

## MULTIDISCIPLINARY ADVISORY COMMITTEE TELECONFERENCE MEETING MINUTES

Pursuant to Governor Gavin Newsom's Executive Order [N-29-20](#), issued on March 17, 2020, the Multidisciplinary Advisory Committee (Committee) of the Veterinary Medical Board (Board) met via teleconference/WebEx Events with no physical public locations on **Wednesday, October 21, 2020**.

**9:00 a.m., Wednesday, October 21, 2020**

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

Committee Chair, Kristi Pawlowski, called the meeting to order at 9:02 a.m. Board Executive Officer, Jessica Sieferman, called roll; nine members of the Committee were present, and a quorum was established.

#### Members Present

Kristi Pawlowski, Registered Veterinary Technician (RVT), Chair  
Kevin Lazarcheff, Doctor of Veterinary Medicine (DVM), Vice-Chair  
Christina Bradbury, DVM, Board Liaison  
Stuart Eckmann, Public Member  
Jennifer Loreda, RVT, Board Liaison  
Jamie Peyton, DVM  
Leah Shufelt, RVT  
Richard Sullivan, DVM  
Margaret Warner, DVM

#### Staff Present

Jessica Sieferman, Executive Officer  
Timothy Rodda, Administration/Licensing Manager  
Patty Rodriguez, Hospital Inspection Program Manager  
Terry Perry, Enforcement Technician  
Justin Sotelo, Lead Administrative & Policy Analyst  
Tara Welch, Board Counsel, Department of Consumer Affairs (DCA)

#### Guests Present

Dan Baxter, California Veterinary Medical Association (CVMA)  
Sophia Cardoso, Veterinary Nurse  
Brian Clifford, DCA  
Shea Cox, DVM  
Mark Cushing, Animal Policy Group  
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association (CaRVTA)  
Valerie Fenstermaker, CVMA

Aubrey Jacobsen, DCA, Division of Legislative Affairs  
Tom Jurach, DCA, Office of Information Services  
Brandy Kuentzel, General Counsel, San Francisco Society for the Prevention of Cruelty to Animals (SF SPCA)  
Edie Marshall, DVM, California Department of Food and Agriculture  
Grant Miller, DVM, CVMA  
John Pascoe, DVM, University of California, Davis  
Ken Pawlowski, DVM, CVMA  
Jeff Pollard, DVM  
Susan Riggs, American Society for the Prevention of Cruelty to Animals (ASPCA)  
Mike Sanchez, Television Specialist, DCA  
Trisha St. Clair, Moderator, DCA, SOLID  
Ledy Vankavage, Senior Legislative Attorney, Best Friends Animal Society  
Jessica Vogelsang, DVM  
Bruce Wagman, SF SPCA

## **2. Committee Chair's Remarks and Committee Member Comments**

Ms. Pawlowski indicated that she did not have any remarks; however, she noted that there were several guests present for Agenda Item 5.

## **3. Public Comment on Items Not on the Agenda**

There were no public comments.

## **4. Review and Approval of July 22, 2020 Committee Meeting Minutes**

Board Counsel, Tara Welch, reminded members that if they were not present at the July 22, 2020 meeting, they should abstain from voting on the meeting minutes.

The Committee reviewed the July 22, 2020 meeting minutes.

- Dr. Richard Sullivan moved and Dr. Margaret Warner seconded the motion to approve the July 22, 2020 meeting minutes. The motion carried 7-0-2, with Drs. Christina Bradbury and Jamie Peyton abstaining.

## **5. Discussion and Potential Recommendation on Section 2032.1, Article 4, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Telemedicine and Time to Refill Prescriptions – Kristi Pawlowski, RVT and Richard Sullivan, DVM**

Ms. Pawlowski indicated that due to the complexity of the topic, the Committee would hear first from stakeholders, and then consider the information gathered and how to move forward. She encouraged members to listen to the stakeholder concerns and to have an open mind. Ms. Pawlowski also noted that the two main concerns raised by the public pertained to the Board's understanding that the veterinarian-client-patient

relationship (VCPR) is condition specific, and the VCPR cannot be established via telemedicine.

