



VETERINARY MEDICAL BOARD MEETING MINUTES JANUARY 25-26, 2023

The Veterinary Medical Board (Board) met via teleconference/WebEx Events on **Wednesday, January 25**, and **Thursday, January 26, 2023**, with the following location available for Board and public member participation:

Department of Consumer Affairs
1747 N. Market Blvd., Hearing Room
Sacramento, CA 95834

10:00 a.m., Wednesday, January 25, 2023

Webcast Links:

Agenda Items 1.–6.D. (<https://youtu.be/xsZ3xTc5WoM>)
Agenda Items 6.E.–7. (<https://youtu.be/mTwyidiQVTA>)
Agenda Items 8.–16., 18.A. and 18.B. (<https://youtu.be/VKJJPmC6jwFE>)
Agenda Items 17., 18.C.–27. (https://youtu.be/WKCaOUI_uZE)

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

Webcast: [00:00:18](#)

Board President, Christina Bradbury, DVM, called the meeting to order at 10:03 a.m. Executive Officer, Jessica Siefertman, called roll; seven members of the Board were present, and a quorum was established.

Members Present

Christina Bradbury, DVM, President
Maria Preciosa S. Solacito, DVM, Vice President
Kathy Bowler
Jennifer Loreda, RVT
Jaymie Noland, DVM
Dianne Prado
Maria Salazar Sperber

Student Liaisons Present

Amanda Ayers, University of California, Davis (UC, Davis)

Staff Present

Jessica Siefertman, Executive Officer
Matt McKinney, Enforcement Manager

Timothy Rodda, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rob Stephanopoulos, Enforcement Manager
Kimberly Gorski, Enforcement Analyst
Brett Jarvis, Enforcement Analyst
Alexander A. Juarez, Enforcement Analyst
Amber Kruse, Senior Enforcement Analyst (Hospital Inspection)
Jeffrey Olguin, Lead Administrative & Policy Analyst
Jeffrey Weiler, Senior Enforcement Analyst (Probation Monitoring)
Karen Halbo, Regulatory Counsel, Attorney III,
Department of Consumer Affairs (DCA), Legal Affairs Division
Tara Welch, Board Counsel, Attorney IV, DCA, Legal Affairs Division

Guests Present

Karen Atlas, President, Animal Physical Therapy Coalition (APTC)
Carolyn Baiz-Chen
Dan Baxter, Executive Director, California Veterinary Medical Association (CVMA)
Brittany Benesi, ASPCA
Jenny Berg
Jeff Blea, DVM
Sean Brady, DVM, California Department of Food and Agriculture (CDFA)
Loren Breen
George Cavinta
Samantha Chessie
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association
(CaRVTA)
Jennifer Fearing
William Kent Fowler, DVM
Melissa Gear, Deputy Director, DCA, Board and Bureau Relations
Jenna Gener
Stacy Greer
Zarah Hedge, DVM
Allen Hendershot
James Howard, DVM
Anita Levy Hudson
Sarah Irani, DCA Moderator
Bonnie Lutz, Esq., Klinedinst
Judie Mancuso, Founder, CEO, and President of Social Compassion in Legislation
(SCIL)
Michael Manno, DVM
Paul McClellan
Grant Miller, DVM, CVMA
Katie Murray, CDFA
Alicia Ozuna
Margo Parks
Kristi Pawlowski, RVT
Amy Rice

Nickolaus Sackett, Director of Legislative Affairs, SCIL
Barbara Schmitz, San Francisco SPCA
Leah Shufelt, RVT
Marissa Silva
Annabel Smith
Richard Sullivan, DVM
Marie Ussery, RVT
April Vazquez
Cesar Victoria, DCA, SOLID
Cheryl Waterhouse, DVM

2. Public Comment on Items Not on the Agenda

Webcast: [00:00:50](#)

Dr. Bradbury requested public comment. The following public comment was made on this item:

- [Dan Baxter](#), CVMA, expressed gratitude for the work that the Equine Practice Subcommittee and the [Multidisciplinary Advisory Committee (MDC)] have done. He added, the discussion regarding the definition of "client" was a good microcosm of how diligent and productive the group has been. He also expressed gratitude for the consistent presence of the Board at CVMA board of governor meetings. He noted that CVMA had one of those meetings over the weekend and appreciated that both Ms. Siefertman and Dr. Bradbury attended.
- [Paul McClellan](#) stated he sat in on the MDC meeting the day prior, and expressed his concern. He opined the Board may not have a thorough understanding of the current business activities regarding clients, trainers, and agents. He asserted the Board seemed to be narrowly centered around racetrack practice and that excludes thousands of other veterinarians and may be making incorrect assumptions. He stated an example was that horse owners are unaware of what their designated trainers, agents, clients, and handlers are doing with their horses, and that trainers are telling veterinarians how to treat horses. He did not really see the evidence in practice of this assumption, and he would need some clarification or some evidence for this stated assumption. He did not want this critique of the work so far to be a denial that change was necessary, but was concerned about the quality of information from the Equine Practice Subcommittee.

3. Review and Approval of October 19–20, 2022 Board Meeting Minutes

[Meeting Materials](#)

Webcast: [00:07:45](#)

Ms. Siefertman and Timothy Rodda provided an overview of the October 2022 meeting minutes and requested comment from Board members.

Ms. Sieferman noted the following changes, which were received after the minutes were posted to the Board's website:

- On page 17, the addition of comments received from a letter from Karen Atlas of the Animal Physical Therapy Coalition.
- On page 21, in the last paragraph, which indicated changes to the text, change "BPC section 4846" to "BPC section 4861."

Dr. Bradbury and Jennifer Loreda, RVT, requested the following revisions to the Board meeting minutes:

- On page 10, fifth paragraph, third line, change from "...inform the supervising veterinary..." to "...inform the supervising veterinarian..."
- On page 14, Heading C, first full paragraph, first and second lines, change "Jaymie" to "Jamie" and the two instances of "Payton" to "Peyton."

On page 29, first line, remove "it" and on the ninth line, change "Mr. Baxter's" to "Mr. Baxter."

Dr. Bradbury requested a motion and the following motion was made:

- [Motion](#): Kathy Bowler moved and Jaymie Noland, DVM, seconded a motion to adopt the minutes with the amendments.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

Dr. Bradbury called for the vote on the proposed motion. Ms. Sieferman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 7-0.

4. Report and Update from Department of Consumer Affairs (DCA)

Webcast: [00:14:18](#)

Melissa Gear, Deputy Director, Board and Bureau Relations, DCA, provided the report and update from DCA.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

5. Update and Discussion Regarding Assembly Bill (AB) 1282 (Bloom, Chapter 752, Statutes of 2021) Veterinary Medicine: Blood Banks for Animals; and California Department of Food and Agriculture's (CDFA) California Animal Blood Banking Guidance Resource Document

[Meeting Materials](#)

Webcast: [00:25:58](#)

Ms. Sieferman provided a background of AB 1282, which was formerly called the California Pet Blood Bank Modernization Act, and introduced Sean Brady, DVM, with CDFA.

Dr. Brady presented and answered questions regarding this agenda item.

[Dr. Bradbury](#) requested public comment on this item. The following public comments were made on this item:

- [Judie Mancuso](#), SCIL, thanked Dr. Brady for all his hard work. She stated SCIL was a co-sponsor of this legislation and worked hard over several years to get it passed. She stated she was approached many times by veterinarians asking when the legislation was going to pass because they needed blood. She opined it was mission critical because there was significant interest in the veterinary community. She asked if a press release was forthcoming that she could share through social media. She questioned whether CDFA identified a threshold for community blood banks to meet. She added, with the goal of phasing out closed colony licenses, data was not readily available.

[Dr. Bradbury](#) thanked Ms. Mancuso for her suggestions. He stated outreach would be a priority for CDFA in 2023, and it will partner with as many people as it can to get the word out. He noted it was set out in statute that CDFA will discontinue its licensing program for commercial blood banks for animals within 18 months of finding the community blood banks that sell an annual amount of canine blood in California that equals, or exceeds, the annual amount that closed colony blood banks sold in four consecutive quarters.

- [Jennifer Fearing](#) thanked Dr. Brady, CDFA, and Dr. Miller for their work on this complex bill. She stated she was appreciative on the work being done to implement this program, and her hope was that it is successful.
- [Nickolaus Sackett](#), SCIL, stated he worked on this bill with Ms. Mancuso, members in the Assembly, members in the Senate, Jennifer Fearing and her clients, and he echoed SCIL's appreciation for all the hard work at CDFA and the Board. He stated SCIL looks forward to monitoring how implementation continues.

6. Review, Discussion, and Possible Action on Multidisciplinary Advisory Committee (MDC) Report – Leah Shufelt, RVT, Chair, MDC

A. Overview of January 24, 2023 MDC Meeting

Webcast: [00:44:20](#)

Leah Shufelt, RVT, provided background information and updates regarding the January MDC meeting.

B. Recommendation on Proposed Regulatory Amendments to California Code of Regulations (CCR), Title 16, Sections 2036.5, 2090, 2091, 2092, and 2094 Regarding Veterinary Drug Compounding

[Meeting Materials](#)

Webcast: [00:54:30](#)

Richard Sullivan, DVM, Vice Chair, MDC, presented this item and the meeting materials.

Proposed Amendments to CCR, Title 16, Section 2036.5

[Meeting Materials](#)

Webcast: [00:56:11](#)

Dr. Sullivan discussed proposed regulatory changes to expand animal health care tasks to allow Veterinary Assistant Controlled Substances Permit (VACSP) holders to perform either bulk or non-bulk drug compounding in an animal hospital setting.

[Dr. Bradbury](#) requested public comment on this item. The following public comment was made on this item.

- [Grant Miller](#), DVM, CVMA, requested a non-substantive change. He agreed with Jessica [Sieferman] that “animal hospital setting” should be eliminated. He noted that although “animal hospital setting” is defined in [CCR, title 16,] section 2034 of the Board’s regulations, it is synonymous with a registered veterinary premises pursuant to [Business and Professions Code (BPC) section] 4853, so he would recommend a non-substantive change since the two are synonymous. He recommended changing "animal hospital setting" to "registered veterinary premises."

