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units or 45 hours of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(B) At least one semester unit or 15 hours of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required by subparagraph (D) of paragraph (1) or paragraphs (2), (3), and (4) not already completed in his or her education while registered with the board as an associate, unless otherwise specified.

SEC. 44.1. Section 4999.63 of the Business and Professions Code is amended to read:

4999.63. (a) This section applies to persons who apply for licensure or registration and who hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.60, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester units or 90 graduate quarter units of instruction.

(ii) Up to 12 semester units or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an associate.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain no less than 48 graduate semester units or 72 graduate quarter units of instruction.

(C) Six semester units or nine quarter units of supervised practicum or field study experience, including, but not limited to, a minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(i) An applicant who has been licensed for at least two years in clinical practice, as verified by the board, is exempt from this requirement.

(ii) An out-of-state applicant who has been licensed for less than two years in clinical practice, as verified by the board, who does not meet the supervised practicum or field study experience requirement, shall remediate the requirement by demonstrating completion of a total of 280 hours of face-to-face supervised clinical experience, as specified in subparagraph (K) of paragraph (3) of subdivision (c) of Section 4999.33. Any postdegree hours gained to meet this requirement are in addition to the 3,000 hours of experience required by this chapter, and shall be gained while the applicant is registered with the board as an associate.

(D) The required areas of study specified in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) (I) An applicant whose degree is deficient in no more than six of the required areas of study specified in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33 may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet any deficiencies shall be the equivalent of three semester units or four and one-half quarter units of study.

(II) Notwithstanding subclause (I), no applicant shall be deficient in the required areas of study specified in subparagraph (E) or (G) of paragraph (1) of subdivision (c) of Section 4999.33.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an associate.

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an associate.

(2) The applicant completes any units required under subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) The applicant completes the following coursework not already completed in his or her education:

(A) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(B) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(C) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated under that section.

(D) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and

reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(E) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is described in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is described in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units or 45 hours of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(B) At least one semester unit or 15 hours of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required by subparagraph (D) of paragraph (1) or paragraphs (2), (3), and (4) not already completed in his or her education while registered with the board as an associate, unless otherwise specified.

SEC. 44.2. Section 4999.63 of the Business and Professions Code is amended to read:

4999.63. (a) This section applies to persons who apply for licensure or registration on or after January 1, 2016, and who hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.60, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester units or 90 graduate quarter units of instruction.

(ii) Up to 12 semester units or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an associate.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain no less than 48 graduate semester units or 72 graduate quarter units of instruction.

(C) Six semester units or nine quarter units of supervised practicum or field study experience, including, but not limited to, a minimum of 280

hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(i) An applicant who has been licensed for at least two years in clinical practice, as verified by the board, is exempt from this requirement.

(ii) An out-of-state applicant who has been licensed for less than two years in clinical practice, as verified by the board, who does not meet the supervised practicum or field study experience requirement, shall remediate the requirement by demonstrating completion of a total of 280 hours of face-to-face supervised clinical experience, as specified in subparagraph (K) of paragraph (3) of subdivision (c) of Section 4999.33. Any postdegree hours gained to meet this requirement are in addition to the 3,000 hours of experience required by this chapter, and shall be gained while the applicant is registered with the board as an associate.

(D) The required areas of study specified in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) (I) An applicant whose degree is deficient in no more than six of the required areas of study specified in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33 may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet any deficiencies shall be the equivalent of three semester units or four quarter units of study.

(II) Notwithstanding subclause (I), no applicant shall be deficient in the required areas of study specified in subparagraph (E) or (G) of paragraph (1) of subdivision (c) of Section 4999.33.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an associate.

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an associate.

(2) The applicant completes any units required under subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) The applicant completes the following coursework not already completed in his or her education:

(A) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(B) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(C) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated under that section.

(D) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(E) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is acceptable to the board as defined in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units or 45 hours of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(B) At least one semester unit or 15 hours of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required by subparagraph (D) of paragraph (1) or paragraphs (2), (3), and (4) not already completed in his or her education while registered with the board as an associate, unless otherwise specified.

SEC. 44.3. Section 4999.63 of the Business and Professions Code is amended to read:

4999.63. (a) This section applies to persons who apply for licensure or registration and who hold a license as described in Section 4999.60.

(b) For purposes of Section 4999.60, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from an accredited or approved institution, as defined in Section 4999.12, and consists of the following:

(A) (i) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.33 the degree shall contain no less than 60 graduate semester units or 90 graduate quarter units of instruction.

(ii) Up to 12 semester units or 18 quarter units of instruction may be remediated, if missing from the degree. The remediation may occur while the applicant is registered as an associate.

(B) For an applicant who obtained his or her degree within the timeline prescribed by subdivision (a) of Section 4999.32 the degree shall contain no less than 48 graduate semester units or 72 graduate quarter units of instruction.

(C) Six semester units or nine quarter units of supervised practicum or field study experience, including, but not limited to, a minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(i) An applicant who has been licensed for at least two years in clinical practice, as verified by the board, is exempt from this requirement.

(ii) An out-of-state applicant who has been licensed for less than two years in clinical practice, as verified by the board, who does not meet the supervised practicum or field study experience requirement, shall remediate the requirement by demonstrating completion of a total of 280 hours of face-to-face supervised clinical experience, as specified in subparagraph (K) of paragraph (3) of subdivision (c) of Section 4999.33. Any postdegree hours gained to meet this requirement are in addition to the 3,000 hours of experience required by this chapter, and shall be gained while the applicant is registered with the board as an associate.

(D) The required areas of study specified in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33.

(i) (I) An applicant whose degree is deficient in no more than six of the required areas of study specified in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) of Section 4999.33 may satisfy those deficiencies by successfully completing graduate level coursework at an accredited or approved institution, as defined in Section 4999.12. Coursework taken to meet any deficiencies shall be the equivalent of three semester units or four quarter units of study.

(II) Notwithstanding subclause (I), no applicant shall be deficient in the required areas of study specified in subparagraph (E) or (G) of paragraph (1) of subdivision (c) of Section 4999.33.

(ii) An applicant who completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 that did not contain instruction in California law and ethics shall complete an 18-hour course in California law and professional ethics that includes, but is not limited to, instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, and therapist disclosures to clients. An applicant shall complete this coursework prior to registration as an associate.

(iii) An applicant who has not completed a course in professional orientation, ethics, and law in counseling as required by subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.33 shall complete this required coursework, including content in California law and ethics. An applicant shall complete this coursework prior to registration as an associate.

(2) The applicant completes any units required under subdivision (c) of Section 4999.33 not already completed in his or her education as follows:

(A) At least 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations. This coursework is in addition to the course requirements described in subparagraph (D) of paragraph (1).

(B) Coursework shall be from an accredited or approved school, college, or university as defined in Section 4999.12.

(3) The applicant completes the following coursework not already completed in his or her education:

(A) A minimum of 10 contact hours of training in human sexuality, as specified in Section 25 and any regulations promulgated thereunder, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(B) A minimum of 15 contact hours of instruction in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(C) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated under that section.

(D) A minimum of 10 contact hours of instruction in aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(E) This coursework may be from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing

education provider described in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(4) The applicant completes the following coursework not already completed in his or her education from an accredited or approved school, college, or university as defined in Section 4999.12, or from a continuing education provider that is described in Section 4999.76. Undergraduate coursework shall not satisfy this requirement.

(A) At least three semester units or 45 hours of instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(B) At least one semester unit or 15 hours of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(5) An applicant may complete any units and course content requirements required by subparagraph (D) of paragraph (1) or paragraphs (2), (3), and (4) not already completed in his or her education while registered with the board as an associate, unless otherwise specified.

SEC. 45. Section 4999.100 of the Business and Professions Code is amended to read:

4999.100. (a) An associate registration shall expire one year from the last day of the month in which it was issued.

(b) To renew a registration, the registrant on or before the expiration date of the registration, shall do the following:

(1) Apply for a renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the registrant's last renewal.

(4) Participate in the California law and ethics examination pursuant to Section 4999.53 each year until successful completion of this examination.

(c) The associate registration may be renewed a maximum of five times. Registration shall not be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a subsequent associate registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a subsequent associate registration number and has passed the California law and ethics examination described in Section 4999.53. An applicant who is issued a subsequent associate registration number pursuant to this subdivision shall not be employed or volunteer in a private practice.

SEC. 45.5. Section 4999.100 of the Business and Professions Code is amended to read:

4999.100. (a) An associate registration shall expire one year from the last day of the month in which it was issued.

(b) To renew a registration, the registrant, on or before the expiration date of the registration, shall do the following:

(1) Apply for a renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the registrant's last renewal.

(4) Participate in the California law and ethics examination pursuant to Section 4999.53 each year until successful completion of this examination.

(c) An expired registration may be renewed by completing all of the actions described in paragraphs (1) to (4), inclusive, of subdivision (b).

(d) The associate registration may be renewed a maximum of five times. Registration shall not be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a subsequent associate registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a subsequent associate registration number and has passed the California law and ethics examination described in Section 4999.53. An applicant who is issued a subsequent associate registration number pursuant to this subdivision shall not be employed or volunteer in a private practice.

SEC. 46. Section 6924 of the Family Code is amended to read:

6924. (a) As used in this section:

(1) "Mental health treatment or counseling services" means the provision of mental health treatment or counseling on an outpatient basis by any of the following:

(A) A governmental agency.

(B) A person or agency having a contract with a governmental agency to provide the services.

(C) An agency that receives funding from community united funds.

(D) A runaway house or crisis resolution center.

(E) A professional person, as defined in paragraph (2).

(2) "Professional person" means any of the following:

(A) A person designated as a mental health professional in Sections 622 to 626, inclusive, of Article 8 of Subchapter 3 of Chapter 1 of Title 9 of the California Code of Regulations.

(B) A marriage and family therapist as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.

(C) A licensed educational psychologist as defined in Article 5 (commencing with Section 4986) of Chapter 13 of Division 2 of the Business and Professions Code.

(D) A credentialed school psychologist as described in Section 49424 of the Education Code.

(E) A clinical psychologist as defined in Section 1316.5 of the Health and Safety Code.

(F) The chief administrator of an agency referred to in paragraph (1) or (3).

(G) A person registered as an associate marriage and family therapist, as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in subdivision (g) of Section 4980.03 of the Business and Professions Code.

(H) A licensed professional clinical counselor, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

(I) A person registered as an associate professional clinical counselor, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in subdivision (h) of Section 4999.12 of the Business and Professions Code.

(3) “Residential shelter services” means any of the following:

(A) The provision of residential and other support services to minors on a temporary or emergency basis in a facility that services only minors by a governmental agency, a person or agency having a contract with a governmental agency to provide these services, an agency that receives funding from community funds, or a licensed community care facility or crisis resolution center.

(B) The provision of other support services on a temporary or emergency basis by any professional person as defined in paragraph (2).

(b) A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if both of the following requirements are satisfied:

(1) The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services.

(2) The minor (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse.

(c) A professional person offering residential shelter services, whether as an individual or as a representative of an entity specified in paragraph (3) of subdivision (a), shall make his or her best efforts to notify the parent or guardian of the provision of services.

(d) The mental health treatment or counseling of a minor authorized by this section shall include involvement of the minor’s parent or guardian unless, in the opinion of the professional person who is treating or counseling the minor, the involvement would be inappropriate. The professional person who is treating or counseling the minor shall state in the client record whether

and when the person attempted to contact the minor's parent or guardian, and whether the attempt to contact was successful or unsuccessful, or the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian.

(e) The minor's parents or guardian are not liable for payment for mental health treatment or counseling services provided pursuant to this section unless the parent or guardian participates in the mental health treatment or counseling, and then only for services rendered with the participation of the parent or guardian. The minor's parents or guardian are not liable for payment for any residential shelter services provided pursuant to this section unless the parent or guardian consented to the provision of those services.

(f) This section does not authorize a minor to receive convulsive therapy or psychosurgery as defined in subdivisions (f) and (g) of Section 5325 of the Welfare and Institutions Code, or psychotropic drugs without the consent of the minor's parent or guardian.

SEC. 47. (a) Section 1.1 of this bill incorporates amendments to Section 27 of the Business and Professions Code proposed by both this bill and Senate Bill 1483. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 27 of the Business and Professions Code, and (3) Assembly Bill 3261 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Senate Bill 1483, in which case Sections 1, 1.2, and 1.3 of this bill shall not become operative.

(b) Section 1.2 of this bill incorporates amendments to Section 27 of the Business and Professions Code proposed by both this bill and Assembly Bill 3261. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 27 of the Business and Professions Code, (3) Senate Bill 1483 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Assembly Bill 3261 in which case Sections 1, 1.1, and 1.3 of this bill shall not become operative.

(c) Section 1.3 of this bill incorporates amendments to Section 27 of the Business and Professions Code proposed by this bill, Senate Bill 1483, and Assembly Bill 3261. That section of this bill shall only become operative if (1) all three bills are enacted and become effective on or before January 1, 2019, (2) all three bills amend Section 27 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 1483 and Assembly Bill 3261, in which case Sections 1, 1.1, and 1.2 of this bill shall not become operative.

SEC. 48. Section 14.5 of this bill incorporates amendments to Section 1645 of the Business and Professions Code proposed by both this bill and Senate Bill 1109. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 1645 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 1109, in which case Section 14 of this bill shall not become operative.

SEC. 49. Section 15.5 of this bill incorporates amendments to Section 1680 of the Business and Professions Code proposed by both this bill and Senate Bill 1482. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 1680 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 1482, in which case Section 15 of this bill shall not become operative.

SEC. 50. Section 21.5 of this bill incorporates amendments to Section 2290.5 of the Business and Professions Code proposed by both this bill and Assembly Bill 93. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 2290.5 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 93, in which case Section 21 of this bill shall not become operative.

SEC. 51. Section 32.5 of this bill incorporates amendments to Section 4980.72 of the Business and Professions Code proposed by both this bill and Assembly Bill 2117. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 4980.72 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2117, in which case Section 32 of this bill shall not become operative.

SEC. 52. Section 33.5 of this bill incorporates amendments to Section 4980.78 of the Business and Professions Code proposed by both this bill and Assembly Bill 93. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 4980.78 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 93, in which case Section 33 of this bill shall not become operative.

SEC. 53. Section 34.5 of this bill incorporates amendments to Section 4980.79 of the Business and Professions Code proposed by both this bill and Assembly Bill 93. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 4980.79 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 93, in which case Section 34 of this bill shall not become operative.

SEC. 54. (a) Section 37.1 of this bill incorporates amendments to Section 4996.17 of the Business and Professions Code proposed by both this bill and Assembly Bill 93. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 4996.17 of the Business and Professions Code, and (3) Assembly Bill 2117 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Assembly Bill 93, in which case Sections 37, 37.2, and 37.3 of this bill shall not become operative.

(b) Section 37.2 of this bill incorporates amendments to Section 4996.17 of the Business and Professions Code proposed by both this bill and Assembly Bill 2117. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1,

2019, (2) each bill amends Section 4996.17 of the Business and Professions Code, (3) Assembly Bill 93 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Assembly Bill 2117 in which case Sections 37, 37.1 and 37.3 of this bill shall not become operative.