Ms. Pawlowski indicated that a couple of groups had been invited to the meeting to provide presentations and share information. Ms. Siefertman noted that representatives from CVMA, SF SPCA, and ASPCA were present.

Brandy Kuentzel, General Counsel for SF SPCA, thanked the Committee for the invitation to speak at the meeting. She stated that SF SPCA operates two full service veterinary hospitals in the San Francisco Bay Area that service the general public. She added that they employ approximately 200 veterinary professionals. Ms. Kuentzel indicated that her presentation would represent the positions of the SF SPCA, ASPCA, Best Friends Animal Society, the Humane Society of the United States, the Humane Society Veterinary Medical Association, and the San Diego Humane Society. She stated that she was joined by some of the leading authorities in veterinary telemedicine. Ms. Kuentzel introduced Bruce Wagman, one of the nation's preeminent animal law attorneys, and Drs. Shea Cox and Jessica Vogelsang, California licensed veterinarians and acclaimed telehealth and technology advocates. She noted that Mr. Wagman would discuss legal issues with regard to telemedicine, Drs. Cox and Vogelsang would explain matters from a practitioner's standpoint and how telemedicine protects both consumers and animals, and she would provide closing thoughts and suggestions on how to continue to collaborate.

Mr. Wagman recited the mission of the Board and stated that the purpose of the VCPR is to ensure that veterinarians know their animal patients well enough to diagnose and treat them. He stated that despite identical regulatory language in states across the country, virtually every other state, except California, has interpreted the VCPR to allow for telehealth for new medical occurrences and has given veterinarians the right to make the decision as to whether or not they need to see the animal, or they can provide some general or preliminary diagnosis and recommended treatment over the telephone. He stated that the current California waiver is now the same as what the law has always been in other states, that is, the way other states have always interpreted the VCPR requirements. He added that other states interpret medical condition and general or preliminary diagnosis in a more reasonable and appropriate fashion.

Mr. Wagman stated that the request of the stakeholders was to make the substantive changes under the waiver permanent. He explained that as a legal and procedural matter, this can happen two different ways: 1) a permanent waiver with no expiration date; or, 2) a revised interpretation of the VCPR medical condition requirement when it comes to telemedicine. He stated that the second option would be more appropriate, as the first option would continue to confuse practitioners, as it sounds like an exception to a rule. Mr. Wagman also noted that the second option would not require new rulemaking or any change in the language under the VCPR regulation. He stated that what is most important is clarity for California veterinarians and what is needed is a clear pronouncement from the Board.

Mr. Wagman also stated that the requested interpretation of the VCPR would not increase liability exposure for veterinarians. He explained that if it did, these concerns would have already been heard across the country.

Mr. Wagman stated that it is requested that the Board simply indicate to California veterinarians that the VCPR medical condition restriction be given a construction consistent with the VCPR rules around the country, so that California veterinarians can better serve their clients and patients, and do their job. He added that the prescription refill waiver should also remain in place indefinitely, in order to allow more flexibility for clients who need to return to the veterinarian for a check-in and check-up before a prescription is refilled. Mr. Wagman thanked the Committee for the opportunity to speak.

Dr. Cox indicated that she owned a 14-doctor hospice and palliative care practice in the San Francisco Bay Area. She stated that their experience with telemedicine began in 2016, and they have successfully managed thousands of patients via telehealth since that time without a single concern or issue. She added that they have been able to greatly improve the delivery of care and, more importantly, the clinical outcomes. Dr. Cox stated that while they do establish a VCPR for every single patient with a hands-on examination, they continue the majority of that medical management via telehealth for the duration of the relationship.

Dr. Cox stated that the Board's interpretation of the requirements is a concern to veterinarians who rely on this modality, but it is also a disservice to clients and their pets. She noted that there are countless case studies and examples that could be shared which support telehealth. Dr. Cox also explained that being able to treat a terminal animal via telehealth can prevent: increased pain or injury during transport; the chance of an owner not seeking additional treatment; or the chance of an owner taking treatment into their own hands. She stated that returning to the interpretation of the regulations, pre-waiver, would require an examination for every new symptom that arises and that is not practical. Dr. Cox added that veterinarians should be allowed to use their judgement, based on the situation and the circumstance, within the confines of an established VCPR. She stated that her plea, and the plea of many, is to have the Board trust veterinarians to make the right decisions, as to when telemedicine is appropriate and when it is not appropriate. Dr. Cox thanked the Committee for the opportunity to speak.