During the motion, which was after discussion on proposed amendments to CCR, title 16, section 2094, the Board voted to accept Dr. Miller’s suggested changes to CCR, title 16, section 2036.5, and accept the following revised language (proposed additions are in [underline blue text](#); proposed deletions are in ~~red strikethrough text~~):

CCR, title 16, section 2036.5. ~~Animal Hospital~~[Registered Veterinary Premises](#)
Health Care Tasks for Permit Holders and Veterinary Assistants.

[...]

- (b) Subject to the provisions of subsection (a) of this section, permit holders and veterinary assistants in an ~~animal hospital~~ [registered veterinary premises](#) setting may perform auxiliary animal health care tasks under the direct or indirect supervision of a licensed veterinarian or the direct supervision of an R.V.T. The degree of supervision by a licensed

veterinarian over a permit holder or veterinary assistant shall be higher than or equal to the degree of supervision required when an R.V.T. performs the same task and shall be consistent with standards of good veterinary medical practices.

- (c) Permit holders in ~~an animal hospital setting~~ [registered veterinary premises](#) may perform drug compounding from bulk drug substances under the direct supervision of a licensed veterinarian.
- (d) Permit holders in ~~an animal hospital setting~~ [registered veterinary premises](#) may perform drug compounding from non-bulk drug substances under the direct or indirect supervision of a licensed veterinarian or the direct supervision of an R.V.T.

[...]

Proposed Amendments to CCR, Title 16, Section 2090

[Meeting Materials](#)

Webcast: [00:59:30](#)

Dr. Sullivan discussed including VACSP holders as individuals authorized to compound drugs, defining "immediate use," and clarifying the meaning of "office stock."

Dr. Sullivan and Ms. Welch answered questions from the Board.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

Proposed Amendments to CCR, Title, Section 2091

[Meeting Materials](#)

Webcast: [01:06:35](#)

Dr. Sullivan discussed the proposed changes to clarify the supervising veterinarian's responsibilities over an RVT or VACSP holder.

Public comment on this item was requested after CCR, title 16, section 2094 was discussed. There were no public comments made on this item.

Proposed Amendments to CCR, Title 16, Section 2092

[Meeting Materials](#)

Webcast: [01:07:23](#)

Dr. Sullivan discussed adding a master formula document and updating the documentation requirements for each compounded drug preparation.

[Dr. Sullivan](#) recommended that proposed new subsection (f)(3) be revised to simply state “The name of the compounded preparation.” The Board discussed this proposal, including the impact of active and inactive ingredients to the final product.

- [Dr. Miller](#) raised concern that this regulation was carefully crafted to not run afoul of [CCR, title 16, section] 2032.3, which is the current medical record keeping requirement. He noted strength was missing from the proposed language. He liked the idea of adding “active ingredient”, but in order to not run us afoul of the current recordkeeping regulations, this regulation needed to maintain the strength requirement.

[Dr. Noland, DVM](#), proposed revising the language as follows (proposed additions are in [underline blue text](#)) to CCR, title section 2092, renumbered subsection (f)(3):

CCR, title 16, section 2092. Policies and Procedures.

[...]

(f)(4~~3~~) Name, amount, and strength, of the [active ingredient\(s\)](#) in the compounded drug preparation.

[...]

[Dr. Bradbury](#) noted the proposal would strike existing subsection (e)(3) and remove the requirement to document directions for the storage and administration of a compounded drug. She stated that when some drugs that do not require refrigeration are then compounded, the compounded drug requires refrigeration. She wanted to make sure storage requirements are included on the compounded drug label. Dr. Sullivan noted that new section 2094, subsection (c), requires refrigeration labeling.

- [Dr. Miller](#) stated [CCR, title 16, section] 2094(b) relates to office stock, but if it is taken off the stock and dispensed to a patient, then [CCR, title 16, section] 2032.2(b) overlays this labeling requirement. He preferred the labeling requirements be as synonymous as possible because of potential confusion. He believed that intuitively, when the staff goes to give office stock to a client, they are going to know information will be put on the label. He believed that for purposes of consumer protection, following [CCR, title 16, section] 2032.2(b) as closely as possible is best. He questioned whether the labeling requirements for office stock sitting on the shelf in the office are good and if that should be given a closer look, but he acknowledged that is another conversation.

[Dr. Bradbury](#) requested public comment on this item. There were no additional public comments made on this item.

Proposed Amendments to CCR, Title 16, Section 2094

Meeting Materials

Webcast: [01:26:16](#)

Dr. Sullivan discussed the labelling on office stock. The Board discussed the proposed amendments.

- [Dr. Miller](#) stated that [CCR, title 16, section] 2032.2(b) needed to be updated. He stated there are two issues that are not parallel with other regulatory agencies. Specifically, the Board of Pharmacy has a labeling requirement for all prescribers to include the condition for which the medication is being dispensed, and the Code of Federal Regulations requires a statement that specifically discusses it being a controlled substance. He addressed Dr. Solacito's concern regarding its application to [CCR, title 16, section] 2094. He did a side-by-side comparison, and looking at what was germane to being on a shelf in an office and what was going to a client, he suggested that the Board look at proposed [CCR, title 16, section] 2094(b)(1) and consider reviewing what was currently struck as "strength and quantity of each ingredient," and change that back to being included. Doing so would be much closer to the labeling requirement for [CCR, title 16, section] 2032.2(b). He stated there may a benefit to consumer protection because it would reduce the chance of an incorrect medication being taken. He clarified that if the label states formula 1, formula 2, formula 3, the chance of error is greater than if the strengths are written on the office stock. He asked that the Board consider his recommendation.

[Dr. Bradbury](#) and Dr. Noland responded with concern regarding the size the label would have to be if the strength and quantity of each ingredient needed to be listed on the label. They suggested each active ingredient be added to the label.

- [Dr. Miller](#) agreed the active ingredients should be included. He stated that when dispensed to a client, [CCR, title 16, section] 2032.2(b)(6) has that requirement. He stated the label must fit on the bottle when it transitions from office stock to dispensed, but there can be trouble fitting Board of Pharmacy requirements on the physical space allowed by the bottle. He stated the Board may want to revisit the stricken language in [CCR, title 16, section] 2094(b)(1) and consider if this satisfied the Board's comfort as practitioners, and for consumer protection to leave that struck. He added, if the language was unstruck, it would be closer to [CCR, title 16, section] 2032.2(b), which is itself flawed but also possibly adding a layer of consumer protection. By ensuring that if there are multiple formulations of that same unique medication, the chance that one will be mixed up for the other will decrease.

[The Board](#) discussed the suggested changes and revised the language as follows (proposed additions are in [underline blue text](#); proposed deletions are in [red strikethrough-text](#)):

CCR, title 16, section 2094. Labeling of Compounded Preparations.

[...]

(b)(1) Name assigned to the compounded drug preparation pursuant to paragraph (7) of subsection (b) of section 2092 ~~strength, and quantity of each ingredient.~~

(2) Name, strength, and quantity of each active ingredient.

(23) Expiration date.

[...]

[Dr. Bradbury](#) requested public comment on this item. There were no additional public comments made on this item.

[Ms. Siefertman](#) noted that for this rulemaking package, the Board may need to remove references to "permit holder" (VACSP holders) if Business and Professions Code section 4826.5 is not amended to authorize VACSP holders with the ability drug compound.

Dr. Bradbury requested a motion and the following motion was made:

- [Motion](#): Jaymie Noland, DVM, moved and Dianne Prado seconded a motion to approve the proposed regulatory changes as amended, 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 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.

[Ms. Welch](#) requested clarification on whether the motion included Dr. Miller's requested changes to CCR, title 16, section 2036.5 to replace references of "animal hospital setting" to "registered veterinary premises." Dr. Noland affirmed those revisions were part of the motion, as well as adding the stricken language and adding "active" in front of "ingredient."

[Ms. Siefertman](#) requested to strike the animal hospital setting definition. Ms. Welch advised since that definition is in CCR, title 16, section 2034, which was not amended, that revision will have to wait.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

Dr. Bradbury called for the vote on the proposed motion. Ms. Siefertman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 7-0.

C. Recommendation on Proposed Revisions to Guidance on Veterinary Drug Compounding Regarding Drug Consultation

[Meeting Materials](#)

Webcast: [01:56:25](#)

Marie Ussery, RVT, presented the item and the meeting materials.

[Dr. Bradbury](#) requested public comment on this item. The following public comments were made on this item:

- [Ms. Lutz](#) stated the wording [[on page 3, last paragraph](#)] at the beginning states “that each time a veterinarian [initially] prescribes, dispenses, [or furnishes]... they shall offer to provide”...the bottom states “unless requested by [the] client.” She asked what is required to provide when requested. She stated it was misleading to her because at the beginning, it states the veterinarian “shall offer to provide” and at the end it states, “unless requested by the client”. She suggested clarifying this in the first sentence.

[Dr. Bradbury](#) responded it in reference to BPC section 4829.5, and that is where that language comes into play.

[Ms. Welch](#) responded the second part of the language “although not required unless requested,” is about providing it in writing, so perhaps the Board could clarify the writing portion. She noted on the second line, “although not required unless requested by the client” is recommended that every client be provided this information in writing.

[Dr. Noland](#) asked if the language could be moved closer to the required word.

[Ms. Welch](#) responded the language would have to state “although not required to be provided in writing” unless requested.

The Board revised the language (proposed additions are in [underline blue text](#)) to the *Guidance on Veterinary Drug Compounding* (p. 3 of the meeting materials, I. Introduction, fifth paragraph) as follows:

Please note that each time a veterinarian initially prescribes, dispenses, or furnishes a dangerous drug, as defined in BPC 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 specified medication information. (BPC section 4829.5.) As such, any new compounded drug preparation that is classified as a dangerous drug will require information to be provided to the client to satisfy BPC section 4829.5. Although not required [to be provided in writing](#) unless requested by the client, it is recommended that every client be provided this information in writing and include the compounded drug

preparation formula in case of emergency or if the Poison Center needs to know the ingredient(s) and concentration(s).

Dr. Bradbury requested a motion and the following motion was made:

- [Motion](#): Kathy Bowler moved and Maria Preciosa S. Solacito, DVM, seconded a motion to adopt the revised Guidance on Veterinary Drug Compounding as amended and Courtesy Compounding Drug Preparation Formula Form for posting on the Board's website and dissemination it to all licenses and stakeholders.