(c) Section 37.3 of this bill incorporates amendments to Section 4996.17 of the Business and Professions Code proposed by this bill, Assembly Bill 93, and Assembly Bill 2117. That section of this bill shall only become operative if (1) all three bills are enacted and become effective on or before January 1, 2019, (2) all three bills amend Section 4996.17 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 93 and Assembly Bill 2117, in which case Sections 37, 37.1, and 37.2 of this bill shall not become operative.

SEC. 55. Section 40.5 of this bill incorporates amendments to Section 4999.32 of the Business and Professions Code proposed by both this bill and Assembly Bill 2296. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 4999.32 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2296, in which case Section 40 of this bill shall not become operative.

SEC. 56. Section 42.5 of this bill incorporates amendments to Section 4999.60 of the Business and Professions Code proposed by both this bill and Assembly Bill 2117. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 4999.60 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2117, in which case Section 42 of this bill shall not become operative.

SEC. 57. (a) Section 43.1 of this bill incorporates amendments to Section 4999.62 of the Business and Professions Code proposed by both this bill and Assembly Bill 93. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 4999.62 of the Business and Professions Code, and (3) Assembly Bill 2296 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Assembly Bill 93, in which case Sections 43, 43.2, and 43.3 of this bill shall not become operative.

(b) Section 43.2 of this bill incorporates amendments to Section 4999.62 of the Business and Professions Code proposed by both this bill and Assembly Bill 2296. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 4999.62 of the Business and Professions Code, (3) Assembly Bill 93 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Assembly Bill 2296 in which case Sections 43, 43.1, and 43.3 of this bill shall not become operative.

(c) Section 43.3 of this bill incorporates amendments to Section 4999.62 of the Business and Professions Code proposed by this bill, Assembly Bill 93, and Assembly Bill 2296. That section of this bill shall only become operative if (1) all three bills are enacted and become effective on or before January 1, 2019, (2) all three bills amend Section 4999.62 of the Business

and Professions Code, and (3) this bill is enacted after Assembly Bill 93 and Assembly Bill 2296, in which case Sections 43, 43.1, and 43.2 of this bill shall not become operative.

SEC. 58. (a) Section 44.1 of this bill incorporates amendments to Section 4999.63 of the Business and Professions Code proposed by both this bill and Assembly Bill 93. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 4999.63 of the Business and Professions Code, and (3) Assembly Bill 2296 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Assembly Bill 93, in which case Sections 44, 44.2, and 44.3 of this bill shall not become operative.

(b) Section 44.2 of this bill incorporates amendments to Section 4999.63 of the Business and Professions Code proposed by both this bill and Assembly Bill 2296. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 4999.63 of the Business and Professions Code, (3) Assembly Bill 93 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Assembly Bill 2296 in which case Sections 44, 44.1, and 44.3 of this bill shall not become operative.

(c) Section 44.3 of this bill incorporates amendments to Section 4999.63 of the Business and Professions Code proposed by this bill, Assembly Bill 93, and Assembly Bill 2296. That section of this bill shall only become operative if (1) all three bills are enacted and become effective on or before January 1, 2019, (2) all three bills amend Section 4999.63 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 93 and Assembly Bill 2296, in which case Sections 44, 44.1, and 44.2 of this bill shall not become operative.

SEC. 59. Section 45.5 of this bill incorporates amendments to Section 4999.100 of the Business and Professions Code proposed by both this bill and Assembly Bill 2117. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 4999.100 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2117, in which case Section 45 of this bill shall not become operative.

SEC. 60. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Veterinary Medical Board

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MEMORANDUM

DATE	November 15, 2018
TO	Veterinary Medical Board
FROM	Ethan Mathes, Operations Manager
SUBJECT	Agenda Item 15.A. Amend Business and Professions Code Sections 4853, 4853.1 and 4853.6 Regarding Premises Permits Following Disciplinary Actions Against a Licensee Manager and Premises Permit Application Requirements for Owner and Licensee Managers

Background

During the February 2018 meeting, the Board discussed concerns regarding managing licensees (MGLs) retaining premises ownership after being disciplined by the Board. In some situations, disciplined MGLs/owners transfer MGL duties to other veterinarians and retain ownership. In these cases, the disciplined licensee may still control parts of the veterinary practice, and the causes for discipline may continue.

The Board also discussed the need for new premises permits if ownership changes and notifying the Board when MGLs change.

After discussion, the Board directed staff to draft proposed legislation addressing these concerns and requested the proposal be included in a 2018 legislative committee bill. Unfortunately, due to timing, the language was not included.

Update

Since the last meeting, Board staff and legal counsel made additional amendments to adequately address the concerns. The attached draft language contains rationale for each amendment.

Action Requested

Please discuss and consider approving the attached legislative proposal, and authorize staff to work with the Business, Professions and Economic Development Committee for inclusion in a 2019 legislative committee bill.

Attachment

1. Draft legislative proposal and rationale

Veterinary Medical Board
Premises Permit Registration Holder and Licensee Manager Statutes

Amend Business and Professions Code Sections 4853.1 and 4853.6 as follows:

4853.

(a) All premises where veterinary medicine, veterinary dentistry, veterinary surgery, and the various branches thereof is being practiced shall be registered with the board. The certificate of registration shall be on a form prescribed in accordance with Section 164.

(b) "Premises" for the purpose of this chapter shall include a building, kennel, mobile unit, or vehicle. Mobile units and vehicles shall be exempted from independent registration with the board when they are operated from a building or facility which is the licensee manager's principal place of business and the building is registered with the board, and the registration identifies and declares the use of the mobile unit or vehicle.

(c) Every application for registration of veterinary premises shall set forth in the application the name of the premises owner, who will be the holder of the premises permit registration, and the name of the responsible licensee manager, who is to act for and on behalf of the licensed registered premises. Substitution of the responsible licensee manager may be accomplished by application to the board if the following conditions are met:

(1) The person substituted qualifies by presenting satisfactory evidence that he or she possesses a valid, unexpired, and unrevoked license as provided by this chapter and that the license is not currently under suspension.

(2) No circumvention of the law is contemplated by the substitution.

(d) The premises permit registration is non-transferrable. In the event of change of ownership of the premises, the premises permit registration holder shall notify the Board of the change of ownership within thirty (30) days after any such change.

Commented [WT1]: The Board needs to know who owns the building and who is the premises registration holder.

Commented [WT2]: To address problems where ownership is transferred without the Board being notified of the change in ownership. This is increasingly a concern as small veterinary hospitals and clinics are being sold to corporate owners.

4853.1.

(a) Each application to register a premises pursuant to Section 4853 shall be made on a form provided by the board. An application for renewal of that registration shall be made annually.

(b) The application shall contain a statement to the effect that the applicant premises owner and licensee manager have ~~has~~ not been convicted of a felony, ~~has~~ have not been the subject of professional disciplinary action taken by any public agency in California or any other state or territory, or in any foreign country, and ~~has~~ have not violated any of the provisions of this chapter. If the applicant premises owner and licensee manager are ~~is~~ unable to make that statement, the application shall contain a statement of the conviction, professional discipline, or violation.

(c) In reviewing an application to register a premises, the board may consider acts of the premises owner, including acts of any incorporators, officers, directors, and

Commented [WT3]: Proposed revisions to clarify who is the applicant and that both the premises owner and licensee manager have to disclose convictions, professional discipline, or violations.

Commented [WT4]: Will be superseded by AB 2138 as of July 1, 2020; the premises owner and licensee manager will not have to state of the application any convictions; convictions and discipline in another state/territory/foreign country will only count if within the past 7 years.

Commented [WT5]: Similar to authority under BPC 7712.5, crematories.

stockholders of the premises owner, and responsible licensee manager which shall constitute grounds for the denial of a premises registration under Division 1.5 (commencing with Section 475).

(d) Upon receipt of an application for a premises registration, the board may cause an inspection to be made of the proposed veterinary premises to ensure compliance with the minimum standards as established by the board.

(e) The board may, as part of the renewal or application for substitution of the licensee manager process, make necessary inquiries of the applicant premises owner and current or proposed licensee manager and conduct an inspection in order to determine if cause for disciplinary action exists.

4853.6.

The board shall withhold, suspend or revoke registration of veterinary premises:
(a) When the licensee manager set forth in the application in accordance with Section 4853 ceases to become responsible for management of the registered premises and no substitution of the responsible licensee manager has been made by application as provided for in Section 4853.

(b) When the premises registration holder or licensee manager, has, under proceedings conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, the license to practice veterinary medicine, surgery, and dentistry revoked or suspended.

(c) The board shall not renew the premises registration if it is in violation of subdivision (a).

4875.2.

If, upon completion of an investigation, the executive officer has probable cause to believe that a veterinarian, a registered veterinary technician, a veterinary assistant controlled substance permit holder, a premises registration holder, or an unlicensed person acting as a veterinarian, ~~or a registered veterinary technician, a veterinary assistant controlled substance permit holder, or a premises registration holder~~ has violated provisions of this chapter, he or she may issue a citation to the veterinarian, registered veterinary technician, veterinary assistant controlled substance permit holder, premises registration holder, or unlicensed person, as provided in this section. Each citation shall be in writing and shall describe with particularity the nature of the violation, including a reference to the provision of this chapter alleged to have been violated. In addition, each citation may contain an order of abatement fixing a reasonable time for abatement of the violation, and may contain an assessment of a civil penalty. The citation shall be served upon the veterinarian, registered veterinary technician, veterinary assistant controlled substance permit holder, premises registration holder, or unlicensed individual personally or by any type of mailing requiring a return receipt. Before any citation may be issued, the executive officer shall submit the alleged violation for review

Commented [WT6]: Proposed revisions to clarify discipline when licensee manager is found to have violated the Act, even though that licensee manager is subsequently removed and replaced by a new licensee manager.

Commented [WT7]: To address situations where the revoked licensee still owns the premises and is operating the business though removed as the MGL.

Commented [WT8]: Adds Board citation authority against VACSP holders and premises registration holders for unlawful conduct instead of forcing the Board to file an accusation for violations.

and investigation to at least one designee of the board who is a veterinarian licensed in or employed by the state. The review shall include attempts to contact the veterinarian, registered veterinary technician, veterinary assistant controlled substance permit holder, premises registration holder, or unlicensed person to discuss and resolve the alleged violation. Upon conclusion of the board designee's review, the designee shall prepare a finding of fact and a recommendation. If the board designee concludes that probable cause exists that the veterinarian, registered veterinary technician, veterinary assistant controlled substance permit holder, premises registration holder, or unlicensed person has violated any provisions of this chapter, a civil citation shall be issued to the veterinarian, registered veterinary technician, veterinary assistant controlled substance permit holder, premises registration holder, or unlicensed person.

Veterinary Medical Board

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MEMORANDUM

DATE	November 15, 2018
TO	Veterinary Medical Board
FROM	Ethan Mathes, Operations Manager
SUBJECT	Agenda Item 16. Discussion and Possible Action on Amendments to the Board and Committee Member Administrative Procedure Manual

Background

The Veterinary Medical Board (Board) last reviewed its Administrative Procedure Manual at the October 2017 meeting. Subsequently, Board staff, legal counsel, and Board members have noted additional areas in the Manual that should be considered for discussion and possible amendments including Multidisciplinary Advisory Committee member recruitment, quorum requirements, formal discipline clarification, and various technical cleanup.

Staff Recommendation

Review recommendations and approve updated Administrative Procedure Manual.

Attachment

Amended Administrative Procedure Manual – October 2018

Veterinary Medical Board

State of California



Board and Committee Member

Administrative Procedure Manual

(Rev [2017:October 2018](#))

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Commented [WT1]: Consider deleting – see comments on p 19.

CHAPTER 1

Introduction

Mission

The mission of the Veterinary Medical Board (VMB) is to protect consumers and animals by regulating licensees, promoting professional standards, and diligent enforcement of the California Veterinary Medicine Practice Act (Practice Act).

Vision

The vision of the VMB is to create an environment in which Californians have access to high-quality veterinary care for all animals.

Overview

The VMB was created in 1893 as a licensing program. Licensing is used to regulate veterinarians and protect the public in all fifty states, territories, and Canada.

The VMB is one of a number of boards, bureaus, commissions, and committees within the Department of Consumer Affairs (DCA), part of the State and Consumer Services Business, Consumer Services, and Housing Agency under the auspices of the Governor. The Department DCA is responsible for consumer protection and representation through the regulation of licensed professions and the provision of consumer services. While the DCA provides administrative oversight and support services, the VMB sets its own policies, procedures, and regulations.

The VMB is comprised of eight members. Four licensed veterinarians, three public members and one registered veterinary technician (RVT). The Governor appoints four veterinarian members, one RVT and one public member. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. Board members may serve up to two full four-year terms. In addition to the two full four-year terms, Board members may serve the partial term of the vacant position to which they are appointed and up to a one-year grace period after a term expires. Board members fill non-salaried positions but are paid per diem for each Board meeting, committee meeting and other meetings approved by the President of the Board. Travel expenses are also reimbursed.

This procedure manual is updated as necessary and provided to VMB board and committee members as a ready reference of important laws, regulations, DCA policies and VMB policies. It is designed to help guide the actions of the Board and committee members and ensure effectiveness and efficiency.

CHAPTER 2

Board Meeting Procedures

Business and Professions (B&P)
Code section 4808
Board policy - The requirement to
meet is in ~~the~~ B&P Code. The
frequency of the meetings is
determined by the Board.

Frequency and Location of Meetings

The Board meets at least four times annually to make policy decisions and review committee recommendations. Special meetings may be called at any time by the Board President or by any four members of the Board, upon notice of such time and in such manner as the Board may provide.

The Board endeavors to hold meetings in different geographic locations throughout the state when possible as a convenience to the public and licensees.

In accordance with B&P Code section 101.7 boards shall meet at least two times each calendar year and at least once in northern California and once in southern California.

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Commented [ME2]: This will take effect on Jan 1, 2019

Board Policy

Board Member Attendance at Board Meetings

Board members must attend each meeting of the Board. If a member is unable to attend, he/she is asked to contact the Board President or the Executive Officer and ask to be excused from the meeting for a specific reason.

Board Policy

Board Member Participation

The Board President may contact members who have missed three consecutive meetings to determine the reason they have been absent and whether or not the member is able to continue serving as an active member of the Board. In some cases, the President may suggest that the member consider resigning.

The Board, by resolution, may request in writing to the appointing authority that a member be replaced. The member shall be notified in writing of such proposed action and be given the opportunity to present to the Board his/her written or oral arguments against such action prior to the Board adopting the resolution.

Government (Gov.) Code
section 11120 et. seq.

Public Notice/Information at Board Meetings

Meetings are subject to all provisions of the Bagley-Keene Open Meeting Act. This act governs meetings of the State regulatory boards and meetings of committees of those boards where the committee consists of more than two members. It specifies meeting notice and agenda requirements and prohibits discussing or taking action on matters not included in the agenda. Any general discussion of exams or disciplinary procedures shall be held in public.

The Board may meet in closed session to discuss examinations, deliberate on enforcement cases, ~~and~~ review ~~personnel examination~~ issues where a public discussion would compromise the integrity of the examination, a

disciplinary case, or a personnel issue. If the agenda contains matters that, on advice of legal counsel, are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

Quorum

B-&P Code section 4807

Five members of the Board constitute a quorum for transaction of business at any meeting of the board. At a meeting duly held at which a quorum of five members is present, a concurrence of three members of the Board present shall be necessary to constitute an act or decision of the Board. When six or more members of the Board are present at a meeting duly held, the concurrence of five members is necessary to constitute an act or decision of the Board.