Dr. Vogelsang thanked the Committee and her colleagues in the animal welfare community for giving her and Dr. Cox the opportunity to participate in the discussion. She stated that she would be providing context about veterinary telehealth in all of North America and encouraging that the Board take requested steps to ensure California does not fall behind the rest of the country. Dr. Vogelsang stated that she has practiced veterinary medicine in San Diego for the entirety of her 18-year career in general practice emergency medicine and hospice care. She added that she first got involved with telehealth in 2009, and has served as medical director for an international tele-advice service.

Dr. Vogelsang explained that the profession is at a critical juncture right now, which was precipitated by COVID-19, but this has been in the works for a very long time. She stated that the profession can no longer ignore the importance of the online space and the way pet owners access care. She stated that many owners also research treatment information online, and there is an abundance of misinformation on the internet. She explained that every day the profession refuses to look to the future digs a bigger hole, as outside parties have stepped into this sphere of influence that the profession has willingly abdicated. Dr. Vogelsang stated that restricting telemedicine does not protect consumers from bad veterinarians; it exposes them further to the dangers of non-veterinarians.

Dr. Vogelsang explained that a permanent waiver is a commonsense approach that will allow the veterinarians to engage in telemedicine in a safe manner, consistent with the way it is already being used in the rest of the country. As a founding board member of the newly established Veterinary Virtual Care Association (VVCA), she stated that she has had the privilege of seeing how telemedicine is being used world-wide to improve patient outcomes and elevate the role of veterinarians in the virtual space. She added that she truly hoped the Committee would consider the evidence that is being presented that illustrates how telemedicine can be, and is being, practiced in a pragmatic, safe, and effective manner. She also stated that the critical point to remember is that the standard of care for telemedicine is no different than it is for in-person medicine. She explained that if a veterinarian is unable to gather enough data to reach a diagnosis without a physical examination, then the patient must be seen in person. Dr. Vogelsang acknowledged that telemedicine is not appropriate in all situations, or in many situations, but it is invaluable for the right patients.

Dr. Vogelsang reported that in serving on the regulatory advisory board of the VVCA, they have learned that since the onset of COVID-19, 15 states and counting have made telemedicine more accessible to veterinarians with the allowance for a remote VCPR. She also stated that in Ontario, Canada, allowing telemedicine to establish a VCPR has been legal for three years, and there have been no associated complaints.

Dr. Vogelsang stated that, to their knowledge, California is the only state with the condition-specific mandate to the VCPR. She added that if the waiver expires, California will revert to being the most regressive state with regard to veterinary telemedicine. She explained that the number one reason why veterinarians choose not to utilize telemedicine is due to confusion. She stated that practitioners are confident that they can select appropriate use cases, and they are confident in their judgement and discretion; however, what is lacking is clarity from the Board about what they can and cannot do with the information, and there is confusion about whether what they are doing right now will be legal in a few months. She urged the Board to be leaders at this critical time.

Ms. Kuentzel offered two suggestions for continued collaboration: 1) as a result of the confusion among veterinarians and consumers related to the practice of telemedicine, there is an opportunity for the Board to provide additional guidance and for her

organizations to work with the Board to clarify existing misconceptions and to get the word out to constituents about any changes that may or may not be made in the future; and, 2) that the Committee and Board reconnect with the organizations regularly on this topic for re-evaluation. Lastly, she stated that all of the organizations mentioned today, along with the speakers, are always available to the Board as resources.

Ms. Pawlowski thanked Ms. Kuentzel, Mr. Wagman, and Drs. Cox and Vogelsang for the information provided.