[Dr. Bradbury](#) requested public comment on this item. The following public comment was made on this item:

- [Dr. Miller](#) requested that the Board consider replacing the terms "his or her" with the term "their" on line four. He also suggested changing "...in writing and include the compounded drug preparation formula in case of emergency or if the Poison Center needs to know..." to consider "...in case of emergency or adverse reaction." He requested not including language about the Poison Center and amendment to emergency or adverse reaction.

[Dr. Bradbury](#) responded to Dr. Miller's request and asked for clarification, which included striking "if the Poison Center needs to know the ingredient(s) and concentration(s)" and end it at "in case of emergency or adverse reactions" language he was requesting to be changed, which he clarified.

- [Dr. Miller](#) responded "correct."

The Board revised the language as follows (proposed additions, including the previously proposed motion, are in [underline blue text](#); proposed deletions are in ~~red strikethrough text~~) to the *Guidance on Veterinary Drug Compounding* (p. 3 of the meeting materials, I. Introduction, fifth paragraph):

Please note that each time a veterinarian initially prescribes, dispenses, or furnishes a dangerous drug, as defined in BPC 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~~[their](#) agent, a consultation that includes specified medication information. (BPC section 4829.5.) As such, any new compounded drug preparation that is classified as a dangerous drug will require information to be provided to the client to satisfy BPC section 4829.5. Although not required [to be provided in writing](#) unless requested by the client, it is recommended that every client be provided this information in writing and include the compounded drug preparation formula in case of emergency or [adverse reaction](#)~~if the Poison Center needs to know the ingredient(s) and concentration(s).~~

Ms. Siefertman asked Ms. Bowler and Dr. Solacito if they accept the recommendations of Dr. Miller. The following revised motion was made:

- [Motion](#): Kathy Bowler and Maria Preciosa S. Solacito, DVM accepted the friendly amendment to the previous motion made.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

Dr. Bradbury called for the vote on the proposed motion. Ms. Sieferman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 7-0.

D. Recommendation on Legislative Proposal to Amend Sections 4825.1 of Article 2 and 4875.1 of Article 4, and Add Sections 4826.01, 4826.6, and 4829.1 to Article 2, Chapter 11, Division 2 of the Business and Professions Code Regarding Veterinarian-Client Patient Relationship and Telemedicine

[Meeting Materials](#)

Webcast: [02:09:48](#)

Dr. Sullivan presented this item and the meeting materials.

Proposed Amendments to BPC Section 4825.1

[Meeting Materials](#)

Webcast: [02:14:04](#)

The Board discussed the MDC's recommendations and additional revisions to BPC section 4825.1 as follows (all proposed additions to the text in meeting materials are in [underline blue text](#); proposed deletions are in ~~red strikethrough text~~):

BPC section 4825.1.

[...]

(c) "Client" means the individual(s) who represents to the veterinarian that they are the owner(s) of the animal patient at the time services are provided.

[...]

(e) "Herd" refers to any group of two or more animals of the same species and located at the same geographical location.

[...]

(h) "Telehealth" means the use of electronic technology or media, including interactive audio and/or video, to deliver general veterinary health

information and education to the potential or existing client or client's representative agent.

[...]

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

Proposed Addition of BPC Section 4826.01

Meeting Materials

Webcast: [02:27:51](#)

Dr. Sullivan presented this item and answered questions.

[Ms. Welch](#) recommended the Board consider incorporating language that was proposed by DCA's Regulatory Unit regarding rabies vaccinations, shown in Agenda Item 6.F., Attachment 2, page 8, [CCR, title 16, section 2032.1(a)] which states "rabies vaccines are prophylactically administered to the animal to prevent disease or loss of life."

The Board discussed the MDC's recommendations and made additional revisions as follows (all proposed additions are in underline blue text; proposed deletions are in ~~red strikethrough text~~):

BPC section 4826.01.

[...]

(f) This section shall not apply where the animal patient is a wild animal, an animal whose owner is unknown, or ~~receiving a rabies vaccination in the interest of protecting public health~~ is prophylactically administered to the animal to prevent disease or loss of life.

[...]

[Dr. Bradbury](#) requested public comment on this item. The following public comments were made on this item:

- [Barbara Schmitz](#), San Francisco SPCA, stated SPCA is celebrating its 155th anniversary this year. She added it is a sheltering organization, which has a significant percentage of its staff who are veterinary professionals and staff who care for and treat shelter animals, as well as clinics where it treats community members' animals. She stated it had concerns with the bill proposal relating to telemedicine. She stated that first, this proposal does not follow the Assembly Business and Professions Committee's recommendations on joint oversight. She referenced an oversight hearing in March 2021 where a recommendation regarding telehealth indicated that should existing law be amended to increase

access to veterinary services via telehealth, the Board needed to advise if there were statutory changes that could facilitate increased access to telehealth services. She asserted the proposal did not achieve that but instead does the opposite. The SF SPCA's concern was the impact would be to restrict telemedicine at the worst time when the need for more tools in the veterinarian's tool belt is so great. Ms. Schmitz continued, the second concern was that there is a crisis level shortage of veterinarians in the state right now; the level of overwhelm is reflected in a statewide survey of animal shelters that her organization just completed. She stated the results were being compiled by the university that helped administer the survey, but the survey results indicated there were many thousands of people and animals impacted by the shortage of veterinarians. She provided an example that one of the key things that came forward from the raw data was that the number one issue that animal shelters, and their surrounding communities, were facing was a lack of veterinarians, which was a statewide issue. She added, telemedicine is a tool that can help fill this gap. She provided an additional example from UC Davis which just released data on the stress of in-person visits versus online visits for cats. She stated that the data in this field is evolving quickly. She stated one of the things SF SPCA was doing to help fill the gap was having a partnership with shelters and communities that are in the veterinary deserts in California. She stated there are veterinarians doing high volume, high quality spay-neuter events in veterinary deserts. She stated this supports animals coming in from the community, as well as shelter animals. Her final concern was about the lack of input and transparency in the process and lack of notice and input before the bill proposal went to state lawmakers. She worried there had not been meaningful input from stakeholders; the language being proposed seemed to be based on old information. She urged the Board to pause the telemedicine bill proposal, obtain current data, get current stakeholder input, and redefine the policy approaching goals.

- [Brittany Benesi](#), ASPCA, thanked the Board and indicated she wanted to also comment on telemedicine and the VCPR components of the proposed legislation. She stated on behalf of ASPCA, telemedicine benefits a wide range of people and pets including, anxious pets, large animals, and those living in remote and underserved areas. She stated establishing, in statute, the regulations that keep veterinarians from practicing medicine or prescribing medication, unless they have recently examined the animal, a difficult and often unnecessary obstacle for many pet owners especially at a time when as reference there is a significant shortage of vets, would stall one of the most promising tools in the access to care toolkit. She added access to care is an ongoing hardship for many Californian pet owners. She stated in 2020, the [American Veterinary Medical Association (AVMA)] estimated that over 50 million pets, approximately one third, do not see a veterinarian at least once a year. She added, a national study also showed that 40% of low-income owners who had to re-home their pets reported that access to affordable veterinary care would have helped them keep their animal. She added that similar to the concerns voiced by SF SPCA, the state shelters were struggling with overcrowding, and pet owners are having difficulty finding pets, getting

appointments, and affording care. She stated if there was ever time to utilize all possible avenues, it was now. She added, during the tightest restrictions of the COVID-19 pandemic, telemedicine was essential to ensuring pets' health care; the use of veterinary telehealth showed its potential to significantly improve animal welfare across the geographic, as well as economic, spectrums – a promising opportunity to improve outcomes for pets and their families. She expressed gratitude for the Board's work to address access to care issues in the state, but the bill, as proposed, would not offer any solutions to the crisis. She asserted it would instead place stringent limitations on the use of telemedicine and reduce veterinary access for all clients who have difficulty, whether due to age or disability, animal behavior, or geographic location, in making it to an in-person physical examination. She believed putting energy and resources toward a law that will ultimately curtail promising tools, at a time when every pathway to improve access to care should be explored, will further hinder veterinary access for Californians. She asked that the Board reconsider this proposed legislation in its current form and refrain from advancing it this year.

[Ms. Siefertman](#) reiterated from the memo that the intent of this proposal was not to expand scope at all; it was to clarify what is already allowed under existing law. She noted that from the July 2021 meeting, where the Board members reviewed the legislative proposal from the MDC, they were looking at ways to increase access to veterinary care, the Board had conversations surrounding telemedicine, and a lot of the public comment the Board received were examples that they thought were not permissible under existing law. She added, much of what the licensees said they could not do, they could actually do. She continued, the MDC and Board subsequently decided that by making these definitions in statute, there will be more clarity on what can and cannot be done. This would increase access to veterinary care because veterinarians would feel more comfortable using telemedicine in these ways that they are already allowed to do. She stated, the Board at the time, approved the language because it believed that this was increasing access to veterinary care. She reminded everyone, that this is not to expand the scope; it is essentially to codify what is already allowed under current law.

[Ms. Prado](#) responded she understood that the Board was clarifying what can be done, which veterinarians thought could not be done before. She believed the commenters were indicating a perception of limiting what could be expanded possibly in the future to create more access to care. She suggested getting data as to what could be possible, what further advances the Board can make with telemedicine, and how it can create a larger scope of what can be performed. She believed the commenters were asking the Board to take that into consideration, and perhaps issue guidelines instead rather than codifying in legislation.

[Ms. Siefertman](#) responded she understood what Ms. Prado was and the public commenters were stating. However, she reminded the Board that when it comes to any kind of scope expansions, that legislation is typically carried by associations and outside stakeholders, and the Board can engage in any kind of legislation that might be proposed to expand scope, but typically this Board does not address

scope expansion. She noted this proposal was to clarify what veterinarians can already do, and she thought that the Board had concerns about the VCPR itself. She stated the Board wanted to look at making it not condition specific. The Board wanted to make it so the 12-month [examination requirement] goes to 18 months like it did during COVID. She noted those would essentially be expanding what was already existing, and something that the Board may want to look at getting an author for a proposed bill.