Commented [DA3]: Question at Oct 2017 Meeting for Board review.

Commented [WT4R3]: This provision is not in statute and is an otherwise unsupported requirement.

Agenda Items

Board Policy

Agenda items are generally discussed and agreed upon at a full board meeting. Additional agenda items for a Board meeting from any source, including Board members, must be submitted to the Executive Officer at least 21 days prior to the meeting. The Executive Officer may confer with the Board President prior to adding items to the meeting agenda.

Notice of Meetings

Gov. Code section 11120 et. seq.

According to the Open Meeting Act, meeting notices (including agendas for Board meetings) must be sent to persons on the Board's mailing list and posted on the Board's Web site at least ten (10) calendar days in advance. The notice must include a staff person's name, work address, and work telephone number to provide further information prior to the meeting.

Record of Board Meetings

Board Policy

The minutes are a detailed summary of each Board meeting, not a transcript. Board minutes must be approved at the next scheduled meeting of the Board. Once approved, the minutes serve as the official record of the meeting.

Webcast

Gov. Code section 11124.1 et. seq.

Whenever feasible, the Board shall webcast its meetings. An archive of the meeting shall be available for review on the DCA Web site. If webcast is not feasible at a particular meeting site, the Board will ~~post minutes have written transcript~~ of the meeting on its Web site once the minutes are approved by the Board.

Any audio or video recording of an open and public meeting made for whatever purpose by or at the direction of the Board shall be subject to inspection pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1), but may be erased or destroyed 30 days after the recording.

Commented [WT5]: This section cites to GC sec. 11124.1, but that section does not require webcast. Recommend adding public disclosure of the recordings pursuant to GC sec. 11124.1.

Meetings Rules

Board Policy

The Board will use Robert's Rules of Order to the extent that it does not conflict with State law (e.g., Bagley-Keene Open Meeting Act), as a guide when conducting the meetings.

The Vice President of the Board may serve as meeting parliamentarian.

CHAPTER 3**Travel & Salary Policies/Procedures**

DCA Memorandum 91-26

Travel Approval

Board members must have Board President approval for all travel, including out-of-state travel, except for regularly scheduled Board and Committee meetings to which the Board member is assigned.

The Board President and the Executive Officer must use the Board's annual budget and DCA Travel Guidelines when considering travel requests.

Board Policy

Travel Arrangements

Board members should attempt to make their own travel arrangements, including airfare, lodging, and rental cars. Board members should use the State contract airline, Southwest, whenever possible. Once appointed and all paperwork is completed by DCA, Board Members will be assigned a ~~CalAters~~ CalATERS login. ~~The~~ Board Administrative Staff will assist in setting up a profile for each member through the Statewide Travel Program "Travel Store".

SAM section 700 et seq.

Out-of-State Travel

All out-of-state travel for all persons representing the State of California must be approved by the Board President and is ultimately controlled and approved by the Governor. Once approved for out-of-state travel, Board members will be reimbursed actual lodging expenses, supported by vouchers, and will be reimbursed for meal and supplemental expenses. Travel prior to approval by the Governor is at the individual Board or Committee member's own risk and reimbursement may be denied.

B&P Code section 103
Board Policy**Salary Per Diem and Travel Reimbursement**

Board members attending meetings or events to perform a substantial Board-related service are paid salary per diem and reimbursed for travel-related expenses. Attendance at gatherings, events, hearings, conferences or meetings other than official Board or Committee meetings shall be approved in advance by the Board President and the Executive Officer.

~~The term "day actually spent in the discharge of official duties" means Board members are paid~~ such time as is expended from the commencement of a Board ~~meeting~~ or Committee meeting to the conclusion of that meeting. Where it is necessary for a Board member to leave early from a meeting, the Board President shall determine if the member has provided a substantial service during the meeting and, if so, shall authorize payment of salary per diem and reimbursement for travel-related expenses.

Unless it is an unanticipated emergency, Board members must get prior approval from the Board President to leave a meeting early. Because the Board only meets four times a year, Board members are expected to make every effort to stay for the duration of the meeting and make their travel arrangements accordingly.

For Board--specified work, Board members are compensated for actual time spent performing work authorized by the Board President. That work includes, but is not limited to, authorized attendance at other gatherings, events, meetings, hearings, or conferences, or policy and case review activities. Compensation for preparatory time is paid when eight hours are accrued.

Members must submit time sheet summary forms for actual work performed outside a Board meeting in order to be compensated.

CHAPTER 4

Other Policies/Procedures

Board Policy

Board Member Disciplinary Actions

A member may be censured by the Board if, after a hearing before the Board, the Board determines that the member has acted in an inappropriate manner.

The Board President shall sit as chair of the hearing unless the censure involves the President's own actions, in which case the Board Vice President shall sit as chair. In accordance with the Public Meeting Act, the censure hearing shall be conducted in open session.

B&P Code sections 106 and 106.5

Removal of Board Members

The Governor has the power to remove from office at any time any member of any board appointed by him/her for continued neglect of duties required by law or for incompetence or unprofessional or dishonorable conduct.

The Governor may also remove from office a board member who directly or indirectly discloses examination questions to an applicant for examination for licensure.

Gov. Code section 1750	<p>Resignation of Board Members</p> <p>In the event that it becomes necessary for a Board member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. Written notification is required by state law. A copy of this letter shall also be sent to the director of the Department, the Board President, and the Executive Officer.</p>
B-&P Code section 4804	<p>Officers of the Board</p> <p>The Board shall elect from its members a President, and a Vice President, to hold office for one or two years, or until their successors are duly elected and qualified.</p>
Board Policy	<p>Election of Officers</p> <p>The Board may elect the officers at its fall<u>Fall</u> meeting to serve a term of one year, beginning on January 1. In the normal course of events, Board officers should be prepared to serve first as Vice President and then as President, for the length of term decided by the Board. Officers may be re-elected for one consecutive term. All officers may be elected on one motion or ballot as a slate of officers unless objected to by a Board member. Elections are usually scheduled for the October-Fall<u>Board</u> meeting with the new officers assuming office in January at the next regularly scheduled board meeting, <u>but not in the same calendar year.</u></p>
Board Policy	<p>Officer Vacancies</p> <p>If the Office of the President becomes vacant, the Vice President assumes the office of the President and the Board holds an election for Vice President <u>at the next regularly scheduled Board meeting.</u></p>
Board Policy	<p>Access to Board Files and Records</p> <p>No Board member may access a licensee, applicant, or complaint file without the Executive Officer's knowledge and approval of the conditions of access. Records or copies of records must not be removed from the Board's office.</p>
Board Policy	<p>Communications with Other Organizations/Individuals</p> <p>The Executive Officer, his or her designee, or the Board President serve as spokesperson to the media on Board actions, policies, or any communications that is deemed sensitive or controversial, to any individual or organization. Any Board member who is contacted by any of the above should terminate the contact and inform the Executive Officer or the Board President.</p>
Board Policy	<p>Legal Opinions – Requests from Outside Parties</p> <p>The Board does not provide legal services for persons or entities outside the Board staff. Requests for legal opinions from outside entities are to be discussed with the Board</p>

President and Legal Counsel to determine whether it is an issue over which the Board has jurisdiction and the opinion, if prepared, could be posted on the Board's Web site and benefit the general public rather than one individual. Persons making such requests would be notified that the Board will not be responding directly to their request, but will post the opinion on the Internet when it is final.

Board Staff

DCA Reference Manual

Employees of the Board, with the exception of the Executive Officer, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by a myriad of civil service laws and regulations and often by collective bargaining labor agreements. Because of this complexity, it is most appropriate that the Board delegate all authority and responsibility for management of the civil service staff to the Executive Officer.

Board Administration

DCA Reference Manual

Board members should be concerned primarily with formulating decisions on Board policies rather than decisions concerning the means for carrying out a specific course of action. It is inappropriate for Board members to become involved in the details of program delivery. Strategies for the day-to-day management of programs and staff shall be the responsibility of the Executive Officer under the supervision of the Board President.

Examination Preparation

Each person having access to examination content shall sign a security agreement.

Correspondence

B-&P Code section 110

Originals of all correspondence received must be maintained in the Board's office files. Copies of such correspondence must be given to the Executive Officer and/or Board members as required.

Ethics Training

~~Gov. Code section 11146 et seq.~~
Board Policy

~~Ethics~~—All required training for continuing and new Board members will be accomplished in accordance with ~~the state employment~~ law and DCA ~~procedures~~ policies.

Contact with Licensees

Board Policy

Board members must not intervene on behalf of a licensee for any reason. They should forward all contacts or inquiries to the Executive Officer.

Contact with Complainant/Respondent

DCA Reference Manual

Board members should not directly participate in complaint handling and resolution or investigations. To do so would subject the Board member to disqualification in any future disciplinary action against the licensee. If a Board member is

contacted by a complainant/respondent or his/her attorney, they should refer the individual to the Executive Officer or Board staff.

Gifts from Candidates

Board Policy

Gifts of any kind to Board or Committee members or the staff from candidates for licensure with the Board are not permitted.

Conflict of Interest

Gov. Code section 87100

No Board member may make, participate in making or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any Board member who has a financial interest shall disqualify himself/herself from making or attempting to use his/her official position to influence the decision. Any Board member who feels he or she is entering into a situation where there is a potential for a conflict of interest should immediately consult the Executive Officer or Board President.

CHAPTER 5**Board President**

The duties of the Board President include, but are not limited to:

Supervision of Executive Officer

The Board may appoint a person exempt from civil service who shall be designated as an Executive Officer and who shall exercise the powers and perform the duties delegated by the Board and vested in him or her.

The incoming Board President assumes all delegated duties at the next quarterly meeting, including supervision of the Executive Officer.

The Board President is the immediate supervisor of the Executive Officer. Specific instructions for work on Board policy matters by the Executive Officer from Board members shall be coordinated through the Board President.

It is critical that individual Board members not intervene or become involved in specific the day-to-day board office operations. However, it is also critical that the board hold the Executive Officer accountable for supervising these operations, including workload issues, staff vacation and sick leave balances, labor/personnel disputes, ~~personal-personnel~~ actions, etc.

Tracking the Executive Officer's performance and accountability throughout the year is accomplished by direct and frequent oral, written, and in person communications between the Executive Officer and the Board President. In addition, the Executive Officer is responsible for keeping the full Board informed throughout the year (when appropriate) as to occurrences and information that come to the office in between meetings.

Performance Appraisal of Executive Officer

The Board evaluates its Executive Officer on an annual basis. At the ~~April-Spring~~ Board meeting, the Board President, or his/her designee, requests that each Board member complete and submit an "Executive Management Appraisal" document as input to the Executive Officer's annual performance appraisal. The completed forms shall be mailed directly back to the Board President or his/her designee. The input from individual members shall be used to prepare a draft appraisal for review at the first meeting of the fiscal year.

The written summary performance appraisal is presented to the Board and the Executive Officer at its ~~July-Summer~~ Board meeting. Following review and discussion by the full Board, the appraisal shall be discussed with the Executive Officer. Actions requiring corrective measures shall include specific remedies and reporting timeframes.

B&P Code section 4804.5
Board Policy

Gov. Code section 11126(a)(4)
Board Policy

Matters relating to the performance of the Executive Officer are discussed by the Board in closed session unless the Executive Officer requests that it be discussed in open session.

CHAPTER 6**Executive Officer****Appointment**

B&P Code section 4804.5

The Board appoints an Executive Officer who is exempt from civil service and serves at the pleasure of the Board.

Role

California Code of Regulations (CCR) section 2003

The Executive Officer ~~is the Board's chief executive officer. He or she~~ implements the policies developed by the Board and carries out the tasks delegated by the Board.

Recruitment

Board Policy

The Board may institute an open recruitment plan to obtain a pool of qualified Executive Officer candidates. It may also utilize proven equal employment opportunity and personnel recruitment procedures.

Selection

Gov. Code section 11125

Board Policy

A qualified candidate for Executive Officer must demonstrate the ability to supervise employees, handle conflict resolution and complaint mediation, and conduct public speaking. The Executive Officer must also demonstrate effective written and verbal communication skills and knowledge and expertise in the areas of legislation, regulations, administration, examination, licensing, enforcement, legislation and budgets. The selection of a new Executive Officer is included as an item of business, which must be included in a written agenda and transacted at a public meeting.

CHAPTER 7**Board Committees****Standing Committees**

Board Policy

The committee meetings are held as needed at the direction of the full Board and are fully within the scope of the Open Meeting Act. In light of the Board's limited resources, these meetings are a cost-efficient and legal means of gathering information for discussion by the full Board, which enhances the process of the Board's public meetings and addresses the needs of the profession and consumers in California.

Committee Appointments

Board Policy

The Board President establishes committees, whether ad hoc or special, as he or she deems necessary. The Board President determines committee composition and member appointments, including, but not limited to, liaison appointments. When necessary, committee members may make recommendations for new members.

Ad hoc committees may include the appointment of non-Board members. When appointing non-Board members, all impacted parties should be represented.

Attendance at Public Committee Meetings

Gov. Code section 11122.5(c)(6)

Non-committee Board members may sit in the audience and participate in meeting discussions, unless there is a quorum of Board members in the room. If there is a quorum present of five (5) members, non-committee Board members may sit in the audience, but may not participate in the meeting discussions.

Meeting Rules

Board Policy

Committee meetings are conducted under Robert's Rules of Order to the extent that it does not conflict with the Bagley-Keene Open Meeting Act.

Gov. Code section 11122(c)

Committees with two members can meet as necessary without a public notice and can hold teleconference ~~call~~ meetings with the designated staff person participating ~~on the call~~ in the teleconference as necessary.

Committee meetings involving three or more members are subject the Open Meeting Act Requirement and must be noticed as a public meeting.

Committee Meeting Agendas/Public Notice (3 members)

Board Policy

Agendas should focus on the specific tasks assigned by the Board and include:

- Public comment
- Time for committee members to recommend new areas of study to be brought to the Board's attention for possible assignment.
- Only those information items dealing with subjects assigned to the respective committee.

If more than two Board members attend a Committee meeting, the agenda shall contain the statement:

"Notice of a Board meeting indicates that three or more members of the Board are present. While the law requires the Board to notice this meeting as a Board meeting, it is not the intent to take action as a Board at this meeting."

Record of Committee Meetings

Board Policy

As with the Board meetings, the minutes are a summary, not a transcript, of each committee meeting. Committee minutes may be approved at the next scheduled Board meeting and serve as the official record of the meeting.

Approved minutes of the open session are available for distribution to the public and shall be posted on the Board's Web site.

Recruitment

Board Policy

The Board members may assist in recruiting interested persons to serve on committees, e.g., examination item writing, item reviewing, and Angoff workshops.

Staff Participation

Board Policy

The Executive Officer and Staff Service Managers (SSM) will provide advice, consultation and support to Committees.

Video Recording

Board Policy

~~Public committee meetings are Video recorded.~~

Commented [ME6]: Addressed below under MDC

Executive Committee

Board Policy

The Executive Committee shall consist of the President and the Vice President. The Executive Committee handles time-sensitive policy issues related to budgets, legislation, and regulatory issues that may surface necessitating immediate Board input. The Executive Committee shall report any action it takes on a particular matter to the full Board at the next Board meeting.