Valerie Fenstermaker, CVMA, stated that prior to the meeting, she consulted with the American Veterinary Medical Association (AVMA) and confirmed that their policies were consistent with the CVMA. She indicated that both organizations support the VCPR that includes an in-person examination of the animal patient, which encompasses each condition being treated. She explained that it is important to note that veterinary medicine is more than just a visual profession; smell and touch are also integral to making the correct diagnosis, and that cannot be done virtually. She added that this makes veterinary medicine very different from human medicine, where telemedicine is more commonly used. Ms. Fenstermaker stated that they also have concerns about the internet. She explained that the enforcement authority of the Board may not be able to protect the consumer when it comes to telemedicine and whether animal owners will actually be talking to licensed California veterinarians, or to a veterinarian at all. She added that they are exploring the use of telemedicine, and they know there is a place for it, but how it stands right now is appropriate. She also stated that they were talking to their members in upcoming meetings and would be gathering information on how this works during COVID-19.

Dr. Grant Miller, CVMA, also stated that CVMA supports the current law in the State of California, and the law reflects what veterinarians were trained to do and what they do every day.

Susan Riggs, ASPCA, stated that there appears to be an assumption that telemedicine is being imposed on veterinarians automatically, when in fact it is intended to be discretionary where veterinarians use their professional judgement to determine whether an animal needs to be seen in-person again. She also indicated that they are asking for the temporary waivers to become permanent, and there would still be the requirement that a VCPR was established in-person. She stated that the existing interpretation of the regulations is serving as a barrier to veterinary care and pushing consumers to utilize the internet in a negative way.

Mr. Wagman also reiterated that a VCPR would still be required and be established in-person by a veterinarian. He added that the suggestion that another professional from another state or country could step in and provide care to an animal via telemedicine is not appropriate or what his constituents are talking about. He clarified that what they are talking about is California licensees providing telehealth care in California. He also stated that all other states are interpreting the law different than California and stressed

that California's interpretation is not in the language of the regulation, it is just an interpretation.

Dr. Vogelsang indicated that it is important to clarify all of the misconceptions. She also stated that consumers want to engage with veterinarians online, and that is how people are seeking veterinary care currently. She added that unnecessary barriers make it more difficult for consumers to be protected. She also stated that veterinarians swooping in from other countries and providing veterinary care in California is not the problem. She indicated that she is just asking people to be realistic about what consumers want, and what they want is access to their trusted veterinarians. She noted that this is known as a result of human medicine and what is being done in other states. Dr. Vogelsang stated that many of the fears of telemedicine have not come to pass. She also stated that many stand behind AVMA's interpretation of the model practice act; however, there is nothing in the model practice act that specifically states that there is a condition-specific aspect to the VCPR. She added that she has not heard anything from AVMA to that specific point that her constituents are arguing.

Ms. Welch indicated that she wanted to make some clarifications. First, she noted that California's regulation does not track the AVMA model law, and it does require a condition-specific VCPR. Therefore, she clarified that it is not a matter of California law being interpreted differently. She pointed out that CCR section 2032.1, subsection (b)(3), is not in the AVMA model law. She also indicated that other states are probably not interpreting California's law, they are likely interpreting their own laws. She added that it is not a matter of interpreting California's law differently; it would be a matter of amending the regulation, if a change in the requirement was sought. Ms. Welch also stated that with regard to making the DCA Director waivers permanent, the Board does not have authority to make those waivers permanent.

Dr. Sullivan argued that the anecdotal stories in support of telemedicine can go both ways. He also stated that the American Telehealth Association guidelines for pediatrics states that infants under two years of age need a hands-on examination to establish a VCPR, and that veterinary patients are similar. He added that saying that a VCPR is good for six or nine months or for a health examination that alleviates having an in-person examination for a new condition would lower the standard of practice in this state.

Dr. Peyton stated that even with greater access to veterinarians, consumers will still likely seek veterinary advice online. She argued that the biggest barrier, whether it is in-person medicine or telemedicine, is paying for services. She asked whether data has been gathered that demonstrates that telemedicine provides better access. Ms. Pawlowski also asked if there was any data on how telemedicine would increase the amount of time that a veterinarian would be able to give to a client.