[Dr. Bradbury](#) asked if there was a reason why the *Telehealth Guidelines* that the Board had already looked at were included in this package. In addition, to the "herd," and additional information, she asked if there was a reason why all of this was put into one package.

[Dr. Sullivan](#) responded the Board's existing regulations had caused some confusion. It was suggested the definitions needed to be in statute, which would make it clearer and better define the expanded services of a veterinarian. This could include, for example, diagnosing a case over the phone to decide the urgency of it. He believed not being able to do that was a misconception by the profession. He added the Board would move it to statute to be clearer and put it in the proper location along with the co-existing VCPR definitions. He stated there had been a great study done recently about underserved areas. He thought the Access to Veterinary Care Task Force looked at it, and the two areas that were found to be in need in addressing low-income areas included wellness exams and urgency cases. He stated both areas need to be seen by a veterinarian. He added, wellness exams—the large part of which are vaccinations to prevent disease and rabies control—cannot be done through telemedicine. He continued by stating urgent care, such as an animal getting hit by a car, needs to be handled in a clinic setting. He understood the public perception, but some of the latest data suggested that the Board was on the right track. He believed the Board was expanding the use of diagnosing and then determining what the best course was from there. He noted the Board was not ignoring this issue, and this proposal would make it more clear to the licensees.

[Ms. Welch](#) clarified that the proposed telemedicine language was approved by the Board in July 2021; the reason the Board was reviewing the legislative proposal now was the proposed VCPR provisions amend the same BCP sections [as the prior telemedicine proposal]. Since there are multiple amendments [in the telemedicine and VCPR legislative proposals] to the definition section, everything was combined [in this proposal]. She stated that having all the language move in one bill is efficient and would benefit California consumers. She noted the proposal provides definitions of different types of telehealth services, which helps consumers. She stated that telemedicine had to be maintained as the practice of veterinary medicine, which requires an initial examination under federal law to prescribe a medication, and this requirement cannot be ignored. The Board did not want to create a situation where veterinarians are complying with the Veterinary Medicine Practice Act and some [animal] examination exemption but not complying with the examination requirements under federal law.

[Dr. Sullivan](#) also clarified the reasoning behind putting the [telemedicine definitions in statute]. He stated that in literature, “telehealth” and “telemedicine” are interchanged all the time; for this situation, the Board wanted to define [telehealth] as the ability to diagnose and have a general conversation, but telemedicine is the prescribing and treating, which is the actual “medicine” part of it.

- [Dr. Miller](#) was unsure if this proposal would be viewed as a scope expansion. He believed these definitions were not as controversial as some of the other sections of the law relating to telemedicine. He stated that the [BPC section] 4826.6 definitions are a great value because there are variations of these definitions across the country, but California does not have a clear definition of teletriage or telehealth. He stated these definitions will be of great value, which will serve consumer protection. He understood there are some who might disagree that it is only provided after you have an in-person exam, but the fact is that is just a reflection of the regulations. He added that all the proposal did was move regulations into statute, and that regulation, [CCR, title 16, section] 2032.1, the VCPR language, is the cornerstone of veterinary practice that is almost identical throughout the United States of America. Dr. Miller asked Dr. Sullivan if there were any other states that have not required an in-person examination of the animal.

[Dr. Sullivan](#) responded there are other states that have, including Virginia, New Jersey, and Michigan, but he was not sure if the Michigan statutes are in effect. He also thought Oregon had a pretty loose definition.

- [Dr. Miller](#) stated the proposal defines what it means in California, which is a reflection of the VCPR language in the Board’s regulations that has been discussed extensively in the past. He stated the definitions are of great value and is what the profession wants to do with telemedicine pursuant to [proposed BPC section] 4826.6.

Proposed Addition of BPC Section 4826.6

[Meeting Materials](#)

Webcast: [03:09:23](#)

Dr. Sullivan presented this item.

Proposed Addition of BPC Section 4829.1

[Meeting Materials](#)

Webcast: [03:09:55](#)

Dr. Sullivan presented this item.

Proposed Amendments to BPC Section 4875.1

Meeting Materials

Webcast: [03:10:22](#)

Dr. Sullivan presented this item.

Future Regulatory Proposal to Repeal VCPR Regulations

Webcast: [03:10:58](#)

Dr. Sullivan discussed the need for a future regulatory proposal to repeal the VCPR regulations, CCR, title 16, sections 2032.1, 2032.15, and 2032.25, and make amendments to section 2038.5, if the VCPR legislative proposal is enacted.

[Dr. Bradbury](#) requested public comment on proposed additions of BPC sections 4826.6 and 4829.1, amendments to BPC section 4875.1, and proposed Section 100 rulemaking. The following public comment was made on this item:

- [Ms. Schmitz](#) thanked everyone for the discussion and appreciated the comments that were made. She wanted to make sure everyone understood that SF SPCA had the same concerns. She stated that some of SF SPCA's concerns are the need to create a bigger scope, and enshrining this in statute would limit access to telemedicine. She asked why the Board would not create guidelines instead and clarify misperceptions. She stated guidelines or updating the [Frequently Asked Questions] FAQs would address concerns, educate, and clarify these definitions for veterinarians.

[Dr. Noland](#) recalled the prior Board discussions of the definitions at length, but she did not recall going through the discussion of [proposed BPC sections] 4826.6 or 4826.01. She asked if the proposed additions were part of the whole definition package, and she wanted to confirm there was no new verbiage.

[Ms. Welch](#) responded they are likely in the July 2021 meeting minutes.

[Dr. Noland](#) inquired if the only changes are the ones made in green since the July 2021 discussion.

[Ms. Welch](#) believed that was correct. She noted a few minor changes, but the changes to the telemedicine provisions made in this proposal were identified, and the new revisions was changing "representative" to "agent." She stated nothing else had been revised from that telemedicine package the Board approved in 2021.

[Dr. Sullivan](#) noted the regulation that each of these sections came from.

[Ms. Siefertman](#) responded that in the attached legislative proposal in the meeting materials, in the comments in green, it stated where each item came from.

Dr. Bradbury requested a motion and the following motion was made:

- Motion: Kathy Bowler moved and Christina Bradbury, DVM, seconded a motion to submit the legislative proposal, as amended at this meeting, to the California State Legislature to amend sections 4825.1 of Article 2 and 4875.1 of Article 4, and add sections 4826.01, 4826.6, and 4829.1 to Article 2, Chapter 11, Division 2 of the Business and Professions Code.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

Dr. Bradbury called for the vote on the proposed motion. Ms. Siefertman took a roll call vote on the proposed motion.

- Vote: The motion carried 6-0-1. Dianne Prado abstained.

Webcast Link:

Agenda Items 6.E.–7. (<https://youtu.be/mTwyidiQVTA>)

E. Recommendation on California Horse Racing Board Regulatory Proposal to Amend CCR, Title 4, Section 1867 Regarding Prohibited Veterinary Practices

Meeting Materials

Webcast: [00:00:44](#)

Ms. Ussery presented this item and the meeting materials and answered questions.

Ms. Welch advised the Board of concern raised by Nancy Ehrlich during the MDC January 24, 2023 meeting that the proposed amendments to CCR, title 4, section 1867 only would authorize a California licensed veterinarian or California licensed pharmacy to have compounded the drug. Ms. Welch continued that Ms. Ehrlich properly noted that registered veterinary technicians (RVTs) can compound drug preparations. Ms. Welch also noted that the Board was pursuing legislative authority for veterinary assistant controlled substance permit (VACSP) holders to perform drug compounding. Ms. Welch proposed revisions to Attachment 3 in the meeting materials for this item, on page 14, CCR, title 4, section 1867, subsection (b)(1)(B), to strike “by a California licensed veterinarian or California licensed pharmacy.” Ms. Welch explained that by striking this text, the proposed regulation also would authorize a racetrack veterinarian to possess or use a drug compounded by an RVT under current law, and also by a VACSP holder, if the Board’s legislative proposal went into effect. The new text would read that a racetrack veterinarian could possess or use a compounded drug if “the drug is compounded in full compliance with California laws and regulations governing drugs, pharmacy, and veterinary medicine.” She further explained that under the current proposed language, a racetrack veterinarian in possession of a drug compounded by an RVT would not be in compliance with the CHRB regulation. She stated the Board was not trying to go

after veterinarians for any minor violations or for violating section 1867, when any other time a veterinarian could possess a drug compounded by an RVT under the [Veterinary Medicine Practice Act and supporting] regulations. She stated the proposed revisions are intended to ensure the two practice acts conform to each other.

The Board discussed the MDC's recommendations and made revisions to the letter to CHRB and proposed text to amend CCR, title 4, section 1867 (Item 6.E., Attachment 3, pp. 13 and 14) as follows (all proposed additions are in underline blue text; proposed deletions are in ~~red strikethrough text~~):

Letter to CHRB (Attachment 3, page 13, second paragraph, lines 4-5):

[...]

The Board also questions the CHRB's proposed amendment to add "manufacturing" in CCR, title 4, section 1867, subsection (b)(1), since neither the Board, nor CHRB, can inspect California licensed pharmacies. For this reason, we recommend subsection (b)(2) include language requiring the drug to be compounded ~~by a California licensed veterinarian or California licensed pharmacy~~ in full compliance with California laws and regulations governing drugs, pharmacy, and veterinary medicine. This language would mirror the requirements in FDA GFI 256, pages 8-13.

[...]

CCR, Title 4, Section 1867. Prohibited Veterinary Practices. (Attachment 3, page 14):

[...]

(b)(1)(B) The drug is compounded ~~by a California licensed veterinarian or California licensed pharmacy~~ in full compliance with California laws and regulations governing drugs, pharmacy, and veterinary medicine.

[...]

Dr. Bradbury requested a motion and the following motion was made:

- Motion: Kathy Bowler moved and Maria Preciosa S. Solacito, DVM, seconded a motion that the Board send the attached letter to CHRB providing comments on the CCR, title 4, section 1867 rulemaking, as revised, during the 45-day comment period on the rulemaking.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

Dr. Bradbury called for the vote on the proposed motion. Ms. Siefertman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 6-0. Maria Salazar Sperber was absent.

F. Recommendation on Proposed Regulatory Amendments to CCR, Title 16, Sections 2032.1, 2034, and 2036 Regarding Veterinarian-Client-Patient Relationship, Animal Health Care Tasks Definitions, and Animal Health Care Tasks for R.V.T.