Advisory and Ad Hoc Board Committees

Board Policy

Board committees are advisory in nature, recommend actions to the Board, and are established by the Board as needed. Committee recommendations and reports shall be submitted to the Board for consideration and possible action.

Multidisciplinary Advisory Committee (MDC)

B&P Code section 4809.8

The [Veterinary Medicine](#) Multidisciplinary Advisory Committee (MDC) is a statutory committee that was created to ~~advise the Board on issues relating to enforcement, hospital inspections, citations and other issues relating to the profession as a whole~~ assist, advise, and make recommendations for the implementation of rules and regulations necessary to ensure proper administration and enforcement of the Practice Act and to assist the Board in its examination, licensure, and registration programs.

Commented [WT7]: Moved up from pg. 17.

The MDC consists of nine (9) members: four licensed veterinarians, two registered veterinary technicians, one public member, and two liaisons of the Board, a veterinarian and the registered veterinary technician. The public member shall not be a licentiate of the Board or of any other board under this division or of any board referred to in Sections 1000 and 3600.

The members of the MDC hold office for a term of three years ~~and shall be staggered~~. Committee members may serve up to two full three-year terms. In addition to the two full three-year terms, Committee members may serve the partial term of the vacant position to which they are

Commented [ME8]: Per Dr. Sullivan, wanted to revisit how terms are currently staggered.

appointed and up to a one-year grace period after a term expires. Committee members fill non-salaried positions but are paid per diem and travel expenses for each committee meeting and other meetings approved by the President of the Board.

The Committee meets at least three times per year unless otherwise approved by the Board.

Commented [ME9]: Specify MDC meets four times per year and/or scheduled for the day prior to the Board meeting?

Vacancies ~~occurring to non-liaison members of the MDC~~ are filled by appointment by the Board. The veterinarian liaison member is appointed by the Board President and the registered veterinary technician liaison is appointed by default (as the sole registered veterinary technician Board member). The Board will remove from office at any time any member of the MDC for continued neglect of any duty, conflict of interest, incompetence, or unprofessional conduct.

Recruitment efforts for upcoming vacancies on the MDC shall begin at least 12 months prior to the expiration of the said term. The Board shall advertise vacancies on its website and shall work with professional associations and other consumer groups to notify the public of the recruitment process. All new applicants seeking a position on the MDC shall submit a letter of interest, along with a resume, curriculum vitae (CV), or both, to the Board. Upon receipt of a letter of interest, Board staff will perform a prospective committee member compliance evaluation to ensure that potential appointees adhere to California's various statutory and regulatory requirements. Interviews may be conducted by telephonic means at the Board's discretion, provided the telephonic participation is duly noticed on the meeting agenda. Upon a majority vote of the Board, the Board may establish an Elections Committee comprised of the Board President and Vice President, to hold interviews for the purpose of making recommendations to the full Board. The selection of an MDC member shall be made at a Board meeting. MDC members seeking reappointment are not required to be interviewed, unless requested by the Board.

~~The MDC's role is to assist, advise and make recommendations for the implementation of rules and regulations necessary to ensure proper administration and enforcement of the California Veterinary Medicine Practice Act and to assist the Board in its examination, licensure and registration programs (a quote from Section 4809.8).~~

Webcast

Whenever feasible, the MDC shall webcast its meetings. An archive of the meeting shall be available for review on the DCA Web site. If webcast is not feasible at a particular meeting site, the MDC will post minutes of the meeting on its Web site once the minutes are approved by the Board.

Any audio or video recording of an open and public meeting made for whatever purpose by or at the direction of the Board

shall be subject to inspection pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1), but may be erased or destroyed 30 days after the recording.

Commented [WT10]: This section cites to GC sec. 11124.1, but that section does not require webcast. Recommend adding public disclosure of the recordings pursuant to GC sec. 11124.1.

Diversion Evaluation Committee

B&P Code section 4860 et. seq

The Veterinary Medicine Diversion Evaluation Committee (DEC) is a statutory committee that was created to identify and rehabilitate veterinarians and registered veterinary technicians with impairment due to abuse of dangerous drugs or alcohol, affecting competency so that veterinarians and registered veterinary technicians so afflicted may be treated and returned to the practice of veterinary medicine in a manner that will not endanger the public health and safety.

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The DEC consists of five (5) members: three licensed veterinarians and two public members. Each person appointed to the DEC shall have experience or knowledge in the evaluation or management of persons who are impaired due to alcohol or drug abuse.

The members of the DEC hold office for a term of four years. There is no limit to the number of terms each Committee member may serve. Committee members may serve the partial term of the vacant position to which they are appointed and up to a one-year grace period after a term expires. Committee members fill non-salaried positions but are paid per diem and travel expenses for each committee meeting and other meetings approved by the President of the Board. In addition, a Board staff manager serves as the Diversion Program Manager to administer the program and serve as a liaison between the Board and the DEC.

The DEC meets three times per year unless otherwise approved by the Board.

Vacancies occurring are filled by appointment by the Board. The Board will remove from office at any time any member of the DEC for continued neglect of any duty, conflict of interest, incompetence, or unprofessional conduct.

Recruitment efforts for upcoming vacancies on the DEC shall begin at least 12 months prior to the expiration of the said term. The Board shall advertise vacancies on its website and shall work with professional associations and other consumer groups to notify the public of the recruitment process. All new applicants seeking a position on the DEC shall submit a letter of interest, along with a resume, curriculum vitae (CV), or both, to the Board. Upon receipt of a letter of interest, Board staff will perform a prospective committee member compliance evaluation to ensure that potential appointees adhere to California's various statutory and regulatory requirements.

Interviews may be conducted by telephonic means at the Board's discretion, provided the telephonic participation is duly noticed on the meeting agenda. Upon a majority vote of the Board, the Board may establish an Elections Committee comprised of the Board President and Vice President, to hold interviews for the purpose of making recommendations to the full Board. The selection of an DEC member shall be made at a Board meeting. DEC members seeking reappointment are not required to be interviewed, unless requested by the Board.

CHAPTER 8

Association Membership

AAVSB

Board policy

The Board maintains membership in the American Association of Veterinary State Boards (AAVSB). The Board also strives to maintain representation on the Executive Board of the AAVSB by supporting members interested in participating as an AAVSB board member.

Commented [ME11]: Do we want to speak to our goal to attend the annual AAVSB meeting and represent the interests of California?

Board policy

ICVA

The Board strives to maintain representation on the International Council for Veterinary Assessment. Membership on this board is critical to California since it provides representation in the development and administration of the North American Veterinary Licensing Examination (NAVLE).

CHAPTER 9

Enforcement and Information

Complaint Disclosure

Board Policy

CCR section 2043(f)

Complaints are not subject to disclosure. In a citation and fine action, the Board shall provide the public, upon request, with a copy of a final Citation and Fine document. Citations are public information for five (5) years from the ~~issue~~ date of resolution and are then ~~destroyed/purged~~, unless the citation is part of a formal disciplinary matter within five (5) years immediately following the citation order, and the record of the action expunged as per the Board's Records Retention Schedule.

Commented [DA12]: Need to review

The Board only provides citation and fine information in response to specific, individual written requests. The Board does not publish individual names of licensees or registrants who have been cited and/or fined and does not report such actions to the National Disciplinary Database.

Commented [ME13]: These are published on the web license lookup for five years.

Disciplinary Actions

Board policy

The Board provides information regarding formal discipline/accusations only after the case has been transferred to the Office of the Attorney General. Board staff makes the following disclosure statement: "An investigation has been conducted and the case has been forwarded to the Attorney

General's Office for consideration of possible action. At this time, there has been no determination of wrong-doing."

An "accusation" is the first public document in any case. The accusation is prepared and filed by the Deputy Attorney General (DAG). Once the accusation is filed, it is a public document and available on written request. If the accusation results in a final order/decision, once the decision is final, it is also available to the public upon written request.

All final decisions by the Board following formal disciplinary proceedings of alleged violations of the [Practice Act](#) shall be published on the Board's [Web site](#) and in its newsletter after the effective date of the decision. Final decisions shall be reported to the National Disciplinary Database within 30 days of the effective date.

Directory of Licensees

A directory of all licensees containing, name, address, type of license, license number, and expiration date shall be published on the Board's Web site.

DCA/Board Policy – ~~Adopted~~

Licensee Disciplined in Other States

The Board considers enforcement action against California licensees who have been disciplined in other states in accordance with B&P Code section 4883-(n).

Board Policy

The Board's enforcement staff determines if there are grounds for disciplinary action in California and take appropriate action.

Holding or Rejecting a Stipulated Settlement or Proposed Decision

As a general rule, most stipulated settlements and proposed decisions are well reasoned, consistent with the board's disciplinary guidelines, and may be adopted consistent with sound public policy. If they are not, consider rejecting (or "nonadopting") such decisions. If it is difficult to make that determination, however, stipulated settlements and proposed decisions should be held for closed session discussion.

Board Policy

Consider rejecting a Stipulated Settlement or an ALJ's Proposed Decision in these circumstances:

1. The stipulated settlement or ~~P~~roposed ~~D~~ecision does not provide sufficient public protection given the nature of the violations. For example, important terms of probation are missing, the probationary period is too short, probation is not appropriate, or other significant unexplained deviations from your board's disciplinary guidelines.
2. The ALJ made an error in the Proposed Decision in applying the relevant standard of practice for the

issues in controversy at the hearing. ~~(Proposed Decision)~~

3. The ALJ made an error in interpreting law and/or regulations ~~in the (Proposed Decision)~~.

Consider holding a case for closed session discussion when:

1. You are unsure whether the stipulated settlement or proposed decision protects the public and would like to discuss the merits with other board members.
2. You are unsure about the ALJ's reasoning and description. (Proposed Decision)
3. If you believe a discussion of the practice issues with licensee members may make it easier for you to make a decision.
4. If you are unsure whether the ALJ's decision is consistent with the law. (Proposed Decision)
5. After discussion with the assigned board attorney, you still have questions about the case.

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Gov. Code section 11521
Board Policy

Typically, a vote to hold any Proposed Decision for closed session discussion requires a hold vote by two (2) or more Board members.

Petition for Reconsideration

Eligibility to Petition for Reconsideration is limited to Proposed Decisions. A Petition for Reconsideration is the first step available to a party in contesting a final order. ~~This process is governed by Government Code Section 11521.~~ The Board may order Reconsideration of all or part of the case on its own motion or on Petition of any party.

The process, generally, is as follows:

- Petition for Reconsideration is submitted to the Board by Respondent.
 - If additional time is needed to evaluate the Petition filed prior to the expiration of the applicable periods provided under Government Code section 11521(a), the Executive Officer will issue a 10-day Stay of Decision (Attachment 1).
 - The Board reviews the Petition to determine if
- it will issue an Order Granting Reconsideration or Order Denying Reconsideration.

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Denial of a Petition for Reconsideration

- If the Board takes no action on the Ppetition, votes to DENY the Petition ~~for Reconsideration~~, or if there are insufficient votes to reach a quorum in favor of the petition, the Decision and Order will remain as issued and will become effective as originally ordered.

Grant of a Petition for Reconsideration

- If the Board votes to GRANT the Petition for Reconsideration, the Decision and Order will NOT become effective.
 - When granting the Petition, the Board determines whether to receive oral or written argument or additional evidence. The Board may reconsider the case or remand it to an ALJ.
 - The Order Granting Reconsideration will be sent to ~~Respondent~~the parties, and the order will stay the effective date of the Decision indefinitely, and advise the parties whether written or oral argument or additional evidence may be submitted by the parties. (sample _____)
 - Board staff will order transcripts from the hearing.
 - Upon receipt of the transcripts, tThe Board President will issue an Order Fixing Time for Submission of Written/Oral Argument (Attachment 2).
 - Only the Board President has the authority to extend the deadline for submission of Written/Oral Argument.
 - Board staff will order transcripts from the hearing
 - Upon close of the Fixed Time for Submission of Written/Oral Argument and receipt of hearing transcripts, the Petition is sent to the Board for review.
 - Written/Oral Argument (Board may choose to accept either or both)
 - Argument/New Evidence (Board may choose to accept either or both)
 - The matter will be discussed in closed session at the next regularly scheduled Board meeting during which the Board can decide to:
 - uphold the original decision
 - Order prepared by DCA Legal Counsel
 - reduce the penalty
 - Order prepared by DCA Legal Counsel

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Commented [WT17]: Moved up the list of steps.

Commented [WT18]: Consider changing this provision to allow Board staff to issue/serve a Notice of Deadline for Submission of Written/Oral Argument or additional evidence.

Commented [WT19]: If the Board voted to receive oral argument and/or additional evidence, the case must be set for a hearing with the ALJ to receive the oral argument and hear objections by the opposing party to the admission of additional evidence. Thus, this statement is only half true.

Commented [WT20]: Only if the case was not remanded to the ALJ and no oral argument or additional evidence is received.

B&P Code section 4887
and Gov. Code section 11522

- remand the matter back to the ALJ for taking and evaluation of further evidence
- Other options according to Government Code Section 11517

Commented [WT21]: GC sec 11521 says either the Board reconsiders the case or it is remanded to the ALJ. The Board does not receive oral argument/additional evidence, then deliberate whether to remand.

Commented [WT22]: All options have already been discussed, so this provision is unnecessary; consider deleting.

Petition for Modification of Penalty or Reinstatement

In petitioning for Modification of Penalty or Reinstatement under B&P Code [Section 4887](#) and under Government Code [Section 11522](#), the petitioner has the burden of demonstrating that he or she is fit to safely engage in the practice of veterinary medicine within the scope of current law and accepted standards of practice.

A Petition for Modification of Penalty or Reinstatement may be filed [one](#) year or more from the effective date of the disciplinary decision. However, in accordance with B&P Code section 4887, the Board may deny without a hearing or argument any petition filed within a period of two years from the effective date of the prior decision following a hearing.

The process for filing of a Petition for Modification of Penalty or Reinstatement is as follows:

- Petitioner files the Petition accompanied by all supporting documentation.
- The matter is referred to the Division of Investigation for investigation (Petition for Reinstatement).
- The Petition and investigation report are referred to the Office of the Attorney General for assignment to a Deputy Attorney General.
- The matter is set for hearing before the Board in open session at the next regularly scheduled
- Board meeting.
- The hearing takes place in open session before the Board and an Administrative Law Judge.
- The Board considers and decides the matter in closed session.
- The Decision and Order is prepared by the Administrative Law Judge.
- The Decision and Order is forwarded to DCA Legal Counsel [for review](#).
- DCA Legal Counsel forwards the Decision and Order to the Board for review and confirmation that the document accurately represents the Board's Decision.
- The Decision and Order is served on Respondent via regular and certified mail.

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When ~~the~~ Board considers reinstating the license or registration or modifying a penalty, it may impose terms and conditions as it determines necessary. To reinstate a revoked license or registration or to otherwise reduce a penalty or

Commented [WT23]: This 5-member vote requirement is in BPC 4887(c) and should be noted in the Admin Manual so it's clear this is a statutory requirement.

[modify probation shall require a vote of five \(5\) of the Board members.](#)

CHAPTER 10**Continuing Education (CE)**

Board policy

CE Course Evaluation/Waiver Requests

Board and/or committee members may assist staff in evaluating the information provided for CE courses and for a waiver request for purposes of possible denial of license or disciplinary action.

Board members who assist staff in reviewing CE information may need to recuse from voting on any case they reviewed that results in discipline. The information in waiver requests is confidential and care must be taken to return all documentation to the Board office.