Dr. Vogelsang responded that they are still in the data gathering phase because this is something new. However, she stated that there have been no examples of harm from telemedicine. She indicated that the VVCA is in the process of doing a multi-national

survey, and that they expect to have that data soon. She explained, however, that telemedicine allows you to scale and sort out appropriate and inappropriate use cases. She stated that several issues or concerns can be addressed per hour utilizing telemedicine, so they expect to see increased access to care. She added that they are not asking anyone to go outside of their comfort zone or change, and that this is about trusting the licensees of the State of California to have the knowledge and discretion to be able to differentiate.

Ms. Pawlowski opened up the discussion for public comment.

Nancy Ehrlich, RVT, CaRVTA, stated that veterinary professionals have been giving advice over the telephone for several years to clients with whom they have established VCPRs. She added that having a screen or camera to see a patient allows professionals to give even better advice. She argued that the issue was over exaggerated and that veterinary medicine needs to be more accessible to clients, especially during a pandemic.

Dr. Bradbury stated that she was initially against telemedicine as a means of providing veterinary care for conditions a pet had not been seen by a veterinarian. She indicated that she was concerned that relying on telemedicine might be doing a disservice to clients and patients, if certain things were not seen or if certain questions were not asked. She stated that she was also concerned about the possibility of patients being cared for by non-California licensees, but was happy to hear that the groups support an initial VCPR requirement via an in-person examination. She added that there are also examples of when you might be putting an animal at more risk by requiring an in-person examination. She also stated that she wondered why some professionals are so passionate about telemedicine. However, she stated that her views on telemedicine had recently changed after listening to a presentation during the American Association of Veterinary State Boards (AAVSB) conference. She indicated that there appears to be compelling data for why this seems to be working and how there have not been any issues with it. She indicated that she was open to working on this issue.

Dr. Sullivan indicated that the Board may need to go one step further and clarify the difference between telehealth and telemedicine. He stated that, in his opinion, prescribing an antibiotic, as opposed to providing general information, is telemedicine. He explained that he has been studying this for years and, even on the human side, there is overlap between telehealth and telemedicine. However, he stated that this is something the Board or Committee may need to focus on.

Ms. Riggs addressed the question about why the ASPCA is so passionate about telemedicine. She stated that they are very interested in working with low-income communities and opening up access to veterinary care. She explained that there are many individuals with mobility issues, and the pandemic has limited access to veterinary care even more. She stated that their efforts are about access to care and trying to remove as many barriers as possible.



Ms. Pawlowski asked how telemedicine can provide more access to care for individuals with lower incomes. She also asked if a VCPR requires an in-person examination, and if there are mobility issues for clients, how is that being addressed.

Ms. Riggs indicated that she could speak to their experience in Los Angeles County. She explained that they are deeply immersed in their communities, and they actively go out with a mobile clinic to those communities to allow individuals to access their veterinary services. She stated that many people do not own vehicles, cannot get their pets on public transportation, or cannot take time off from work. She also explained that, in these communities, there are no clinics, and if people can access online care, they do not have to give up their hourly wages for the day.

Ms. Pawlowski stated that all clients and patients deserve the same quality of care, and to ensure consumer protection, the minimum standard is something that the Committee needs to look at.

Ms. Riggs indicated that she agreed, and that is the reason why they are so passionate about what they do; however, the existing barriers in low-income communities do not allow for the same quality of care. She stated, however, that providing telemedicine to those communities does not compromise the level of care provided, it expands it, especially in conjunction with the ASPCA going out to the communities.

Ms. Kuentzel stated that the SF SPCA is in line with how the ASPCA thinks about this topic. She added that there are chronic disparities and communities that do not receive any veterinary care. She explained that telemedicine is just one tool to allow access to care. She stated that the SF SPCA is deeply vested in this topic.