[Meeting Materials](#)

Webcast: [00:16:02](#)

Dr. Sullivan presented this item and the meeting materials.

Proposed Amendments to CCR, Title 16, Section 2032.1

[Meeting Materials](#)

Webcast: [00:18:47](#)

Dr. Sullivan presented this item. Ms. Welch explained revisions made to this section since the Board approved the prior proposed amendment for rabies vaccinations.

[Dr. Bradbury](#) requested public comment on this item. The following public comments were made on this item:

- [Ms. Lutz](#) commented that since the Board was talking about changing "animal hospital setting" in other regulations and statutes, the Board might want to change it elsewhere for consistency.

Dr. Sullivan responded it would be changed globally. Dr. Noland inquired and questioned the language noting "is possible" in proposed subsection (e)(2)(A) and (B).

- [Dr. Miller](#) responded that would be in relation to subsection (e)(2)(D), which would be criteria that would disqualify the animal patient from receiving the preventative prophylactic vaccines or medications. He explained written protocols are in place that specify criterion to review prior to proceeding. He clarified that the veterinarian requires data to ensure the animal is capable of receiving a vaccine or prophylactic medication.

[Dr. Noland](#) asked if there was consideration for the use of the word "acceptable" instead of "possible." She stated in her mind the word "possible" has a much broader connotation.

[Dr. Bradbury](#) wondered if the Board could direct it to subparagraph (D) since it is about the criteria and that is what it was referring to. She added, if at the end, they are "for the control over, or eradication of, apparent or anticipated internal or external parasites" it can meet the criteria in subparagraph (D).

[Ms. Welch](#) responded the Board cannot state it meets the criteria because subparagraph (D) is about how to disqualify the animal.

- [Dr. Miller](#) stated you cannot use "acceptable" or "appropriate." He suggested "clinically indicated" instead. He cautioned the Board had to be careful with wording to get through [the Office of Administrative Law (OAL)] without being rejected.

[Dr. Solacito](#) inquired if the language could be stated "within the range of the established criteria."

[Dr. Noland](#) opined "clinically" was better.

[Dr. Bradbury](#) thought that was better than "is possible."

[Dr. Noland](#) responded it inferred judgment. She also suggested "medically indicated."

[Ms. Halbo](#) responded the issue with OAL is anything that is considered vague. She stated OAL may ask for language that is clearer or that a criterion be established. She noted that she could not view that "medically appropriate" is that qualitatively different than "if possible," but that is how the language ended up. She added, the RVT is gathering data for the veterinarian to make a decision. She stated the amendment was fine, but she was concerned that it will not be acceptable language to OAL.

[Dr. Noland](#) responded if the verbiage was boiled down, "data collected to ensure that the administration of this is possible," it is possible to administer it even if there are clinically reasons not to. She stated it seemed the language was a little too vague.

- [Ms. Lutz](#) believed "if possible" was a problem. She stated if she had to defend against an allegation that something was in violation of this, then she will have to deal with the definition of "possible," and she had a problem with that. She suggested either "clinically," "medically," or something similar be used that would define it further.

[The Board](#) discussed the MDC's recommendations and revised the language as follows (all proposed additions are in [underline blue text](#); proposed deletions are in ~~red strikethrough text~~):

CCR, Title 16, Section 2032.1. Veterinarian-Client-Patient Relationship.

[...]

(e)(2)(A) Patient history that must be obtained from the client in order to reasonably ensure that the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites is [medically indicated](#)~~possible~~.

(B) Data that must be collected by physical examination of the animal patient in order to reasonably ensure that the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites is [medically indicated](#) possible.

[...]

(e)(3)(B) The R.V.T. is only authorized to act as the agent of the supervisor to establish ~~the~~ [veterinarian-client-patient relationships](#) for purposes of administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites when acting in compliance with the protocols and procedures specified in paragraph (2), and only until the date the supervisor terminates supervision or authorization for the R.V.T. to act as the agent of the supervisor.

[...]

[Dr. Bradbury](#) requested public comment on this item. The following public comment was made on this item:

- [Nancy Ehrlich](#) believed that [CCR, title 16,] section 2032.1 was being turned into legislation and then was going to be eliminated. She asked for the purpose of this work if the regulation is going to be eliminated.

[Dr. Sullivan](#) responded he would guess that if the language gets moved to statute, the Board would move this item with it.

[Ms. Welch](#) stated that the proposals represented dual tracking; two different items. She explained the Board separately was trying to get the VCPR codified in statute, along with the telemedicine provisions under [CCR, title 16, section] 2032.1. She added that since the Board was unsure how that legislative proposal may fare, it wanted to try to address RVTs establishing VCPRs as the "agents" for the veterinarian to get these prophylactic treatments going and improve access to care. She noted if the VCPR was ultimately moved into statute, this language would likely be a follow-up bill to insert these RVT provisions. She noted if the VCPR legislative proposal was not successful, the regulation could continue to move forward.

[Dr. Sullivan](#) noted that a legislative process would be quicker than the regulatory process.

Proposed Amendments to CCR, Title 16, Sections 2034 and 2036

[Meeting Materials](#)

Webcast: [00:43:20](#)

Dr. Sullivan presented this item and answered questions.

The Board discussed the MDC's recommendations and made additional revisions to CCR, title 16, section 2034 as follows (all proposed additions are in underline blue text; proposed deletions are in ~~red-strikethrough text~~):

CCR, Title 16, Section 2034. Animal Health Care Tasks Definitions.

[...]

(g) "~~Animal Hospital~~Registered Veterinary Premises Setting" means all veterinary premises which are required by Section 4853 of the Code to be registered with the board.

[...] [Subsections (h) through (k) to be renumbered.]

Dr. Bradbury requested public comment on this item. The following public comment was made on this item:

- Dr. Miller stated that if the telemedicine and VCPR issues were put into statute and changed, it did not automatically repeal the regulation. He clarified it was something that had to happen in a regulatory process. Additionally, if the regulation were to pass, it could continue to exist to augment statute. He stated there are advantages to leaving things in regulation, and he thought this would warrant further discussion in determining whether or not this would be in statute. He stated the Board would want this agendaized for future discussion. He added there might not be enough time for that right now, given the tight legislative timelines. He also requested cleanup relating to "animal hospital setting." He believed that other than [CCR, title 16, section] 2034, "animal hospital setting" was noted in the regulations in [CCR, title 16, section] 2036.5 relative to veterinary assistants. He also asked to alter "animal hospital setting" to "registered veterinary premises" not only in the title of that section, but also in the body of that section, which he believed was subsection (b).

Ms. Sieferman thought that was where the Board runs into an agendaized issue because [CCR, title 16, section] 2036.5 had not been introduced; only [CCR, title 16, sections] 2034 and 2036 were agendaized.

- Dr. Miller noted he just violated the same warning he gave the Board.

Dr. Bradbury requested a motion and the following motion was made:

- Motion: Kathy Bowler moved and Jaymie Noland, DVM, seconded a motion to approve the proposed regulatory changes with the amendments made at this meeting, 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 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.

[Dr. Bradbury](#) requested public comment on this item. The following public comment was made on this item:

- [Ms. Ehrlich](#) thanked Dr. Miller and CVMA for bringing this wonderful proposal forward. She added this was something that had really been a long time coming, and CaRVTA was very pleased with it.

Dr. Bradbury called for the vote on the proposed motion. Ms. Sieferman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 7-0.

G. Recommendation on Legislative Proposal to Repeal Business and Professions Code Section 4875.3, Subdivision (b) Regarding Veterinarian Review Criteria

[Meeting Materials](#)

Webcast: [00:53:05](#)

Ms. Shufelt presented this item and responded to questions.

Public comment on this item was requested after Item 6.H. below.

Dr. Bradbury requested a motion and the following motion was made:

- [Motion](#): Jaymie Noland, DVM, moved and Christina Bradbury, DVM, seconded a motion to approve the legislative proposal to amend Business and Professions Code section 4875.3 related to expert reviews by striking portion (b).

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

Dr. Bradbury called for the vote on the proposed motion. Ms. Sieferman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 7-0.

H. Recommendation to Add Subject Matter Expert Criteria to the Administrative Procedure Manual

[Meeting Materials](#)

Webcast: [00:53:55](#)

Ms. Shufelt presented this item and responded to questions.

Ms. Shufelt presented the MDC's recommendations and their additional revisions, which are provided as follows (proposed additions are in underline blue text; proposed deletions are in ~~red strikethrough text~~):

Subject Matter Expert Criteria

In order to serve as a subject matter expert (SME) for the Board, a SME ~~must~~shall satisfy all of the following:

- Possess a ~~valid and~~ current, active, and unrestricted Board-issued veterinarian California Veterinary License ~~and~~;
- ~~At least five years clinical experience in the area of expertise and~~; Have clinical experience in five of the seven years immediately preceding the SME application in the practice type in which the SME is opining;
- ~~No~~Not have past or current enforcement or disciplinary actions taken against their California veterinarian license; ~~and~~;
- ~~Practicing~~Practice veterinary medicine as defined in Business and Professions Code section §4826, subdivisions (b) through (e), for a minimum of 32 hours aper month. ~~and~~;
- ~~In the event of conflict of interest, must recuse themselves from the review and~~;
- ~~Must not misrepresent their credentials, qualifications, experience, or background.~~

SMEs shall comply with all conflict of interest and confidentiality requirements discussed herein and, in the event of any perceived or actual conflict of interest, shall recuse themselves from the case review.

SMEs shall not misrepresent their credentials, qualifications, experience, or background.

Ms. Welch clarified that the five year requirement does not need to be consecutive; the requirement is to have a total of five years in the seven years immediately preceding the SME application.

The Board discussed the item.

Dr. Bradbury requested public comment on this item. The following public comments were made on this item:

- Dr. Miller raised concern that the Board will limit the SME pool. He stated that if the only requirement is applicants practice five of the last seven years without current practice requirement means there is a deadline from when an applicant retired. He provided an example to express his point. He opined the intent was

to allow a SME to practice one day a week and continue in perpetuity because if they are continuing to (minimally) practice in five of the last seven years. He stated if the applicant stopped practicing today, there is a time period. He continued that it takes time for a SME to be trained and understand the minimum standards and Practice Act. He would hate to see the Board make an investment in this person who no longer practices, then the Board would not be able to use the person because the person outlasted their five year period in the last seven years. He stated if the person continued practicing one day a week, they can be used in perpetuity.