CHAPTER 11**Abbreviations and Acronyms****Agencies**

VMB	Veterinary Medical Board
MDC	Veterinary Medicine Multidisciplinary Advisory Committee
DCA	Department of Consumer Affairs
OAH	Office of Administrative Hearings
OAL	Office of Administrative Law
OPES	DCA Office of Professional Examination Resources

Codes

B&P Code	Business and Professions Code
CAC	California Administrative Code
CCR	California Code of Regulations
Gov. Code	Government Code

Organizations

AAVSB	American Association of Veterinary State Boards
AVMA	American Veterinary Medical Association
CVMA	California Veterinary Medical Association
CPIL	Center for Public Interest Law
ICVA	International Council for Veterinary Assessment
RACE	Registry of Accredited Continuing Education
VIVA	Veterinary Information Verifying Agency

CHAPTER 12**Conclusion**

The Board and Committee Member Administrative Procedure Manual serves as a reference for important laws, regulations, DCA policies and Board policies. Its function is to guide the actions of the Board members and ensure Board effectiveness, efficiency, and consistency. Although reviewed by legal counsel, it is not a legal opinion.

CHAPTER 13**References**

Many of the procedures in this manual are specific to the Board. Others are generic for all boards and bureaus within DCA consistent with State law. References for additional information are:

Board Member Orientation and Reference Manual, DCA

Veterinary Medicine Practice Act, B&P Code sections 4800-4917, and CCR sections 2000-2082. Gov. Code sections 1750, 11120 et seq., 11340 et seq., and 11146 et seq.

Attachments

1. Order Granting 10-day Stay of Execution
2. Order Fixing Date for Submission of Written Argument

Commented [WT24]: Consider deleting.

Attachment 1

**BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation against:

Case No. AV 1234 56

JOE VETERINARIAN, D.V.M.
1234 Main Street
Anytown, CA 12345

OAH No. 0123456789

Veterinary License No. VET 1234

Respondent.

ORDER GRANTING 10-DAY STAY OF EXECUTION

On November 1, 2017, the Veterinary Medical Board (Board) issued its Decision and Order in the above entitled matter. On November 27, 2017, Respondent filed a petition for reconsideration. The effective date of the Decision and Order is December 1, 2017.

Pursuant to 11521(a) of the Government Code, the Board hereby GRANTS a stay of execution of the effective date of the Decision and Order in the above-stated case for ten (10) days, solely for the purpose of considering the motion.

IT IS SO ORDERED this 28th day of November, 2017.

NAME, Executive Officer
Veterinary Medical Board
Department of Consumer Affairs

Attachment 2

**BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation against:

Case No. AV 1234 56

JOE VETERINARIAN, D.V.M.
1234 Main Street
Anytown, CA 12345

OAH No. 0123456789

Veterinary License No. VET 1234

Respondent.

ORDER FIXING DATE FOR SUBMISSION OF WRITTEN ARGUMENT

The transcript of the hearing in the above-entitled matter having now become available, the parties are hereby notified, in accordance with the Order Granting Reconsideration in this matter and Section 11521 of the Government Code, that any written argument they may wish to submit pursuant to this Order shall be filed with the Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834, and shall be served upon all parties on or before November 1, 2014 at 5:00 p.m.

The Board will decide the case upon the administrative record, including the transcript of the hearing held on May 12-16, 2014, and upon such written argument as the parties may wish to submit. No evidence outside of the administrative record will be permitted.

A copy of the transcript is available upon request and upon payment of fees covering direct copying costs.

IT IS SO ORDERED this _____ day of _____, 2014.

FOR THE VETERINARY MEDICAL BOARD
Department of Consumer Affairs

Veterinary Medical Board

1747 N. MARKET BOULEVARD, SUITE 230, SACRAMENTO, CA 95834
TELEPHONE: 916-515-5220 FAX: 916-928-6849 | WWW.VMB.CA.GOV



MEMORANDUM

DATE	November 15, 2018
TO	Veterinary Medical Board
FROM	Cheryl Waterhouse, DVM, Board President
SUBJECT	Agenda Item 17. Update and Possible Action on Proposed Revisions to Pharmaceutical Compounding – Nonsterile Preparations, General Chapter 795 of the United States Pharmacopeia (USP)

Background

During the [May 2018](#) meeting, Dr. Richard Sullivan advised the Veterinary Medical Board (Board) that the US Pharmacopeia (USP), a non-profit organization that established standards for medication and guidelines for compounding products, was updating their compounding standards which were used when developing the Board compounding regulations. The proposed revisions from USP would restrict clinicians to certain compounding and would impact the proposed regulations.

The Board, American Veterinary Medical Association (AVMA), and California Veterinary Medical Association (CVMA) submitted letters to USP expressing their concerns with the proposed revisions.

Attached are the letters sent by the Board, AVMA, and CVMA. There are no updates at this time; however, the Board's Executive Officer will work with the Board of Pharmacy and the Medical Board of California leadership to gain support of the Board's compounding regulations. The goal is to address any concerns the other boards may have related to the proposed regulations.

Attachment

1. Board letter to USP Regarding Comments to Proposed Changes to USP General Chapter <795> Nonsterile Preparations 2018 Draft
2. CVMA letter to USP Regarding California Veterinary Medical Association Comments on USP General Chapter <795> Pharmaceutical Compounding - Nonsterile Preparations 2018 Draft
3. AVMA letter to USP

Veterinary Medical Board

1747 N. MARKET BOULEVARD, SUITE 230, SACRAMENTO, CA 95834
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June 22, 2018

USP-U.S.
12601 Twinbrook Parkway
Rockville, MD 20852-1790

RE: Comments Regarding Proposed Changes to USP General Chapter <795> Nonsterile Preparations 2018 Draft

Dear USP Compounding Committee:

The California Veterinary Medical Board (Board) would like to thank Dr. Gigi Davidson and the USP staff for the conference call that Board Member Dr. Richard Sullivan participated in on June 15, 2018, regarding concerns that were expressed by the Board and the California Veterinary Medical Association. It was truly above and beyond on your part and we really appreciate the time that you took out of your busy schedule to put this together.

The Board would just like to follow up with a couple of comments. We understand that your goal and concern is for the safety in the use of nonsterile compounded preparations in both human and animal patients; the Board shares the same concern regarding animal patient safety. However, the Board believes we have many existing built in safeguards that will allow clinicians to provide safe and efficacious preparations while protecting the patient and the consumer.

- Veterinarians can only do simple, basic compounding.
- Compounded preparations are made for immediate use or dispensed for immediate use.
- A veterinarian can only do compounding for their patient(s) that they have established a veterinarian-client-patient-relationship (VCPR); they cannot fill a prescription or sell a preparation to another veterinarian or client in accordance with California law.
- A veterinarian has a close relationship with their patients; follow-up exams are routine to evaluate the progress of the treatment including blood tests to evaluate progress and therapeutic blood levels when applicable (i.e. Potassium bromide blood levels).
- If a patient has an adverse reaction, the client typically notifies the veterinarian immediately; this is required to be documented in the medical record.

- If the client is upset or has any issue with medical outcome(s), they may file a complaint with the Board and the veterinarian will have to document why they used the compounded preparation and the reference source for its use, even if the complaint has nothing to do with the compounded preparation. In other words, the veterinarian cannot just make up and randomly use a compounded preparation, they must have a published source for its use or the formula must be recommended from a specialist. Treatment must accord with the standard of practice in the state.
- Much of time, compounded preparations are made from sterile IV medications that are combined and used as a topical preparation as in treating a resistant ear infection.
- In certain minor species such as birds and reptiles, there is no other choice than to do simple compounding to establish a safe dose.
- Without the immediate availability of simple nonsterile compounded preparations, the health of the patient is at risk especially in those patients that instinctually hide their symptoms. Whereas humans are taught to get medical help as soon as they notice symptoms, animals by instinct hide their symptoms because it attracts predators.

Again, thank you for all of the important work that you are doing and together the Board believes we can have guidelines that provide for safe and efficacious use of nonsterile compounded preparations for our animal patients.

Cheryl Waterhouse, DVM, President
Veterinary Medical Board

Richard J Sullivan, DVM, Vice-President
Veterinary Medical Board

Cc: Ashley Morgan, DVM, Director of State Advocacy, AVMA
Kent McClure, DVM, JD, Chief Government Relations Officer, AVMA
Valerie Fenstermaker, California Veterinary Medical Association



1400 River Park Drive, Suite 100
Sacramento, CA 95815-4505
916-649-0599
fax 916-646-9156
staff@cvma.net
www.cvma.net

June 18, 2018

USP–U.S.
12601 Twinbrook Parkway
Rockville, MD 20852-1790, USA

**RE: California Veterinary Medical Association Comments on USP General Chapter <795>
Pharmaceutical Compounding – Nonsterile Preparations 2018 Draft**

Dear USP Compounding Committee:

The California Veterinary Medical Association is providing feedback on the USP 795 Non-Sterile Compounding proposed chapter revision. This document is attempting to provide clarity and guidance for both compounding pharmacies and clinical health care practices. These are two very different industries and, at least from the veterinary perspective, the proposal to create a singular guidance for both is problematic.

Veterinary practices differ greatly from compounding pharmacies.

Compounding pharmacies have a specific focus on compounding drugs for distribution. Staff may be trained and dedicated solely to compounding, building construction is intended for this singular purpose, and the business practices center around compounding.

Veterinary facilities are diverse because they must accommodate many different facets of medical practice. It is common for veterinary practices to provide medical treatment for multiple species of patients and to provide emergency/critical care, in-patient boarding, surgery, radiology, dentistry, and several other medical disciplines all under one roof. Practices are therefore constructed to accommodate a wide variety of services.

Veterinary practices can be large, multi-doctor referral centers, corporate owned entities, single-practitioner small businesses, and everything in between. Veterinary medicine is also practiced in the field (in mobile units/house call practices/in a range setting) without a traditional brick and mortar building. Examples include food animal practice which takes place on dairies or in other animal production units, equine practice which occurs in boarding facilities or on a race track, zoo medicine, aquatic medicine, small animal house call practice, mobile surgery clinics, and shelter medicine, among others. Medical insurance is not a significant factor in veterinary health care, therefore most animal owners are paying out of pocket for their pet's veterinary care and medications. This results in a constant push in veterinary practice to keep costs low for both services and medications. Many pet owners cannot afford high prices for veterinary care.

Because veterinary practices differ so greatly from compounding pharmacies, and because veterinarians must retain the ability to perform at least some forms of compounding for patients, California law (Business and Professions Code Section 4826.5) allows the California Veterinary Medical Board (VMB) to promulgate regulations specific to veterinarians compounding drugs for their patients. These regulations do not increase the scope of practice of what veterinarians do. Rather, they create a minimum standard for veterinarians in order to provide important medications to their animal patients.

The VMB worked in consultation with the California Board of Pharmacy over the past three years and drafted veterinarian compounding regulations that are now in the final stage of the rule making process.

The California regulations are based on the 2017 USP 795 standards in which basic categories of compounding (simple, moderate, complex) are defined. The California regulations are based on the concept that the vast majority of compounding that takes place in veterinary practices is simple compounding and that the compounds being prepared are for use in patients on an immediate or near-immediate basis and are not intended for broad distribution or resale to other practices or the public. The current draft of USP 795 proposes to eliminate these compounding categories. This is problematic since California state regulations are based on these categories which accurately reflect veterinary compounding.

The proposed USP 795 introduction states that it describes minimum standards. This presents concern since regulatory inspectors may utilize this chapter in the future from a standpoint of enforcement.

While the proposed USP 795 document indicates in the Scope section that it applies to veterinarians (veterinary practices), as one progresses through the document, it seems apparent that the author was thinking primarily about compounding pharmacy facilities (which exclusively compound, store, package and ship drugs) rather than dispensers that may be performing some degree of compounding.

It is also helpful to recognize that Occupational Safety and Health (OSHA) regulations supplement some of the stated guidance regarding personnel training, safe practices, facilities, personal protective equipment, hygiene, and documentation/recordkeeping.

Specific discussion points regarding the draft:

Proposed language	Comments
Throughout the document there is a reference to a “designated compounding area.” (Lines 129, 350)	Veterinary practices utilize areas for several diverse purposes and most do not have the space to devote <u>solely</u> to compounding. Also, field practitioners will not have access to a designated compounding area.
In section 1.1, under “Affected Personnel and Settings” it states, “Personnel engaged in the compounding of CNSPs must also comply with applicable laws and regulations of the regulatory jurisdiction.” (Lines 39-40)	The California regulations differ greatly from this version of USP 795. The regulations were based on the 2017 version of USP 795. In particular, they rely heavily on the categories of compounding (simple, moderate, and complex) and specify clearly what would be required of a veterinarian compounding under each. Since the current draft has eliminated those categories, California state law would be inconsistent with USP which would result in

	<p>confusion amongst practitioners. Of note- the average regulation takes 3 years to go into effect in California; thus, a change will not be easily or quickly instituted.</p>
<p>In section 2, the draft guidance states, “All personnel involved in the preparation and handling of CNSPs must be trained, must demonstrate competency, and must undergo annual refresher training.” (Lines 64-66)</p>	<p>Most training in veterinary practices is ongoing and informal. Annual refresher training would be challenging in a veterinary practice if it was required to be in-house or on-the-job, particularly for a sole veterinary practitioner because there is nobody to provide the training. This type of training course is not currently available at veterinary continuing education conferences.</p>
<p>In section 2, it states, “Before independently beginning to prepare CNSPs, personnel must complete training and be able to demonstrate proficiency in the theoretical principles and hands-on skills of nonsterile manipulations for the type of compounding they will be performing. (Lines 79-82)</p> <p>Proficiency must be demonstrated in at least the following core competencies:</p> <ul style="list-style-type: none"> • Hand hygiene • Garbing • Cleaning and sanitizing • Component selection, handling and transport • Performing calculations • Measuring and mixing • Use of equipment • Documentation <p>(Lines 82-92)</p>	<p>In relation to the training for personnel, it may be interpreted that in order for a person to “demonstrate proficiency in the theoretical principles and hands-on skills”, that he or she would need to pass a test. There are questions about who would formulate this test and who would verify that the test adequately covers needed material.</p> <p>From the perspective of a veterinary practitioner who is performing simple compounding, some of these requirements do not seem reasonable- such as some of the requirements set forth in the hand hygiene and garbing sections.</p>
<p>Section 3 then goes into further detail on the specific requirements for each of these topics. (Lines 118-163)</p>	<p>The removal of personal outerwear when mixing a compound will be problematic for several veterinary practice types. For instance, it is not reasonable for an equine practitioner mixing up a hoof remedy using iodine on the tailgate of a truck in freezing temperatures to remove his or her jacket.</p> <p>While the intent behind “washing hands and forearms up to the elbows for 30 seconds” is good, it may not be practical for situations such as the one stated above.</p>