Jennifer Loreda indicated that she was trying to look at this issue from a consumer perspective. She stated that when pet owners panic and they do not have access to veterinary advice, they will always utilize the internet, and there is nothing that can be done about that. She explained that she would prefer that pet owners get professional, informed advice. She also stated that veterinarians need to be trusted to use their professional judgement, and the Board still has its standards of practice. She added that she did not know if making the waiver permanent would increase access; however, the requirements need to be relaxed during the pandemic. She also stated that she did not believe there was any benefit to rushing a decision on this issue, as the Board needs to really think about the safety of patients.

Ms. Pawlowski noted that the issue is something the Committee will continue to talk about. She thanked everyone for participating in the discussion.

**[6. Discussion and Potential Recommendation on Proposed Amendments to Section 2035, Article 4, Division 20, Title 16 of the CCR, Duties of Supervising Veterinarian](#)**

Ms. Sieferman explained the background behind the regulatory proposal. She reported that as part of the 2012-14 Strategic Plan, the Board wanted to research extended duties for RVTs, and referred the matter to the Committee for potential amendments to CCR section 2035. She explained the challenge with trying to list tasks in a regulation, and the Committee ultimately decided not to identify specific tasks. She stated that when the rulemaking was reviewed by the Business, Consumer Services, and Housing Agency (Agency), they raised concerns that the regulatory language was too broad and could create more confusion. Ms. Sieferman explained that staff took the matter back to the Board in August 2020, and the Board returned the proposal to the Committee for consideration of Agency's concerns. Additionally, Ms. Sieferman stated that the Board asked whether the rulemaking was even necessary and whether there was potential redundancy in the proposed language. She also explained that after consulting with Board Counsel and the Board's Deputy Attorney General (DAG) Liaison, it was believed that the newly proposed subsection (d) was not needed.

Dr. Sullivan stated that the reason this proposal came up was because it was thought that subsection (a) was not specific enough to be enforceable; however, he indicated that if staff has no problem with the enforceability of subsection (a), then subsection (d) is probably not necessary.

Ms. Sieferman added that in discussing this matter with the DAG Liaison, it was noted that the proposed language could actually make the regulation more difficult to enforce.

Ms. Pawlowski recalled the challenges the Committee experienced trying to come up with definitions and language.

Ms. Ehrlich stated that the opinion she shared at the August 2020 Board meeting had not changed; the regulatory proposal was not necessary, and she recommended withdrawing the rulemaking.

- Dr. Richard Sullivan moved and Dr. Kevin Lazarcheff seconded the motion to recommend to the Board withdrawal of the rulemaking for CCR section 2035, Duties of a Supervising Veterinarian. The motion carried 9-0.

#### **7. Discussion and Potential Recommendation Regarding Veterinary Premises Registration Fees – Kristi Pawlowski, RVT and Richard Sullivan, DVM**

Dr. Sullivan reported that the email survey was a great idea, but it only resulted in a 2% response. He stated that the Subcommittee was therefore back to square one, and additional options to consider would be: for Committee members to share the task of reaching out directly to premises via telephone; or to collect the information through hospital inspections. However, he noted that the latter option might take three or four years to complete.

Dr. Bradbury thanked the Subcommittee for the work completed, to date. She indicated that she personally could not commit to making the estimated number of phone calls

mentioned in the cover memo. However, she noted that the information needed might already be available; she indicated that the AVMA collects and publishes information and the data might already be available.

Dr. Sullivan indicated that he was not aware of the AVMA data, but agreed that the Committee could reach out to them.

Ms. Pawlowski clarified that the Committee needs actual numbers of veterinarians per practice, not averages, in order to come up with a tiered fee approach. Additionally, she stated that part-time and relief veterinarians should also be part of the equation in order to have complete picture of who works at each practice. She noted that a clinic's website is likely not indicative of who all works for the practice.

Dr. Peyton noted that practices may not be motivated to provide a lot of information, or the number of veterinarians they employ, if it could potentially result in increased fees. She also stated that the Committee may need to consult with someone to determine what an appropriate response rate would be, given the variables of the survey questions.

Dr. Sullivan stated that if a tiered fee system is presented to the Legislature or through rulemaking, it needs to be supported with defensible information. Ms. Welch concurred with Dr. Sullivan.