[Dr. Noland](#) responded she interpreted the requirement to be five years to mean full-time practice. When the SME is past that two years, the SME would not be within the window of five to seven years.

- [Dr. Miller](#) responded that was not what language stated and added this is a policy manual, not a regulation, so it would not require significant wordsmithing. He stated it needed to be clear to the Board's enforcement unit, lawyers, and defense attorneys.

[Dr. Bradbury](#) responded the Board could potentially make it a smaller requirement, such as monthly or hourly.

[Dr. Noland](#) inquired if Dr. Miller's interpretation was correct; it does not have to be five full-time years in the last seven years.

[Dr. Bradbury](#) responded it does not state that.

[Dr. Noland](#) responded it just states five of the last seven years the veterinarian shall have practiced.

- [Dr. Miller](#) believed it was more important that the SME must have practiced in the area on which they are opining. He stated it did not matter how much the SME was practicing, as long as they are currently doing so in a part-time or full-time capacity. He continued, working in this capacity allows the SME to be clinically competent in that practice because they are taking continuing education in that area and are current on the latest revelations or advancements in that type of practice. He clarified his interpretation to mean they can be a SME if they continuously, minimally practice, and that was what he had intended when he asked for five years of practice out of the last seven years. He clarified it was not intended to be full-time practice.

[Ms. Welch](#) responded if the 32-hour requirement or the continuing practice requirement was removed, or if the Board decided to reduce the number of hours per month, and the individuals only had to comply with the five years of clinical practice, eventually someone could be retired for 10 years and have no recent clinical practice because the requirement is five out of the years immediately preceding the application, so the individual could be an expert for 10 years.

[Dr. Noland](#) responded by that definition, a person could practice one day a month.

[Ms. Welch](#) responded that if that the 32-hour requirement is stricken, then the person does not have to have any ongoing practice.

[Dr. Noland](#) responded after two years, the veterinarian could have stopped practicing though.

[Dr. Bradbury](#) noted the requirement states at the time of application.

[Ms. Welch](#) agreed with Dr. Bradbury. She noted that 10 years later, the veterinarian has no recent practice.

- [Dr. Miller](#) explained in order to opine in a specific area of medicine, there has to be five out of seven years of experience. He stated it was up to the Board to determine if someone who practices one day a month over five years' time is a subject matter expert. He stated that the Board will be using experts and needs to ensure they are qualified to opine in that area of medicine.

[Dr. Bradbury](#) raised concerned over the "at the time of application" wording.

[Ms. Welch](#) inquired if the wording did not have that beginning timeframe or that date, then what would five (5) of the last seven (7) years mean.

[Ms. Sieferman](#) responded what about the date it is transmitted to the expert or the date of the complaint.

[Ms. Welch](#) inquired if the Board wanted to base the experience on the filing of the disciplinary matter.

[Dr. Bradbury](#) responded or maybe the date of rendering their opinion.

[Ms. Welch](#) thought the date then could move and the Board could assign the case, and by the time the Board had rendered an opinion, the veterinarian was in non-compliance.

[Dr. Bradbury](#) responded the Board had the option of leaving things the way they are and moving them to the Administrative Manual. She noted these were ideas to make it a more robust program. She thought it would improve things, but she was concerned about the "from the date of application" verbiage.

[Ms. Sieferman](#) noted the Board could take what had been discussed and what the MDC had passed the day prior, and request staff review the current expert pool and identify how many individuals this language may eliminate or add. The Board could do more research on that.

- [Mr. Baxter](#), CVMA, stated typically the word used in place of "application" in this context would be "engagement." He stated usually an expert is "engaged" to come in and work up a case, so it would be immediately preceding the SMEs engagement.

[Dr. Bradbury](#), Ms. Sieferman, and Ms. Welch discussed the recommendations and revised the language based on the recommendations, as follows (proposed additions are in underline blue text; proposed deletions are in ~~red-strikethrough text~~):

- ~~Practice veterinary medicine as defined in Business and Professions Code section 4826, subdivisions (b) through (e), for a minimum of 32 hours per month.~~

Subject Matter Expert Criteria

In order to serve as a subject matter expert (SME) for the Board, a SME ~~must~~shall satisfy all of the following:

- Possess a ~~valid and~~ current, active, and unrestricted Board-issued veterinarian California ~~Veterinary L~~icense ~~and~~;
- ~~At least five years clinical experience in the area of expertise and~~Have clinical experience in five of the seven years immediately preceding the date of contracting to provide expert services for the Board in the practice type in which the SME is opining;
- ~~No~~Not have past or current enforcement or disciplinary actions taken against their California veterinarian license; ~~and~~;
- ~~Practicing veterinary medicine as defined in Business and Professions Code §4826, subdivisions (b) through (e), for a minimum of 32 hours a month. and~~;
- ~~In the event of conflict of interest, must recuse themselves from the review and~~;
- ~~Must not misrepresent their credentials, qualifications, experience, or background.~~

SMEs shall comply with all conflict of interest and confidentiality requirements discussed herein and, in the event of any perceived or actual conflict of interest, shall recuse themselves from the case review.

SMEs shall not misrepresent their credentials, qualifications, experience, or background.

Ms. Sieferman explained that a SME has to renew their contract with the Board every two years, so the requirement would rely on the date of the contract. Ms. Welch also noted that since the contract renews every two years, the clinical experience requirement is updated on that basis, so there would not appear to be a need for the 32-hour per month requirement.

*The Board returned to the item to approve a legislative proposal to amend BPC section 4875.3 discussed above.

Dr. Bradbury requested a motion and the following motion was made:

- [Motion](#): Christina Bradbury, DVM, moved and Maria Preciosa S. Solacito, DVM, seconded a motion to approve the proposal, as amended today, to amend the Administrative Procedures Manual relating to expert criteria.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

Dr. Bradbury called for the vote on the proposed motion. Ms. Siefertman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 7-0.

I. Recommendation Regarding Spectrum of Care Frequently Asked Questions

This item was not discussed.

J. Recommendation to Add to the Board's Frequently Asked Questions Regarding Veterinarian-Client-Patient Relationship

[Meeting Materials](#)

Webcast: [01:24:13](#)

Ms. Shufelt presented this item and responded to questions.

Dr. Bradbury requested a motion and the following motion was made:

- [Motion](#): Maria Preciosa S. Solacito, DVM, moved and Kathy Bowler seconded a motion to approve the addition of new Question 7 to the Frequently Asked Questions regarding the Veterinarian-Client-Patient Relationship (VCPR).

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

Dr. Bradbury called for the vote on the proposed motion. Ms. Siefertman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 7-0.

K. MDC 2023 Assignments

Webcast: [01:29:15](#)

Ms. Sieferman presented this item and responded to Board questions and comments.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

7. Interviews, Discussion, and Possible Appointment to Fill Vacant MDC Veterinarian Member Position

[Meeting Materials](#)

Webcast: [01:32:10](#)

The Board conducted interviews to fill the veterinarian member position on the MDC. Prior to the meeting, the Board's Executive Committee selected the following top four candidates for the Board's consideration:

- [Vanessa Aberman, DVM](#), License: [14258](#)
- [W. Kent Fowler, DVM](#), License: [6301](#)
- Richard Johnson, DVM, License: [6347](#)
- [Cheryl Waterhouse, DVM](#), License: [11381](#)

During the start of the interviews, Dr. Johnson thanked the Board for the opportunity to be considered for the MDC. However, he chose to remove himself from the candidate pool.

Dr. Bradbury requested a motion and the following motion was made:

- [Motion](#): Christina Bradbury, DVM, moved and Maria Preciosa S. Solacito, DVM, seconded a motion to appoint Dr. Fowler to the MDC to serve the remaining veterinarian member term until June 30, 2023 and serve the full veterinarian member term from July 1, 2023 through June 30, 2026.

[Dr. Bradbury](#) requested public comment on this item. The following public comment was made on this item:

- [Dr. Miller](#) joked that should Dr. Fowler get appointed, he would like to request that Dr. Fowler's first assignment on the MDC be to rewrite the interview questions for the MDC's future members.

Dr. Bradbury called for the vote on the proposed motion. Ms. Sieferman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 7-0.

†Due to time constraints, Agenda items 8 through 12 were moved to Thursday, January 26, 2023. The order of business conducted herein follows the publicly noticed Board meeting Agenda.

Webcast Links:

Agenda Items 8.–16., 18.A. and 18.B. (<https://youtu.be/VKJPMc6jwFE>)

8. †*Update, Discussion, and Possible Action on Potential Legislation Regarding Cat Declaw Procedures

[Meeting Materials](#)

Webcast: [01:20:15](#)

Ms. Sieferman presented this item and answered questions.

[Dr. Bradbury](#) requested public comment on this item. The following public comment was made on this item:

- [Dr. Miller](#) appreciated the thoughtful dialogue on this topic and wanted to provide some additional factual information. He stated AB 1230 was sponsored by the same group that sponsored prior bills, and the concept of the informed consent language was brought forth by CVMA, although the language itself originated with a public education sheet from the AVMA. He stated CVMA's Animal Welfare Committee also reviewed the literature that was currently in existence and noted conflicting definitions. He stated [AB] 1230 died; it was heard but did not get a motion in second [review] to pass it. He noted that the bill has had two renditions since. He said one was in the form of a house resolution and the other one was in the form of a bill sponsored last year. He stated subsequent to the 2019 bill, CVMA decided to reconvene its Animal Welfare Committee, as well as its House of Delegates, to look at its policy. Dr. Miller continued that CVMA has a long-standing history of protecting the sovereignty of veterinary practice and for that reason, and CVMA would oppose any prohibition of any surgical procedure or veterinary procedure in law, but as a result of CVMA's re-examination, it published a new policy on declaw of domestic cats in October of 2021. Dr. Miller then read a brief excerpt, "the CVMA discourages the declaw orchiectomy of cats as an elective procedure and supports non-surgical alternatives to the procedure. The decision to declaw cats should be made by the owner, in consultation with the veterinarian on a case-by-case basis and only for (1) a medical reason for the animal or (2) when scratching presents a health risk to the owner. The veterinarian has an obligation to educate clients on alternatives to the declaw procedure and what a declaw procedure entails, including the potential surgical complications a declaw procedure should not be performed unless all alternatives have been explored and attempted. More information about declawing can be accessed here." He stated CVMA created an outreach information page, which was available to the public, that has the same type of educational materials that the Board had been discussing here. He stated CVMA is largely relying on the

AVMA's educational materials. He agreed that everything needed to be reviewed on a constant basis because research constantly changes, but their educational materials looked very similar to the educational materials that were included in the Assembly. He stated [the Business and Professions Committee] Consultants suggested amendments, which were reviewed. He was unsure that the conversation would tend towards informed consent or towards trying to align anything in law with what is consistent with the current policy. He stated the CVMA had to look at the bill, but this shift in CVMA's policy is what it takes to the Legislature when it discusses its position on this procedure.