<p>In section 4, the draft states, “Compounding facilities must have a space that is specifically designated for compounding. Areas related to nonsterile compounding must be separated from areas not directly related to compounding... (Lines 166-168)</p> <p>Compounding areas used to compound hazardous CNSPs must not be used for compounding nonhazardous CNSPs... (Lines 172-173)</p> <p>Purified Water should be used for rinsing equipment and utensils...” (Line 195)</p>	<p>For a facility that is dedicated exclusively for compounding, these requirements may be attainable, but for most veterinary practices, they are unattainable for the type of compounding that takes place. Additionally, many veterinary facilities have only one veterinarian with limited space.</p> <p>Practices may have an area where compounding occurs, but it will not be specifically designed for compounding and nor will it be exclusive to compounding. Further, it is likely that hazardous drugs would be compounded in the same area where non-hazardous drugs are compounded. With proper cleaning/disinfecting protocols, a compounding area should be able to be used for both types of compounding.</p> <p>Purified water may not be needed for simple compounding purposes in veterinary practices. Clean water is readily available and would be sufficient in many instances.</p>
<p>In section 4, (Lines 187-188), and in Section 5, Table 1 (Line 215), it indicates that ceilings must be cleaned every 3 months.</p>	<p>Construction of veterinary practices does not take into account routine ceiling cleaning and therefore materials are unlikely to be suitable for routine disinfection.</p>
<p>Section 6.1 states, “Any weighing, measuring, or other manipulation of an active pharmaceutical ingredient (API) or added substance in powder form that could generate airborne contamination from drug particles must occur inside a containment device such as a containment ventilated enclosure (CVE) (i.e., powder containment hood). (Lines 232-236)</p>	<p>Several powders are utilized in veterinary practice. For instance, phenylbutazone is a common non-steroidal anti-inflammatory drug used in equine medicine. It is often put into a syringe, mixed with water and then orally dosed to the horse. Incorporating a CVE into a practice in order to give a horse a gram of bute powder is unrealistic for the veterinary profession.</p> <p>There are more examples of powders used in veterinary practice at the end of this document.</p>
<p>Section 6.2 includes a section regarding the requirement for a spill kit. Specifically, it states, “The facility must have a spill kit in the designated compounding area. The condition and expiration date of the chemical spill kit should be verified annually and replaced as necessary. The capacity of the spill kit should be affixed to the packaging of the spill kit if not readily visible on the manufacturer’s label.” (Lines 350-354)</p>	<p>While this makes sense for hazardous chemicals, veterinarians compound non-hazardous chemicals far more often. Having to maintain a kit, have it verified annually and replaced seems inapplicable if the components used to create the compound are themselves, nonhazardous.</p>

Section 7.2 outlines requirements for the master formulation record. (Lines 385-393)	While similar, the California regulations set forth a simplified version of these requirements.
Section 7.3 outlines requirements for compounding records. (Lines 395-408)	While similar, the California regulations set forth a simplified version of these requirements.
Section 9 lists what components, at a minimum, must be on a compounded product label. (Lines 435-468)	These requirements are in conflict with existing California regulations [CCR 16, Section 2032.32 (b)] which do not currently require lot number, storage conditions, dosage form, indication that the preparation is compounded, special handling instructions, or warning statements. Because veterinary practices have software systems and labeling equipment specifically designed to meet the state legal requirements, these additional requirements would be costly, labor intensive, and time intensive to implement.
Section 10 provides detailed guidance on Beyond Use Dates. (Lines 470-589)	Table 3 in Section 10.3 differs significantly from what the California regulations allow.
Section 12.3 states, “The results of the temperature readings must be documented on a temperature log or stored in the continuous temperature recording device and must be retrievable. All temperature monitoring equipment must be calibrated or verified for accuracy at least every 12 months or as recommended by the manufacturer.” (Lines 642-646)	For the type and scope of compounding that veterinarians perform, this may be unnecessary.
Section 13 states, “Compounding facilities must develop and implement SOPs for complaint receipt, acknowledgment, and handling. Complaints may include concerns or reports on the quality and labeling of, or possible adverse reactions to, a specific CNSP.” (Lines 666-669)	Veterinary premises are registered with the VMB. As an affiliate of the California Department of Consumer Affairs, the VMB receives and investigates consumer complaints. The VMB works closely with the California Board of Pharmacy on relevant cases. In the event that a client does complain directly to the veterinarian, the California regulations indicate that the complaint and any corrective measures to address it shall be documented.
Section 14 states, “Documentation must comply with all applicable laws and regulations of the regulatory jurisdiction”. (Lines 720-721)	The documentation requirements in section 14 are far more stringent than what California law requires. In contrast to the USP draft, California law does not require: personnel competency assessment, equipment records,

	receipt of components, compounding records, or release testing. This will create confuse among veterinarians.
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The following are examples of non-sterile compounding in veterinary practice:

- Veterinarians need to compound potassium bromide for seizures in dogs. They primarily use phenobarbital for seizures; however, in some cases it does not yield the needed results and in other cases may not be an option because of existing liver disease. Dr. Wayne Berry, former professor of neurology at UC Davis who now practices in Irvine, developed directions to obtain and use a bulk form of potassium bromide. It is compounded by weighing 50 grams of potassium bromide and mixing it with 200 ml. of distilled water to give 250 mg/ml concentration of the medication. Veterinarians calculate the amount of this solution to give to the patient at a loading dose of 350 mg/kg divided and given every 6 hrs. the first day and then 10 mg/kg given twice daily as a maintenance dosage. After two to three weeks of treatment, they obtain a blood sample to determine if there is a therapeutic level of the medication. With this formula, veterinarians are able to safely and effectively treat a 5 lb. Chihuahua or a 120 lb. Rottweiler. Potassium bromide is the example quoted in the USP <795> report as an example of "Simple Compounding - Potassium Bromide Oral Solution, Veterinary."
- Resistant ear infection is another commonly encountered condition for which veterinarians will compound a non-sterile medication in-house. Veterinarians obtain culture samples of the external ear canal and find out what medication or combination of medications will be effective in treating the infection. Veterinary dermatologists provide examples for veterinarians of combinations of injectable antibiotics and antifungal (for yeast infections) medication to mix in saline for a topical ear canal treatment. This type of immediate use treatment has been occurring safely and effectively for years.
- Companion animals (dogs and cats) need compounded pain medications (1/2 strength) and need liquids (kittens and puppies) in place of tablets. Such medications are most effectively compounded in house since doing so circumvents the inevitable delay in treatment that would otherwise occur if they were ordered and obtained from a compounding pharmacy.
- Exotic and zoo veterinarians rely largely on compounded medications because no FDA approved products are available or in the strength needed or in a usable formulation – liquids, etc. and because most compounding pharmacies will not offer the products that they need.
- In equine practice, owners often must provide ongoing nursing care to their horses because equine hospitals are rare, most owners will not transport their horse off the farm for care, and it is impractical and cost prohibitive for a veterinarian to visit a farm daily to provide basic nursing care. Because of the fractious nature of wounded horses, owners often times will have a limited window of opportunity to clean and dress wounds. Veterinarians will often combine topical antibiotic ointment with wound-safe fly repellent ointment into one to avoid horse owners having to apply two different medications to a wound (since they may only get one chance).

Based on a comprehensive review of the proposed USP 795 chapter, and given the differences between human and veterinary compounding, it does not seem feasible to address the minimum standards to be followed by both compounding pharmacists and veterinarians in the same chapter.

Veterinarians need to be able to perform simple compounding of medications for immediate or near immediate use in their practices in order to provide timely patient care. Veterinarians treat multiple species, with wide variations in weight, physiology and health status and cannot anticipate what type of patient they will treat each day. The ability to compound custom medications in-house for emerging situations is pivotal to providing patients with the care they need, especially since many animals do not display signs of illness and often are in serious condition when they are examined. Relying solely on compounding pharmacies to provide medications can cause a treatment delay during situations in which mere hours can make the difference between life and death. Veterinarians also need to be able to dispense a medication compounded in-house for a client to take home to avoid lapses in animal patients receiving medication. Unlike dispensation of a medication from a compounding pharmacy, veterinarians only dispense medications for their own active cases and not for patients from other prescribers. When a veterinarian dispenses a medication, it is done along with active ongoing patient and client communication.

The following are possible solutions that could clarify the issues outlined in this letter.

1. A statement similar to the one included in the introduction of the USP 797 could be added to the introduction of the proposed USP 795 chapter. It could clarify that the standards set forth do not apply to a veterinary clinical practice by stating, "The standards in this chapter do not pertain to the administration or dispensation of CNSPs to patients in a veterinary practice setting". This would address the need for veterinary practices to be able to compound medications and send them home for purposes of patient care and case management.
2. The proposed USP 795 chapter could include a statement in the introduction indicating that the chapter is not intended to supersede any state laws regarding compounding in veterinary practices. This will reduce confusion for veterinarians and enforcement agencies in the future.
3. The proposed USP 795 chapter could exclude veterinarians and veterinary practices and a separate chapter could be written pertaining exclusively to compounding in veterinary practices. If this option is pursued, including veterinary practitioners from several areas of practice (e.g. exotics, equine, zoo med, etc.) should be strongly considered when formulating a veterinary specific chapter.

Thank you for your consideration of our concerns.

Sincerely,



Valerie Fenstermaker
Executive Director



July 31, 2018

United States Pharmacopeia
12601 Twinbrook Parkway
Rockville, MD 20852-1790

Dear Representative:

On behalf of the American Veterinary Medical Association (AVMA) and our member veterinarians, we appreciate the opportunity to submit comments on United States Pharmacopeia (USP) General Chapter <795> Pharmaceutical Compounding-Nonsterile Preparations. The AVMA is the nation's leading representative of the veterinary profession and speaks on behalf of more than 91,000 member-veterinarians across the United States who care passionately about protecting animal health, animal welfare, and human health. Informed by our members' scientific knowledge, training, and practical experience, we advocate for policies that support our patients and their owners, help protect public health, advance the practice of veterinary medicine, and promote the critical work of veterinarians nationwide.

The AVMA recognizes the USP as an industry leader in the ongoing development and review of standards on best practice for pharmaceutical formulation. The establishment of such standards leads to higher consistency amongst criteria of quality, safety, and efficacy so that, regardless of geographic region, similar medications are available to all veterinary patients.¹ At the same time, USP GC <795> is intended to apply to all who prepare compounded nonsterile preparations (CNSPs). This includes licensed pharmacies that compound medications on a large scale for broad distribution, as well as licensed veterinarians who prepare medications for their patients. Any revisions to USP GC <795> must take in to account clear differences between these types of compounding activities and the facilities in which they occur.

Veterinarians use CNSPs to treat a multitude of species, which vary in physiology, anatomy, and weight. The CNSPs they use may be obtained from a licensed pharmacy or prepared by the veterinarian for use in their patients on an immediate or short-term basis. Most compounding that takes place in veterinary practices corresponds to what USP GC <795> currently classifies as simple compounding. Current protocols allow veterinarians to modify a product to meet their patient's special therapeutic needs, while adhering to USP standards. The proposed revisions to USP GC <795>, which include eliminating the classification of simple compounding, will create challenges for veterinarians because of their incongruence with veterinary practice.

The environments within which veterinarians practice are diverse. Most companion animal veterinarians practice within a traditional clinical setting where patients are examined in an enclosed indoor space, and the environment and sanitary practices may be similar to those encountered in a human hospital. Companion animal practitioners who practice from a mobile van or trailer may also enjoy some of these same amenities, albeit in a smaller space. In contrast, if a mobile companion animal practice is operated out of a personal vehicle (e.g.,

house call practices providing palliative care), then the working environment becomes the vehicle and the client's home. Equine veterinarians often conduct much of their practice from a vehicle, at the racetrack or in a stable. Livestock practitioners, such as those working on dairy farms or with beef producers on a cattle ranch, may find themselves practicing in pastures or fields. For zoo and wildlife veterinarians working conditions may be even more varied and unpredictable. Modifying the practice environment in these latter situations to meet complicated environmental and sanitary requirements is impractical and is not always needed to provide quality patient care (Section 4: Buildings and Facilities, Lines 167-196; Section 5: Cleaning and Sanitizing, Table 1).

Variations in practice settings mean that expectations and opportunities for addressing professional cleanliness will differ between traditional indoor clinics and equine or livestock practices (Section 3: Personal Hygiene and Garbing). For instance, a companion animal practitioner will typically maintain a clean lab coat and will wash his or her hands according to occupational safety and public health guidelines between patients.² However, it may be impractical for a veterinarian practicing outside in a cold climate to remove winter gear to wash their hands up to their elbows for thirty seconds between multiple patients without putting themselves at risk of extended exposure to freezing conditions (Lines 132-133 and Box 3-1).

While applying certain safety measures, such as the use of containment-ventilated enclosures (Section 6: Equipment and Components, Line 232-236), may be possible in a companion animal specialty practice because that practice is housed in a purpose-constructed building, opportunities to access and use such equipment generally do not exist in primary care companion animal practices or on farms visited by equine or livestock practitioners. Furthermore, space constraints in many veterinary clinics and mobile units require most workspaces to be multifunctional. Activities performed infrequently often do not justify establishing a designated space that cannot be used for other purposes (Section 4: Building and Facilities, Lines 166-173).

While the training protocols proposed (Section 1:1 Scope, Affected Personnel and Settings; Section 2 Personnel Qualifications) would serve as valuable resources for practitioners preparing CNSPs, we have concerns with the requirement that adequate training must include demonstration of proficiency in the core competencies listed, because it is unclear who has authority to determine whether the protocols created by designated individuals meet the criteria of the USP and if perceived gaps in training may be grounds for reprimand.

The AVMA supports continued development of standards to ensure that the highest quality medications are available for veterinarians' patients. Such standards serve patients and practitioners best when they practically and appropriately apply to the vocations for which they are intended. After reviewing the proposed revisions and attempting to reconcile them in the context of inherent differences that exist between veterinary practices and compounding pharmacies, we ask that USP:

- (1) Retain, for veterinary practice, the current USP GC <795> category of simple compounding. This will enable veterinary practitioners to continue to perform basic, simple compounding for their patients; or

- (2) Change the proposed revision to USP GC <795> to remove veterinary practitioners engaged in simple compounding, as defined in current USP GC <795>, from the scope of the updated document; or
- (3) Further collaborate with the veterinary community to better understand and address the needs of veterinarians and veterinary patients as each of the sections of the proposed revised chapter are edited.

Thank you again for the opportunity to provide feedback on the proposed revisions. We appreciate your consideration of our concerns and requests and look forward to continued collaboration with USP. If you have questions or would like more information, please contact Dr. Dharati Szymanski, Assistant Director, Division of Animal and Public Health, at (847) 285-6742 or via e-mail to dszymanski@avma.org.

Sincerely,



Janet D. Donlin DVM, CAE
Executive Vice President and Chief Executive Officer

DS/AM/BS/GCG/KM

REFERENCES

1. American Veterinary Medical Association (AVMA) Task Force on Veterinary Compounding Legislation. 2016. Legislative Proposal Related to Animal Drug Compounding. Presented at AVMA Board of Directors Meeting on May 18, 2016, Schaumburg, IL.
2. Centers for Disease Control and Prevention (2007). *Handwashing: Clean Hands Save Lives. When and How to Wash Your Hands*. Retrieved from <https://www.cdc.gov/handwashing/when-how-handwashing.html>.