Ms. Pawlowski also agreed that defensible information is needed, and that one million dollars would be needed to offset the RVT fees. However, she added that the Committee has acknowledged that making up the full one million dollars may not be possible.

Dr. Sullivan stated that this might not be doable, as there are restrictions, supporting information is needed, and staff does not have the necessary resources. He indicated they need data that is defensible.

Ms. Pawlowski also noted that outside volunteers cannot be used to get the necessary information.

Dr. Peyton suggested that having categories for responses on a survey is probably better than fill-in-the-blank surveys and provides more concrete and defensible data.

Ms. Welch stated the Committee needs to figure out ways to raise money quicker. She indicated that one option is to go directly to the Legislature, explain what the Board is trying to accomplish, and then premises and registrants can participate at that level. She added that there also needs to be a balance between the premises registration increase and what the premises themselves, or their management, are willing to pay for the RVT registration. She emphasized that the timeframe was important because RVTs cannot pay higher fees for years.

Dr. Sullivan indicated that he liked the idea of going directly to the Legislature. He also noted that, in response to Dr. Peyton's comments, he identified the following possible categories: 1-2; 3-5; 6-10, and 11 or more veterinarians.

Ms. Sieferman stated that if the Board goes to the Legislature and asks for raised fees, the Board does need to provide supporting data, or the Legislature will not consider it. Additionally, she stated that the Board needs to know whether the proposed fees will in fact produce a sufficient amount of funds.

Ms. Pawlowski inquired whether the Board could ask the Legislature while the Board continues to gather data. Ms. Sieferman indicated that you can ask the Legislature, but they typically require sufficient data before putting something in print, so that it does not create chaos.

Dr. Sullivan also added that the tiered fee approach is a new concept.

Dr. Peyton asked whether the Board could modify the survey with categories and then follow up with a personal contact. Additionally, she noted that the Board would need a representative sample.

Dr. Bradbury stated that she would be more inclined to complete a survey if there were categories. She also indicated that looking at practices online, and the number of veterinarians listed, would at least give the Board some preliminary data more quickly to consider. She also indicated that she agreed with Ms. Welch that the Board needs to do something more quickly.

Ms. Pawlowski asked if the Committee should consider a revised survey. Ms. Sieferman indicated that it could be done. Ms. Pawlowski again reiterated that a practice's website may not be indicative of who works there, what their time base is, etc.

Ms. Sieferman stated that staff would not be able to provide Committee members with website addresses or names of practices, as that information is not captured in BreEZe; staff would only be able to provide physical addresses and telephone numbers.

Dr. Peyton stated that doing the survey with ranges or categories, along with an internet search, would demonstrate that the Board is taking two different approaches to obtaining data as quickly as possible. She also indicated that having an address and a phone number should be sufficient in order to identify a practice.

Ms. Sieferman suggested Committee members research online to ensure they are identifying the premises registration number, so the survey responses are not duplicated.

Dr. Peyton suggested relying on the survey results as the concrete data, and then utilizing the online information as backup or supporting data.

Dr. Sullivan indicated that he was frustrated with some of the preliminary survey responses received, because a majority of them were from only one and two veterinarian practices, and that is not an accurate representation of the range of practices.

Ms. Pawlowski summarized what had been discussed and agreed upon. She noted that the Board would revise the survey, utilizing the categories identified by Dr. Sullivan, and provide criteria for Committee members to conduct their online searches.

Dr. Peyton asked if it would be better to have three categories instead of four. Dr. Sullivan responded that he felt it was important to capture one to two person practices, as they probably need as much relief as RVTs do. In addition, he stated that a four-tiered system reflects what he sees in his community and how practices break down.

Dr. Sullivan suggested that the Subcommittee (he and Ms. Pawlowski) should do some preliminary research first and see how efficient the online search would be and then determine if the remaining Committee members would be willing and able to do the work as well.

Ms. Fenstermaker indicated that CVMA supports lowering fees for RVTs. Additionally, she stated that she had the following questions: is it defensible to make the assumption that the number of full-time employees corresponds with how profitable a practice is; how would the Board track the annual movement of full-time employees to ensure that a practice continues to pay an appropriate fee; and, how would the corporate practices deal with the questions, as they may not be able to speak for the corporation.