9. †Update on Pending Regulations

[Meeting Materials](#)

Webcast: [01:59:30](#)

Jeffrey Olguin presented a status update on pending regulations and answered questions.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made. The following public comment was made during Agenda Item 11 discussion:

- [Ms. Ehrlich](#) asked about the status of the RVT education regulation package that will eliminate the five-year limit for the alternate route and if anyone knew when that might go into effect.

[Ms. Siefertman](#) responded as noted on page 4 for the status of regulations, it stated that it had been submitted to [DCA] Budgets in December 2022, so the Board was waiting on that review, and the Board was unable to provide a definitive answer of when that would take effect.

10. †Student Liaison Reports

A. University of California, Davis Liaison – *Amanda Ayers*

Webcast: [02:05:55](#)

Ms. Ayers provided the UC, Davis liaison report and answered questions.

B. Western University of Health Sciences Liaison – *Alexandra Ponkey*

Webcast: [02:12:15](#)

On behalf of Ms. Ponkey, Ms. Ayers provided the Western University of Health Sciences liaison report and answered questions.

Dr. Bradbury requested a motion and the following motion was made:

- [Motion](#): Christina Bradbury, DVM, moved and Kathy Bowler seconded a motion for the Board to write a letter of support for the University of California, Davis hosting the [Student American Veterinary Medical Association] SAVMA Symposium in 2025.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

Dr. Bradbury called for the vote on the proposed motion. Ms. Siefertman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 7-0.

11. †Board President Report – *Christina Bradbury, DVM*

Webcast: [02:21:15](#)

Dr. Bradbury provided the Board President Report and answered questions regarding the report.

[Dr. Bradbury](#) requested public comment on this item. The following public comment was made on this item:

- [Dr. Miller](#) echoed Dan Baxter’s previous comment from the day prior, and he thanked the Board for attending CVMA’s leadership meetings. He felt the topics discussed were different, and the crossover between the leadership meetings and Board meetings can be of great value because of the information exchanged. He encouraged everyone to review the CVMA economic survey. He stated it was available on CVMA’s website to the public in the Resources section. He added, the survey was a very sobering look at the veterinary profession in California as it currently stands, and he appreciated the Board recognizing that the particular crisis among equine and food animal practitioners. He stated that while CVMA’s survey mentioned that regulatory requirements present a major burden to 53% of the respondents, the Board’s activity this year in listening to CVMA had been very helpful. He believed Ms. Siefertman, her staff, and the MDC Subcommittee that is tasked with taking a look at some of the key regulations had done a very good job at hearing what stakeholders are saying and trying to make adjustments accordingly. He noted the first of which would be that statutory package relating to the VCPR and telemedicine. He saw that as a very important steppingstone in helping to create some other changes, perhaps on the regulatory side, which will better help veterinary practitioners and still provide consumer protection. He believed there was a valuable balance and to maintain that balance was for both organizations to understand where each one is coming from. He added that the Board’s participation in CVMA leadership meetings was of great value to them.

[Board members](#) discussed possible solutions that the Board could provide to assist in addressing the issues.

- [Dr. Miller](#) appreciated the Board’s comments and pointed out that the Board had already done two of the biggest possible things it could do to improve the situation. He first noted under Ms. Sieferman’s direction, the California State Board Examination, which served as a duplicative, unnecessary barrier to licensure, was eliminated; and second, the Board had taken its licensing turnaround times from months, down to days, which was of great value to people who want to come to California. He opined the MDC can focus on regulatory packages needed to help practitioners better understand how to work in California. He stated one such package was the alternate premises rulemaking, which Ms. Sieferman mentioned spending five hours on to help people understand if they want to run a business in California and how to do it. He stated there were approximately 450 veterinarians who left the state, but kept their license active, which suggested that they may want to come back. He acknowledged that those reasons were beyond factors germane to this Board, so he appreciated the work the MDC was doing. He added CVMA had a parking lot of issues that still need work to address where California law has fallen behind and needs to be updated, so he encouraged the Board to keep the MDC on track with the rulemaking packages.

[Ms. Welch](#) reminded everyone of the Access to Veterinary Care Task Force items that were assigned to the MDC at the October 19–20, 2022 meeting—five of the tasks the MDC was already working on; she noted the list was provided on page 17 of Agenda Item 3, which has more material. She noted there had been plenty of conversations that can be reviewed, and the MDC was working on multiple access to veterinary care issues.

12. †*Registered Veterinary Technician Report – *Jennifer Loredo, RVT*

Webcast: [02:48:18](#)

Ms. Loredo provided the Registered Veterinary Technician Report and addressed questions regarding the report.

[Dr. Bradbury](#) requested public comment on this item. The following public comment was made on this item:

- [Nancy Grittman](#) stated she wanted to let Ms. Loredo and the Board know, the AAVSB works very closely with Ms. Sieferman’s team to provide reports on the California RVT programs, so if there was any additional information that AAVSB was not providing to the Board, Ms. Sieferman and Mr. Rodda can let the AAVSB know, and it would be glad to look at how it can assist in that respect.
- [Dr. Miller](#) responded to Ms. Loredo’s comment for information about the alternate route. He noted CVMA has a public section on its website entitled RVT Career Information that has information about California-approved veterinary technician programs, RVT distance learning programs, task summaries, and the job task clarifications that are required for the alternate route. He continued, CMVA also offers a certification workbook for people, such

as veterinary assistants in a practice who want to learn how they can pursue RVT qualification through the alternate route. He asked Ms. Loredo if that was what she was interested in knowing, but if there was something else that she felt was not being disseminated to the public to let him know. He clarified survey results were completely dependent upon those who answer the questions and the validity of those answers. He stated the most accurate information comes from the Employment Development Department, which compiles tax return data from W-2 statements. He said he had second quarter 2022 statistics, which showed that in the State of California, 14,133 veterinary assistants had a median annual salary of \$38,751, which worked out to \$18.63 an hour; 7,200 RVTs had a median annual salary of \$46,765, making their hourly \$22.48 an hour.

[Ms. Loredo](#) thanked Dr. Miller for the clarification.

**Agenda Items 8 through 12 were moved to January 26, 2023. The order of business conducted herein follows the publicly noticed Board meeting Agenda.*

13. Recess until January 26, 2023 at 9:00 a.m.

The meeting was recessed at 5:26 p.m.

9:00 a.m., Thursday, January 26, 2023

Webcast Links:

Agenda Items 8.–16., 18.A. and 18.B. (<https://youtu.be/VKJPMc6jwFE>)

Agenda Items 17., 18.C.–27. (https://youtu.be/WKCaOUI_uZE)

14. Reconvene – Establishment of a Quorum

Webcast: [00:00:22](#)

Board President, Christina Bradbury, DVM, called the meeting to order at 9:01 a.m. Executive Officer, Jessica Siefertman, called roll; six members of the Board were present, and a quorum was established. Jaymie Noland, DVM, was absent at the time of roll call.

Members Present

Christina Bradbury, DVM, President
Maria Preciosa S. Solacito, DVM, Vice President
Kathy Bowler
Jennifer Loredo, RVT
Jaymie Noland, DVM (arrived at 9:52 a.m.)
Dianne Prado
Maria Salazar Sperber

Student Liaisons Present

Amanda Ayers, UC, Davis

Staff Present

Jessica Siefertman, Executive Officer
Matt McKinney, Enforcement Manager
Timothy Rodda, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rob Stephanopoulos, Enforcement Manager
Rachel Adversalo, Enforcement Analyst
Melissa Caudillo, Enforcement Analyst
Nellie Forget, Enforcement Analyst
Marlene Gonzalez, Examinations/Licensing Technician
Kimberly Gorski, Senior Enforcement Analyst
Brett Jarvis, Enforcement Analyst
Amber Kruse, Senior Enforcement Analyst (Hospital Inspection)
Rachel McKowen, Enforcement Technician
Minh Nguyen, Enforcement Technician
Jeffrey Olguin, Lead Administrative & Policy Analyst
Robert Rouch, Enforcement Analyst
Bryce Salasky, Enforcement Analyst
Kenny Seunarine, Enforcement Technician
Jeffrey Weiler, Senior Enforcement Analyst (Probation Monitor)
Tara Welch, Board Counsel, Attorney IV, DCA, Legal Affairs Division

Guests Present

Dan Baxter, CVMA
Dahlia Belisle
Jeff Blea, DVM
Loren Breen
Nancy Ehrlich, RVT, CaRVTA
Amy Farmer, EdD, CAE, AAVSB
Ann Fisher
Kirstin Flanagan
William Kent Fowler, DVM
Melissa Gear, Deputy Director, DCA, Board and Bureau Relations
Leslie Haddad
Veronica Hernandez, Budget Analyst, DCA, Budget Office
Anita Levy Hudson
Melissa Hulgren
Sarah Irani, DCA, SOLID
Alexander A. Juarez
Kimberly Limas
Bonnie Lutz, Esq., Klinedinst
Michael Manno, DVM
Grant Miller, DVM, CVMA
Elizabeth Johnson Million, DVM

Karen Munoz, Manager, DCA, Budget Office
Angelina Ray Observer
C. Sparrow, AAVSB
Jeff Stone, Deputy Attorney General (DAG), Office of the Attorney General,
California Department of Justice
Beth Venit, VMD AAVSB
Cesar Victoria, DCA, SOLID
Jessica Wall, Administrative Law Judge (ALJ), Office of Administrative Hearings
(OAH)

15. Presentation from the International Council for Veterinary Assessment (ICVA) Regarding the North American Veterinary Licensing Examination (NAVLE)

[Meeting Materials](#)

Webcast: [00:02:45](#)

Elizabeth Johnson Million from the ICVA provided an overview of the NAVLE and addressed questions.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

16. Presentation from the American Association of Veterinary State Boards (AAVSB) Regarding the Veterinary Technician Examination (VTNE)

[Meeting Materials](#)

Webcast: [00:40:58](#)

Nancy Gritman from the AAVSB provided an overview of the VTNE and addressed questions.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

**Agenda items for this meeting were taken out of order, and the Board moved to [Agenda Items 8 through 12, 18.A. through C., and 20 through 26](#). The order of business conducted herein follows the publicly noticed Board meeting Agenda.*

Webcast Link:

Agenda Items 17., 18.C.–27. (https://youtu.be/WKCaOUI_uZE)

17. Update, Discussion, and Possible Action on National Association Involvement – Kathy Bowler

A. AAVSB Policy and Regulatory Task Force

[Meeting Materials](#)

Webcast: [01:39:22](#)

Ms. Bowler presented updates from the AAVSB and answered questions regarding the report.