The AVMA's Comments Are Endorsed by the Following Organizations:

- Connecticut Veterinary Medical Association
- Illinois State Veterinary Medical Association
- Kentucky Veterinary Medical Association
- Massachusetts Veterinary Medical Association
- Minnesota Veterinary Medical Association
- Missouri Veterinary Medical Association
- Montana Veterinary Medical Association
- Nebraska Veterinary Medical Association
- New Mexico Veterinary Medical Association
- New York State Veterinary Medical Society
- North Carolina Veterinary Medical Association

- Oklahoma Veterinary Medical Association
 - Oregon Veterinary Medical Association
 - Puerto Rico Veterinary Medical Association
 - Rhode Island Veterinary Medical Association
 - South Carolina Association of Veterinarians
 - Virginia Veterinary Medical Association
 - Washington State Veterinary Medical Association
 - Wisconsin Veterinary Medical Association
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- American Association of Bovine Practitioners
 - American Association of Feline Practitioners
 - American Association of Industry Veterinarians
 - American Association of Small Ruminant Practitioners
 - American Association of Zoo Veterinarians
 - American College of Veterinary Dermatology
 - American Society of Laboratory Animal Practitioners
 - National Association of Federal Veterinarians

Veterinary Medical Board

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MEMORANDUM

DATE	November 15, 2018
TO	Veterinary Medical Board
FROM	Cheryl Waterhouse, DVM, Board President
SUBJECT	Agenda Item 18. Board President Report

Recognition of Richard Sullivan, DVM

Dr. Sullivan started on the Board in June 2012 and has served in various roles. Most recently, Dr. Sullivan served as Board Vice President, Board Liaison to the Multidisciplinary Advisory Committee, and as a member of various subcommittees including Shelter Minimum Standards, Alternate Premises Minimum Standards, Telehealth/Telemedicine, and Drug Compounding. Although I have only been with the Board for a short time, I quickly realized what an asset Dr. Sullivan was to the Board. Thank you, Dr. Sullivan, for everything you have helped the Board accomplish over your years of service.

Welcoming New Member – Christina Bradbury, DVM

Christina Bradbury, 45, of Meadow Vista, was appointed to the Board on October 12, 2018. Dr. Bradbury has been an internist and senior veterinary associate at Vista Veterinary Specialists since 2011. She was an internist at Loomis Basin Veterinary Clinic from 2010 to 2011, a small animal internal medicine resident at Colorado State University Veterinary Teaching Hospital from 2007 to 2010 and a small animal rotating intern at Texas A&M College of Veterinary Medicine and Biomedical Sciences, Veterinary Medical Teaching Hospital from 2006 to 2007.

Dr. Bradbury is a member of the Sacramento Valley Veterinary Medical Association and the American Veterinary Medical Association. She earned a Doctor of Veterinary Medicine degree from the University of California, Davis School of Veterinary Medicine and a Master of Science degree in clinical science from the Colorado State University, College of Veterinary Medicine and Biomedical Sciences.

Annual American Association of Veterinary State Boards (AAVSB) Meeting

The Board President, Executive Officer, and Board Member Kathy Bowler attended the annual AAVSB meeting in September. A full summary of the AAVSB meeting, including action taken, can be viewed [here](#). At the August meeting, the Board delegated authority to the President and Vice President to provide feedback to AAVSB regarding their proposed Practice Act Model changes and the 2018-a Resolution.

The Board's concerns specific to establishing a veterinarian-client-patient-relationship via telehealth methods were shared during the AAVSB meeting. However, the updates to the

Practice Act Model were passed. AAVSB believed “it is important to reiterate that the PAM is a fluid model that will always be subject to modifications that reflect changes in technology and professional regulation.”

In addition, the Resolution 2018-1 was passed. Full text of the resolution can be found [here](#). With passage of Resolution 2018-1, the members resulted in the following:

Member Boards agree to provide the leadership of the Association information on any issues or laws from each jurisdiction that would limit the ability to submit already-public information to the AAVSB VIVA database. Further, Member Boards agreed to provide the leadership of the Association information with any statute, rules/regulation, or policy that would impede the AAVSB staff from collecting, verifying, and transmitting to the Member Boards the primary source data at the applicant’s request, such as college transcripts and verifications of licensure status.

Board staff and legal counsel will work to provide the necessary information to AAVSB.

Department of Consumer Affairs (DCA) – Earn and Learn Statewide Meeting

The Board President, Vice President and Executive Officer attended DCA’s statewide meeting on Expanding Earn and Learn Models in the California Health Care Industry on October 2.

In compliance with [Assembly Bill 2105 \(Rodriguez, 2016\)](#), the DCA conducted the stakeholder process in relation to the California Workforce Development Board’s (CWDB) 2015 [Expanding Earn and Learn Models in the California Health Care Industry](#) report. DCA is working to update policies and remove barriers to facilitate the development of ‘earn and learn’ training programs in the allied health professions.

This meeting introduced attendees to the [DCA’s implementation efforts](#). Planning committee members discussed convening subcommittees to focus efforts in the areas of nursing (specialty nursing, certified nursing assistants, and licensed vocational nurse), medical assisting, mental health, and specialty imaging.

California Veterinary Medicine Association – Board of Governor’s Meeting

The Board President, Vice President and Executive Officer attended CVMA’s October meeting in Palm Springs. Board updates were provided, including a recap of the August meeting, current issues, legislation, Board activities, and statistics.

Veterinary Medical Board

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MEMORANDUM

DATE	November 15, 2018
TO	Veterinary Medical Board
FROM	Jessica Sieferman, Executive Officer
SUBJECT	Agenda Item 20B. Outreach Efforts

Revised Website

To better serve consumers, licensees, and applicants, Veterinary Medical Board (Board) staff has been working with the Department of Consumer Affairs (DCA) Office of Information Services – Internet Team since January redesigning the Board’s website.

First focusing on the home page, then moving to secondary and tertiary levels, VMB staff added emphasis to Inspections and Enforcement – making it easier for the public to access information. Pages are condensed with more relevant information highlighted, making it easier for individuals to read. In addition, various FAQs are being updated, ensuring the public has the most up to date information.

VMB staff anticipates the website being complete by the end of the year.

Increased Outreach Efforts

In late August, the Board management team met with the Department of Consumer Affairs (DCA) Office of Public Affairs to discuss ways to improve its outreach efforts to consumers and licensees. The Public Affairs team has launched numerous outreach campaigns for DCA’s Boards and Bureaus, including the Board of Registered Nursing’s (BRN) [“Go Green”](#) campaign and bringing more awareness to BRN’s [Substance Abuse Intervention Program](#).



Public Affairs also writes various blogs, highlights successful enforcement efforts and brings awareness to various licensing entities. Recently, they launched a social media campaign bringing awareness to DCA's new license search tool:

Life can be complicated.
Checking your **veterinarian's** license shouldn't be.

The new **DCA License Search.**
Access to over 3.5 million licensees, 24 hours a day, 7 days a week.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Scroll, swipe, point, or click <https://search.dca.ca.gov>

The advertisement features a black and white French Bulldog and a brown teddy bear lying on a blue surface. Both are wearing blue ice packs on their heads. The dog has a thermometer in its mouth. To the right, a smartphone displays the DCA License Search website interface, which includes a search bar and a list of boards and bureaus.

They also control [DCA's Blog Page](#), posting helpful information for consumers. In October, their team posted "[Don't let Halloween Become a Horror for Your Pets](#)" highlighting potential dangers to pets during Halloween. Board members are encouraged to subscribe to DCA's Blog Page and share the Board's social media information on their various platforms.

Board staff will work with DCA's Office of Public Affairs to launch the Board's Newsletter which will include important information for licensees, applicants, school administrators, and consumers. In addition, once BreEZe improvements are made, Board staff will work with Public Affairs help bring more awareness to BreEZe services.

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MEMORANDUM

DATE	November 15, 2018
TO	Veterinary Medical Board
FROM	Jessica Sieferman, Executive Officer
SUBJECT	Agenda Item 20C. California Horse Racing Board Partnership

The [California Horse Racing Board](#)'s (CHRB) mission is to ensure the integrity, viability and safety of the California horse racing industry by regulating pari-mutuel wagering for the protection of the public, promoting horse racing, breeding, and wagering opportunities and fostering safe racing through the development and enforcement of track safety standards and regulations for the health and welfare of all participants.

The CHRB issues licenses to owners, trainers, assistant trainers, groom and stable employees, pari-mutuel clerks as well as other occupations. In addition, CHRB issues licenses to California licensed veterinarians who practice veterinary medicine on race horses. CHRB can discipline licensed veterinarians for violations of their statutes and regulations.

On August 31, 2018, Board management met with CHRB's Executive Director to discuss ways to improve communication as it relates to veterinarians licensed by both boards. This included exploring ways to quickly share enforcement and disciplinary actions, the VMB having more of a presence and conducting inspections during race days and disseminating joint information to licensees.

VMB management will tour race tracks during the coming months to gain a better understanding of what occurs during race days. In addition, VMB management offered to attend CHRB meetings to provide an overview of the Board, its activities, and ways work collaboratively together to protect the health and welfare of the horses.

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MEMORANDUM

DATE	November 15, 2018
TO	Veterinary Medical Board
FROM	Ethan Mathes. Operations Manager
SUBJECT	Administrative/Budget Report

Expenditure Report and Fund Condition Status

The most current Expenditure Report is attached, the Report goes through Fiscal Month 2 (August) of Fiscal Year (FY) 2018-19.

Budget Activities

Budget Change Proposal(s): As part of Senate Bill 1491 (Hill, 2018), effective January 1, 2019, the Board is mandated to annually inspect 20% of veterinary premises; staff has requested budget authority to fund additional staff and premises inspectors via a Legislative Budget Change Proposal.

FI\$Cal: The State's new FI\$Cal system continues to be a challenge to quickly and effectively monitor the Board's expenditures and revenues. Staff will continue to work with the Department's Budget Office to provide timely and accurate information and realign Expenditure Reports in the Fall to better align with actual cost areas where expenditures are drawn.

MAXIMUS Program Cost

At its May 2018 meeting, the Board requested information on Diversion Program costs to the Board to consider whether participant costs should be increased.

The Board currently contracts through MAXIMUS Health Services to run its Diversion Program (along with seven other Department Boards). The contract terms with MAXIMUS run from January 1, 2015 through December 31, 2019. Diversion Program Managers and Department contract staff are currently working on a formal Request for Proposal for a new diversion program contract once the current contract expires.

For the current contract, the Board encumbers the cost for six program participants per year and any unspent encumbered funds are returned to the Board at the end of each Fiscal Year.

In accordance with 16 CCR Section 2070, participants in the Diversion Program pay a flat \$2,000 fee, to be paid to the Board through MAXIMUS in a lump sum or installments. Participants are required to be in the Program for a minimum of three years and are not considered having completed the Diversion Program until all Board fees have been paid. Participants also pay their own cost for mandatory drug testing and health support groups.

MAXIMUS invoices the Board per Participant, per month; per the contract, current per participant fees invoiced to the Board are \$369.50 per month.

MAXIMUS Contract Cost (1/1/2015 – 12/31/2019)					
	2015	2016	2017	2018	2019
Board Cost per Participant per Month	\$338	\$348	\$358	\$369	\$380
Board Cost per Participant per Year	\$4,056	\$4,176	\$4,296	\$4,428	\$4,560
Participant Cost per Participant per Year*	\$667	\$667	\$667	\$667	\$667
<i>*assumes the minimum three-year participation in Program</i>					

MAXIMUS has been the Board's Diversion Program contractor since July 2003. In that time, it has enrolled 24 total participants of which nine have successfully completed the Program (with two currently in the Program).

VETERINARY MEDICAL BOARD - 0777
BUDGET REPORT
FY 2018-19 EXPENDITURE PROJECTION
Aug-2018

OBJECT DESCRIPTION	FY 2017-18	FY 2018-19				
	ACTUAL EXPENDITURES (MONTH 13)	BUDGET ACT 2018/19	CURRENT YEAR EXPENDITURES 8/31/2018	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES						
Salary & Wages (Staff)	992,880	1,096,000	171,268	16%	1,027,608	68,392
Statutory Exempt (EO)	101,102	82,000	16,124	20%	96,744	(14,744)
Temp Help Reg (Seasonals)	33,116	33,000	6,503	0	39,018	(6,018)
Board Member Per Diem	9,500	14,000		0%	9,500	4,500
Committee Members (DEC)	3,400	11,000		0%	3,400	7,600
Overtime	2,259			N/A	2,259	
Staff Benefits	679,391	696,000	110,536	16%	663,216	32,784
TOTALS, PERSONNEL SVC	1,821,648	1,932,000	304,431	16%	1,841,745	92,514
OPERATING EXPENSE AND EQUIPMENT						
General Expense	20,335	26,000	5,000	19%	30,000	(4,000)
Fingerprint Reports		6,000		0%	0	6,000
Minor Equipment	10,393	7,000		0%	7,000	
Printing	43,491	18,000		0%	43,491	(25,491)
Communication	1,721	18,000	540	3%	3,240	14,760
Postage	28,498	26,000		0%	28,498	(2,498)
Insurance	6,280	0			6,280	(6,280)
Travel In State	32,523	148,000		0%	32,523	115,477
Travel, Out-of-State						
Training		18,000	695	4%	1,000	17,000
Facilities Operations	120,058	102,000	19,912	20%	119,472	(17,472)
C & P Services - Interdept.	84					
C & P Services - External		148,000		0%	0	148,000
DEPARTMENTAL SERVICES (PRO RATA):						
Office of Information Services	506,000	476,000	79,333	17%	476,000	0
Admin/Exec	301,000	319,000	53,167	17%	319,000	0
IA w/ OPES	0	50,000	8,333	17%	50,000	0
DO I- Spec Ops (Internal)	7,000	9,000	1,500	17%	9,000	0
Communications Division	9,000	11,000	1,833	17%	11,000	0
Program Policy Review Division	47,000	39,000	6,500	17%	39,000	0
INTERAGENCY SERVICES:						
Consolidated Data Center	8,070	8,000			8,070	(70)
DP Maintenance & Supply						0
Information Technology	27,033	5,000			27,033	(22,033)
EXAM EXPENSES:						
Exam Supplies		1,000			0	1,000
Exam Site Rental		5,000			0	5,000
C/P Svcs-External Expert Examiners	288,948	31,000	47,000	152%	282,000	(251,000)
C/P Svcs-External Subject Matter						
ENFORCEMENT:						
Attorney General	837,755	672,000	45,962	7%	672,000	0
Office Admin. Hearings	113,215	134,000			113,215	20,785
Court Reporters	59,601		561		59,601	
Evidence/Witness Fees	124,067	163,000	8,506	5%	124,067	38,933
DOI - Investigations	522,000	533,000	88,833	17%	533,000	0
Major Equipment						0
Other (Vehicle Operations)		3,000		0%	0	3,000
TOTALS, OE&E	3,114,072	2,976,000	367,676	12%	2,994,490	41,111
TOTAL EXPENSE	4,935,720	4,908,000	672,107	14%	4,836,235	133,625
Sched. Reimb. - External/Private						
Sched. Reimb. - Fingerprints		(11,000)			(11,000)	
Sched. Reimb. - Other	(4,225)	(15,000)			(15,000)	
Unsched. Reimb. - Other	(215,789)					
NET APPROPRIATION	4,715,706	4,882,000	672,107	14%	4,810,235	133,625
SURPLUS/(DEFICIT):						2.7%