Dr. Sullivan shared the concern that the number of veterinarians in a practice can change, and the Board would likely have to include that question on the premises renewal application every year, so it can be tracked on an annual or biennial basis.

Ms. Siefertman also noted that BreEZe modifications would be required to track and determine whether a premises pays a different tier amount with each renewal.

**8. Discussion and Potential Recommendation Regarding Foreign Educated or Experienced Applicants for Veterinary Technician Registration – Leah Shufelt, RVT and Jamie Peyton, DVM**

Leah Shufelt indicated this Subcommittee would be reaching out to AVMA, as they have done some research on this topic, as well as reaching out to other states. She also stated that they are looking at how many individuals might utilize this new pathway, if created. She also reported that their Subcommittee met with Ms. Ehrlich, who has been contacted by individuals with questions regarding a potential pathway for foreign educated or experienced applicants. She stated the Subcommittee is essentially at a starting point with this topic.

Dr. Peyton stated they were glad this topic was brought to the Board's attention because it could possibly open up another pathway, and more RVTs are definitely needed. She reiterated that the Subcommittee is still in the information gathering phase and would appreciate any input that could be provided.

Ms. Loreda indicated she serves on the AAVSB subcommittee for PAVE, for RVTs, and she would be able to share information with the Subcommittee.

Ms. Ehrlich indicated that Sophia Cardoso, a British veterinary nurse, told her there are a number of individuals in Britain interested in becoming RVTs in the United States; however, the process is very complicated. She stated that if California could make this process easier, more individuals would likely seek licensure in California. Ms. Ehrlich also noted she had been contacted by an interested individual from India as well.

Ms. Cardoso reiterated there is a big interest in working in the United States, and it was frustrating to find out how complicated the process was or that there was no pathway for licensure in the United States. She shared that she had a friend who pursued licensure in Wisconsin, but the process was complicated and took three years. She added that she feels veterinary nurses are more than qualified to work as RVTs in the United States, given their extensive training and experience.

Ms. Pawlowski thanked Ms. Ehrlich and Ms. Cardoso for their comments and for sharing their information. Ms. Pawlowski also thanked the Subcommittee for continuing to work on this issue, so that the Committee can move forward.

**9. Update from the Complaint Process Audit Subcommittee – Kevin Lazarcheff, DVM and Margaret Warner, DVM**

Dr. Lazarcheff reported that this Subcommittee had been given several cases to review.

Dr. Warner noted that she is new to the Subcommittee, but explained that they do have a new process in place. She also stated that they have a new survey monkey survey they utilize when reviewing each case. She indicated the goal is to be more consistent with Subcommittee feedback to subject matter experts (SME). She also added that, as reviewers, they are asked to look at the standard of care. Dr. Warner also indicated they are looking at where cases bottleneck during the process.

Ms. Siefertman added that the new goal was to give the Subcommittee a clear picture of what happens during each step in the complaint process. Additionally, she noted that the Subcommittee will be provided with costs for each step in the process. She stated that staff hopes to have the cost information available for the next round of case review.

Ms. Pawlowski commented that it will be interesting to see how much money the Board can potentially save if the process becomes more efficient.

Ms. Siefertman also added that the Board tries to limit cases to one SME, that it is utilizing the Division of Investigation less, and when sending a case to the Attorney General's Office, the Board includes a stipulated settlement up front to save time. She stated that it is safe to assume the Board will be saving on all costs.

Ms. Pawlowski thanked Drs. Warner and Lazarcheff for their work and presentation.

#### **10. Future Agenda Items, Committee Priorities, and Meeting Dates**

Ms. Siefertman noted the 2021 Committee meeting dates were January 27, April 21, July 21, and October 20.

Ms. Pawlowski indicated the Committee would continue to work on items discussed during the present meeting, as well as items identified at the previous Committee meeting.

Ms. Pawlowski thanked all Committee members and meeting attendees for their participation.

#### **11. Adjournment**

Ms. Pawlowski adjourned the meeting at 1:14 p.m.

DRAFT