B. International Council for Veterinary Assessment (ICVA)

[Meeting Materials](#)

Webcast: [01:40:15](#)

Ms. Bowler presented updates from the AAVSB and answered questions regarding the report.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

18. Executive Management Reports

A. Administration

[Meeting Materials](#)

Webcast: [02:58:40](#)

Timothy Rodda provided the updates on the Administration Report, excluding the budget section.

[Veronica Hernandez](#) provided an update regarding the latest Expenditure Projection Report and Fund Condition Statement.

Mr. Rodda, Ms. Hernandez, and Ms. Sieferman addressed questions regarding the report.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

B. Examination/Licensing

[Meeting Materials](#)

Webcast: [03:14:10](#)

Mr. Rodda presented the Examination/Licensing Report. Mr. Rodda and Ms. Sieferman addressed questions regarding the report.

[Dr. Bradbury](#) requested public comment on this item. The following public comment was made on this item:

- [Dr. Miller](#) stated the 31% non-compliance rate was of great concern to CVMA. He added, there may be a need for education and outreach, which is what CVMA can do. He said there was conflicting information about when this audit takes place. He indicated one instance is when licenses are renewed through BreEZe, and the other when Board staff send an email to the licensee stating they were selected for an audit. He asked for clarification on the process.

[Mr. Rodda](#) responded during the BreEZe renewal process, licensees are asked if they have completed their continuing education, and the licensee can upload any CE documentation they have at that time. He added that later if the licensee is randomly selected as part of the Board's separate audit process, staff can access the license file for any CE the licensee has uploaded. He noted there was no audit process happening as part of the BreEZe renewal itself, which was separate from when the licensee receives a letter and email from the Board's staff that the licensee has been selected for a CE audit.

- [Dr. Miller](#) inquired so then the renewal continues to go through even if they are not in compliance.

[Ms. Siefertman](#) responded it was not. She noted the only thing that would hold up the renewal was if someone marked "no;" if the licensee marked "yes," that they have complied, the renewal continues.

- [Dr. Miller](#) asked, in relation to RACetrack, if there was an opportunity to link the BreEZe system with RACetrack so staff can automatically see that licensees have their CE, and it was done, or does staff have to physically check RACetrack every time.

[Mr. Rodda](#) responded the Board must go into RACetrack; there is a Board portal on RACetrack to search each person individually.

[Ms. Siefertman](#) responded DCA was looking at a way to make it more efficient for everybody. She added, if there were opportunities for the Board to create interfaces to talk to other systems, they are looking at doing so.

- [Dr. Miller](#) noted there was a failure to submit documentation, but what he had noticed in the wake of COVID, is there are many practitioners who did an abundance of CE self-guided, online, and then not enough live and in person. He asked for clarification on what caused practitioners to fail the audit.

[Mr. Rodda](#) responded it was a mix of deficiencies. He noted the Board had a lot of its population who attended live conferences, but he would have to look into that data further—about the specifics of inactive or live versus non-interactive.

- [Dr. Miller](#) saw an opportunity for outreach with an article he writes called Compliance Corner, and he thought this would be a timely topic given that there is an alarming 31% non-compliance rate.

[Ms. Siefertman](#) clarified that for non-compliance during COVID, there was essentially an extension during the State of Emergency. She added, when the Board initially started conducting audits after COVID, the Board allowed compliance for licensees who indicated they were using the COVID extension. The reported non-compliance did not relate to that time period.

Mr. Rodda added some of the Board's licensees had been confused about the COVID waiver for CE, which ended October of 2021.

[Ms. Siefertman](#) noted that it sounded like an opportunity for the Board to do more outreach on this issue as well.

- [Dr. Miller](#) stated he would like to write an article with the top five questions and make sure licensees know about RACEtrack. He stated it was easy to use and was nice because it is free. He stated a licensee can use the system to add CE courses taken for tracking purposes. He would like the opportunity to write a top five questions and send it to Board staff for comments, and staff can decide if they would like to make comments.

[Mr. Rodda](#) responded he would appreciate that.

[Ms. Siefertman](#) stated the great thing with RACEtrack was that all the providers for the [Registry of Approved Continuing Education] RACE providers are all required to upload attendance records into RACEtrack, so the veterinarians have that information right there. She added, it was great for the Board, as staff can access the system and see if the CE documentation is present. If it is, then the Board does not have to do contact the licensee.

[Ms. Bowler](#) asked Ms. Siefertman if there were non-approved RACE providers that the Board still accepts that are not accepted in RACEtrack. She asked how far is the AAVSB from getting it universal.

[Ms. Siefertman](#) responded she would have to double check with Ms. Grittmann, but that was one of the conversations that the Board has had with AAVSB. The Board wants the ability for licensees to be able to easily upload information, since the Board does accept non-RACE approved courses. She noted that it was something AAVSB was working on with its contractor, CE Broker, and she believed that was something they can do now.

[Ms. Bowler](#) asked for clarification with the Board accessing RACEtrack, and then using what the licensee provides.

[Ms. Siefertman](#) confirmed this understanding; the Board would look on RACEtrack to see what was submitted and then write to the licensee and let them know that they have been audited. The licensee then can submit anything that is not in RACEtrack.

- [Nancy Grittmann](#), AAVSB, responded to Ms. Bowler's question about the non or the statutorily approved providers. She stated AAVSB, along with CE Brokers, were close to having that available. She noted that individuals, however, can

input information directly by themselves, but AAVSB was looking to implement a more automated process. She anticipated it would be ready to go in the next few months.

**Agenda items for this meeting were taken out of order, and the Board moved to [Agenda Items 20 through 26](#). The order of business conducted herein follows the publicly noticed Board meeting Agenda.*

C. *Enforcement

[Meeting Materials](#)

Webcast: [01:23:38](#)

Matt McKinney and Rob Stephanopoulos presented the Enforcement Report.

Mr. McKinney, Ms. Sieferman, and Mr. Stephanopoulos addressed questions regarding the report.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

**Agenda items for this meeting were taken out of order, and the Board moved to [Agenda Item 17](#). The order of business conducted herein follows the publicly noticed Board meeting Agenda.*

D. *Outreach

[Meeting Materials](#)

Webcast: [01:42:18](#)

Mr. Olguin presented the Outreach Report.

Mr. Olguin and Ms. Sieferman answered questions relating to the Outreach Report.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

E. Strategic Plan

[Meeting Materials](#)

Webcast: [01:46:35](#)

Ms. Sieferman presented and answered questions relating to the Strategic Plan.

[Dr. Bradbury](#) requested public comment on this item. There were no public comments made on this item.

19. Future Agenda Items and Next Meeting Dates

Webcast: [01:50:00](#)

Ms. Sieferman presented and answered questions relating to the future agenda items and next meeting dates. The future Board meeting dates are as follows:

- April 19–20, 2023
- July 19–20, 2023
- October 18–19, 2023

20. Special Order of Business (1:00 p.m.)

A. Hearing on Petition for Reinstatement – *Hong Rak Park, DVM, Former License No. VET 6707*

[Meeting Materials](#)

Webcast: [00:00:40](#)

This agenda item commenced at 1:15 p.m.

Jessica Wall, ALJ, commenced the petition hearing.

ALJ Wall presided over the petition for reinstatement. DAG Jeff Stone updated and presented the case against Hong Rak Park. Mr. Park was represented by Ms. Lutz, who presented his petition for reinstatement. Mr. Park answered questions from the DAG and Board members.

ALJ Wall closed the hearing at 2:35 p.m.

21. Recess Open Session

Open Session recessed at 2:46 p.m.

22. Convene Closed Session

Closed Session convened at 2:47 p.m.

23. Pursuant to [Government Code Section 11126](#)(e)(1) and (2)(A), the Board Will Meet in Closed Session to Confer and Receive Advice From Legal Counsel Regarding the Following Matter: *San Francisco Society for the Prevention of Cruelty to Animals, et al. v. Jessica Sieferman*, United States District Court, Case No. 2:21-cv-00786-TLN-KJN

This item was not discussed.

24. Pursuant to [Government Code Section 11126\(c\)\(3\)](#), the Board Will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including the Above-Identified Petition and Stipulations and Proposed Decisions

In the Matter of the Petition for Reinstatement—Hong Rak Park, Former Veterinarian License No. 6707

The Board granted the Petition for Reinstatement, immediately revoked the license, stayed the revocation, and placed the license on three-years' probation on specified terms and conditions.

25. Adjourn Closed Session

Closed Session adjourned at 3:51 p.m.

26. Reconvene Open Session

Dr. Bradbury reconvened Open Session at 3:58 p.m.

**Agenda items for this meeting were taken out of order, and the Board moved back to Agenda Items 18.C., 17, 18.D. and E., and 19. The order of business conducted herein follows the publicly noticed Board meeting Agenda.*

27. Adjournment – Meeting Adjournment May Not Be Webcast If It Is the Only Item That Occurs after Closed Session

The meeting was adjourned at 3:51 p.m.