**Veterinary Medical Board
Summary of Expenditures - 2018-19**

Line Item	Appropriation	Summary of Expenses
Personal Services:		
Salary & Wages (Staff)	1,096,000	Board staff salaries
Statutory Exempt (EO)	82,000	Executive Officer salary
Temp Help Reg (Seasonals)	0	Wages for temporary help such as a permanent-intermittent employees, students, seasonal employees, etc.
Temp Help Reg (Exam Proctors)	33,000	Examination Proctors
Board Member Per Diem	14,000	Board members' per-diem
Committee Members (DEC)	11,000	Committee members' per-diem
Overtime		Staff Overtime
Staff Benefits	696,000	OASDI, Dental, health, retirement, life, vision, Medicare
Total Personal Services	1,932,000	
Operating Expenses & Equipment:		
General Expense	26,000	Office supplies, freight
Fingerprint Reports	6,000	Fingerprint expenses – reimbursed by candidate
Minor Equipment	7,000	Equipment less than \$5K per unit
Printing	18,000	Printed forms, office copier, copying service
Communication	18,000	Phones, cellular phones
Postage	26,000	Stamps, DCA and EDD facility mailed postage
Insurance		Insurance coverage for department owned vehicles.
Travel In-State	148,000	Board, Committee, and Staff Air, car, bus, taxi, incidentals, service fees
Travel Out-of-State		Same as above - out-of-State
Training	18,000	Registration fees, subscriptions
Facilities Operations	102,000	Rent, storage, security
C&P Services Interdept.		Services provided by other state agencies or Interagency Agreement within the Department of Consumer Affairs.
C&P Services External	148,000	Outside DCA contracts - incl. MAXIMUS and Credit Card processing
Departmental Services		
OIS Prorata	476,000	DCA Svcs: Info systems (incl. BreZE)
Admin/Exec	319,000	Pro-rata assessments to support DCA Administrative Services (HR, Accounting, Budgets, etc.), Legal, Publications
IA w/OPES	50,000	Services provided by OPES to Board to develop examinations
DOI-Pro Rata Internal	9,000	Services provided by Division of Investigation Pro Rata
Communications	11,000	Services provided by DCA Public Affairs
Program Policy Review Division Pro Rata	39,000	Pro-rata Consumer and Community Empowerment Division
Interagency Services		
Consolidated Data Centers	8,000	CAS/Teale Data Center
DP Maintenance & Supply		Data processing supplies and maintenance
Information Technology	5,000	State services pro-rata (DGS, DOF, etc)
Exam Expenses		
Exam supplies	1,000	Examination materials, supplies not covered by contract
Exam site rental	5,000	Facility rental charge for vet exams administration
C/P Svcs-External Expert Examiners	31,000	Wages for services provided by expert examiners in the oral/ written examination process
C/P Svcs-External Subject Matter		Services provided by subject matter experts in the oral/written examination process, VET and RVT
Enforcement		
Attorney General	672,000	Office of the Attorney General/DAG legal services
Office of Admin Hearings	134,000	Office of Administrative Hearings, Admin. Law Judge and court reporter services
Court Reporters		
Evidence/Witness Fees	163,000	Expert Witness and In-house Consultants enforcement case review
DOI - Investigations	533,000	DCA Division of Investigation services
Major Equipment		Equipment more than \$5k per unit
Vehicle Operations	3,000	Leasing & maintenance of State vehicle (CPEI BCP)
Total OE&E	2,976,000	
Total Personal Services (above)	1,932,000	
Totals, Expenditures	4,908,000	
Sched. Reimb. - External		Reimbursements for OIS Public Sales
Sched. Reimb. - Fingerprints	(11,000)	Reimbursements for assessment of fingerprint processing fees
Sched. Reimb. - Other	(15,000)	Reimbursements from private individuals, firms, institutions or corporations
Unscheduled Reimbursement		Investigative Cost Recovery
Net Appropriation	4,882,000	

Veterinary Medical Board

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MEMORANDUM

DATE	November 15, 2018
TO	Veterinary Medical Board
FROM	Ethan Mathes. Operations Manager
SUBJECT	Licensing/Examination Report

Applications

Applications Received										
	Fiscal Year 2017-18					Fiscal Year 2018-19				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD
	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jul		Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jul	
VET	142	235	378	231	986	126				126
UNIV	0	0	52	16	68	24				24
RVT	246	193	206	250	895	250				250
HSP	82	78	57	85	302	54				54
VACSP	425	531	467	502	1925	426				426
Total	895	1037	1160	1084	4176	880				880

Examinations

CALIFORNIA STATE BOARD EXAMINATION					
May – Oct. 2017		Nov. 2017 – Apr. 2018		May – Oct. 2018*	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
217	84%	334	84%	163	75%

**partial examination window data*

NORTH AMERICAN VETERINARY LICENSING EXAMINATION					
Mar./Apr. 2017		Nov./Dec. 2017		Mar./Apr. 2018	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
87	68%	412	85%	97	60%

CALIFORNIA VETERINARY TECHNICIAN EXAMINATION					
Jul. – Dec. 2017		Jan. – Jun. 2018		Jul. – Dec. 2018*	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
297	78%	312	98%	230	95%
<i>*partial examination window data</i>					

VETERINARY TECHNICIAN NATIONAL EXAMINATION					
Nov./Dec. 2017		Mar./Apr. 2018		Jul./Aug. 2018	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
363	53%	262	67%	267	68%

Licensing

Licensees	
<i>as of September 2018</i>	
Veterinarian Licenses*/**	14,535/12,704
Veterinarian Licenses – California**	11,855
University Veterinarian*/**	59/59
Veterinarian – Internship**	30
Veterinarian – Reciprocity**	43
Registered Veterinary Technician Licenses*/**	8,851/6,919
Registered Veterinary Technician Licenses – California**	6,890
Premise Permits*/**	4,204/3,686
Premise Permits – Exempt**	158
Veterinary Asst. Cont. Sub. Permit*/**	4,661/4,115
<i>*includes delinquent, inactive, and clear licensees; **clear licensees</i>	

Licenses Issued										
	Fiscal Year 2017-18					Fiscal Year 2018-19				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD
	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jul		Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jul	
VET	174	116	81	360	731	177				177
UNIV	0	0	1	37	38	15				15
RVT	146	129	154	172	601	144				144
HSP	74	61	47	71	253	39				39
VACSP	415	475	303	400	1593	275				275
Total	809	781	586	1040	3216	650				650

Examination Development and Workshops

Veterinary Technician Occupational Analysis: The Department's Office of Professional Examination Services (OPES) has completed its Occupational Analysis (OA) of the California Registered Veterinary Technician Profession. The *Occupational Analysis of the California Registered Veterinary Technician Profession* is on the Board's website.

The AAVSB-VTNE Job Analysis and Veterinary Technician National Examination studies were completed in September 2017 and May 2018 respectively. The *Review of the Veterinary Technician National Examination* is on the Board's website; Heidi Lincer from OPES will present the report findings at the November Board meeting.

The new California RVT Examination Outline and List of References (based on the occupational analysis and comparison study report) has been finalized and will be published on the Board's website and in the RVT Candidate Information Bulletin. The new Examination Outline and List of References will be used commencing with the January 2019 administration of the California RVT Examination and is included with this Report.

Veterinary Occupational Analysis: OPES has begun its OA of the veterinary profession in Fiscal starting with the first workshop in October 2018; the last OA of the profession was completed in December 2013. The veterinary OA is scheduled for completion in December 2019.

Veterinary Law Examination: Senate Bill 1491 (Hill, 2018), effective January 1, 2019, has authorized the Board the ability to administer the Veterinary Law Examination (VLE) by electronic means. Board staff will begin work in cooperation with OPES to develop an electronic VLE to deploy in early-2019.

Diversions Program

The next Diversion Evaluation Committee (DEC) meeting is scheduled for February 2019.

The DEC meets every February, June, and October. There are currently two participants in the Diversion Program; recently, two participants successfully completed the program and expressed their gratitude for the assistance the program provided.

Personnel

There are no personnel updates at this time.

January 2019 California Registered Veterinary Technician Examination Outline

1. Diagnostic Imaging (10%). This content area assesses the candidate’s knowledge of the laws, regulations, and practices pertaining to performing radiography, including safety procedures and equipment maintenance.	
TASK STATEMENT	ASSOCIATED KNOWLEDGE STATEMENTS
T1. Adhere to radiation protocol (i.e., personal protective equipment placement, distance from exposure, equipment settings) to ensure safety of staff and patients.	K1. Knowledge of laws and regulations regarding radiation safety. K2. Knowledge of methods to limit operator radiation exposure (e.g., collimation and personal protective equipment). K3. Knowledge of methods, procedures, and equipment for radiography. K4. Knowledge of dangers associated with radiation exposure.
T2. Adhere to state regulations regarding radiographic equipment maintenance to ensure staff and patient safety.	K4. Knowledge of dangers associated with radiation exposure. K5. Knowledge of the care and maintenance of personal protective equipment.
T3. Label diagnostic images in accordance with state regulations.	K6. Knowledge of laws and regulations regarding labeling and storage of radiographs.

2. Anesthesia, Surgical Assistance, and Dentistry (20%). This content area assesses the candidate’s knowledge of the laws, regulations, and practices pertaining to inducing anesthesia, providing surgical assistance, and performing tooth extractions.	
TASK STATEMENT	ASSOCIATED KNOWLEDGE STATEMENTS
T4. Induce anesthesia on patient using various methods (e.g., intravenously, inhalation, intramuscularly) to prepare patient for veterinary surgical procedures.	K7. Knowledge of levels and planes of anesthesia. K8. Knowledge of procedures for operating and maintaining anesthesia collection systems (e.g., scavenging) to ensure health and safety of personnel.
T5. Close existing incisions on patient (e.g., aural hematoma, lacerations, gingiva) with sutures, staples, or tissue adhesives to control bleeding and prevent infection.	K9. Knowledge of techniques and procedures to suture and staple skin.
T7. Extract teeth from patient to maintain oral health.	K11. Knowledge of techniques for tooth extraction.

3. Animal Nursing (18%). This content area assesses the candidate's knowledge of the laws, regulations, and practices pertaining to euthanizing animals and disposing of biohazardous and infectious materials.	
TASK STATEMENT	ASSOCIATED KNOWLEDGE STATEMENTS
T8. Euthanize animals using humane methodology in accordance with state regulations.	K12. Knowledge of procedures and acceptable methods for euthanasia of various species. K23. Knowledge of laws and regulations related to euthanasia of animals.
T9. Dispose of biohazard material in accordance with state and local laws.	K13. Knowledge of federal and state regulations regarding handling, storage, and disposal of biohazardous waste.
T10. Perform infection and pathogen control in accordance with state and federal law regarding an aseptic clinical environment.	K14. Knowledge of techniques to manage contagious diseases.

4. Pharmacology (20%). This content area assesses the candidate's knowledge of the laws and regulations related to administering vaccines by various routes; and to storing and maintaining medication and controlled substances.	
TASK STATEMENT	ASSOCIATED KNOWLEDGE STATEMENTS
T11. Maintain controlled substance logs in accordance with state and federal requirements.	K15. Knowledge of methods for maintaining controlled substance records and logs.
T12. Store and maintain controlled substances in accordance with state and federal requirements.	K16. Knowledge of requirements for prescription labels. K17. Knowledge of federal and state regulations (e.g., drug schedule) regarding ordering, handling, and storage of controlled substances.
T13. Administer rabies vaccinations in accordance with state laws and regulations.	K18. Knowledge of state laws and regulations related to rabies vaccine protocols and preventative measures and schedules.
T14. Store pharmacological agents in accordance with manufacturer's recommendations and state and federal requirements.	K19. Knowledge of storage requirements of pharmacological agents.

5. Reporting (6%). This content area assesses the candidate's knowledge of the laws and regulations pertaining to reporting illegal activities and diseases.	
TASK STATEMENT	ASSOCIATED KNOWLEDGE STATEMENTS
T15. Report illegal animal activities and disease exposure in accordance with laws and regulations.	K20. Knowledge of laws and regulations pertaining to reporting animal abuse, neglect, or zoonotic disease exposure. K21. Knowledge of reportable diseases according to California law.

6. Scope of Practice (26%). This content area assesses the candidate's knowledge of the laws and regulations that define the registered veterinary technician scope of practice during emergency and nonemergency situations.	
TASK STATEMENT	ASSOCIATED KNOWLEDGE STATEMENTS
T16. Comply with legal parameters regarding Registered Veterinary Technician scope of practice.	K22. Knowledge of laws and regulations that define Registered Veterinary Technician scope of practice during nonemergencies. K24. Knowledge of laws and regulations that define Registered Veterinary Technician scope of practice during emergencies.

Registered Veterinary Technician January 2019 List of References

1. Bassert, JM (2017). *McCurnin's Clinical Textbook for Veterinary Technicians*. 9th ed. St. Louis, MO: Saunders; 2004.
2. California Department of Public Health. *California Compendium of Rabies Control and Prevention, 2012*. Sacramento, CA: California Department of Public Health, Veterinary Public Health Section; 2012.
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CACompendiumofRabiesControlandPrevention.pdf>
3. California Department of Public Health. *Laws and Regulations Relating to Rabies; Excerpts from the California Health and Safety Code and the California Code of Regulations*. Sacramento, CA: California Department of Public Health, Division of Communicable Disease Control, Infectious Diseases Branch, Veterinary Public Health Section; December 2014.
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Rabies.aspx>.
4. California Business and Professions Code, Veterinary Medicine – Practice Provisions, Sections 4825.1, 4826, 4827, 4830.5 and 4830.7.
http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=11.&article=2.
5. California Business and Professions Code, Veterinary Medicine – Registered Veterinary Technicians, Sections 4836.1, 4839.5, 4840, 4840.6, and 4840.7.
http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=11.&article=2.5.
6. California Code of Regulations, Title 16, Professional and Vocational Regulations – Veterinary Medical Board – Practice, Sections 2030, 2030.3, 2032.1, 2032.3(c), 2032.4, 2035, 2036, 2036.5, 2037, and 2039.
[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I8EB03CE0D48F11DEBC02831C6D6C108E&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I8EB03CE0D48F11DEBC02831C6D6C108E&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
7. California Code of Regulations, Title 16, Professional and Vocational Regulations – Veterinary Medical Board – Registered Veterinary Technicians, Section 2069 (Emergency Animal Care).
[https://govt.westlaw.com/calregs/Document/I9F3228D0D48F11DEBC02831C6D6C108E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I9F3228D0D48F11DEBC02831C6D6C108E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

8. California Code of Regulations, Title 17, Public Health – Reportable Diseases and Conditions, Section 2500 (Reporting to the Local Health Authority) and Section 2606 (Rabies, Animal).
[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IC732F680D60511DE88AEDDE29ED1DC0A&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IC732F680D60511DE88AEDDE29ED1DC0A&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
9. California Health and Safety Code, Environmental Health – Medical Waste, Section 117690.
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=117690.&lawCode=HSC
10. California Health and Safety Code, Communicable Disease Prevention and Control – Veterinary Public Health and Safety – Rabies Control, Sections 121575 and 121690.
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=121575.&lawCode=HSC
11. California Veterinary Medical Board. *Radiation Safety Guide: Relating to veterinary medicine and animal health technology in California, 2012*. Sacramento, CA: California Veterinary Medical Board; 2012.
https://www.vmb.ca.gov/forms_pubs/radguide.pdf
12. Uniform Controlled Substances Act (1972). California Health and Safety Code, Division 10, Sections 11053, 11165 (CURES), and 11190.
http://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?lawCode=HSC&division=10.&title=&part=&chapter=2.&article=&qoUp=Y