



**MEETING MINUTES  
MULTIDISCIPLINARY ADVISORY COMMITTEE**

**July 25, 2017**  
**1747 N. Market Blvd. – 1<sup>st</sup> Floor Hearing Room**  
**Sacramento, California**

**10:00 a.m. Tuesday, July 25, 2017**

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

Multidisciplinary Advisory Committee (MDC) Chair, Dr. Jon Klingborg called the meeting to order at 10:02 a.m. Veterinary Medical Board (Board) Executive Officer, Annemarie Del Mugnaio called roll; seven members of the MDC were present and thus a quorum was established. Dr. William Grant and Dr. Allan Drusys were not present.

**2. Introductions**

Members Present

Jon Klingborg, DVM, Chair  
David Johnson, RVT  
Jennifer Loreda, RVT, Board Liaison  
Kristi Pawlowski, RVT  
Jeff Pollard, DVM  
Richard Sullivan, DVM, Board Liaison  
Diana Woodward-Hagle, Public Member

Staff Present

Annemarie Del Mugnaio, Executive Officer  
Nina Galang, Administrative Program Coordinator  
Louis Galiano, DCA Webcast  
Jennifer Iida, DCA Webcast  
Candace Raney, Enforcement Manager  
Tara Welch, Legal Counsel

Guests Present

Nancy Ehrlich, RVT, California Registered Veterinary Technician Association  
Valerie Fenstermaker, California Veterinary Medical Association  
John Pascoe, DVM, University of California, Davis  
Cindy Savely, RVT, Sacramento Valley Veterinary Technician Association  
Leah Shufelt, RVT, California Veterinary Medical Association  
Linda Tripp, RVT, Sacramento Valley Veterinary Technician Association  
Cheryl Waterhouse, DVM, Veterinary Medical Board

### **3. Review and Approval of April 18, 2017 Committee Meeting Minutes**

The MDC and Legal Counsel, Tara Welch, made minor changes to the April 18, 2017 meeting minutes.

- David Johnson moved and Jennifer Loredó seconded the motion to approve the minutes as amended. The motion carried 8-0.

### **4. Update from the Complaint Process Audit Subcommittee**

The Complaint Process Audit Subcommittee, Dr. Jeff Pollard noted that he and Dr. Grant made several attempts to meet since the last meeting but were unsuccessful; therefore, the subcommittee did not have any updates.

### **5. Discussion and Consideration of “Extended Duty” for Registered Veterinary Technicians Regulations; Potential Recommendation to Full Board**

Kristi Pawlowski shared that she and Jennifer Loredó spoke to a number of Registered Veterinary Technician (RVT) schools and determined that the list of “extended duty” procedures are being currently taught as part of the curriculum, to varying degrees. The general feedback from the schools is that new provisions are not necessary, as it should be up to the veterinarian to determine if an RVT is capable of performing a task, which is currently in the Veterinary Medicine Practice Act. Ms. Pawlowski cautioned the MDC about moving forward in expanding the list of RVT specific duties as not all RVTs are exposed to the same training rigor.

Ms. Loredó suggested amending current regulations to emphasize that Veterinary Assistants (VAs) should not be performing certain tasks.

Nancy Ehrlich asked the MDC to consider language which states that a veterinarian should limit the delegation to an RVT of any procedure requiring placement of a needle or an appliance into a blood vessel, body cavity, or epidural space. Ms. Ehrlich agreed to submit the language to the MDC in writing and Dr. Klingborg noted that it would be assigned to the subcommittee for further discussion.

### **6. Discussion and Consideration of Recommendations from State Humane Association of California and California Veterinary Medical Association Regarding Public and Private Shelters and Minimum Standards & Protocols for Shelter Medicine; Potential Recommendation to Full Board**

David Johnson noted that no new issues have been identified since the last MDC meeting and most of the issues require further clarification from the Board (e.g. euthanasia of wild animals) and further direction from Legal Counsel in terms of authority. Mr. Johnson recommended looking at California Code of Regulations (CCR) section 2032.1, Veterinary-Client-Patient Relationship, to add “animal seized under Penal Code 597.1,” under the “owner unknown” section.

Mr. Johnson suggested creating a separate section in the Practice Act to define tasks and the level of supervision required for RVTs and VAs in shelter settings. Mr. Johnson added that he still feels the tasks should be overseen by a veterinarian.

Regarding Item #1 of the High-Priority Shelter-Related Issues handout (Veterinary Care on Intake): Mr. Johnson noted that vaccinations, application of flea treatment, worming, and testing for diseases of

animals has become the established standard of care in animal shelters nationwide, which is a policy change that has occurred over the last decade.

In response to Dr. Klingborg's question regarding the veterinarian's responsibility to perform a physical examination and the acts of assessing and diagnosing an animal as restricted to a veterinarian, Jennifer Loreda responded that as an RVT, she notates her "observations" of the animal patient, rather noting an assessment or diagnosis.

Mr. Johnson added that the subitems listed under "Veterinary Care on Intake," are considered wellness items or tasks that should be performed to protect the overall safety of the shelter for biosafety purposes.

Ms. Del Mugnaio suggested that if the Board supports allowing VAs to perform veterinary care in a shelter setting upon intake, a statutory amendment to carve out a setting-specific exemption may be necessary.

Dr. Richard Sullivan opined that it is not necessary to develop a new section of law as the Board should be adopting a herd health policy where a Veterinarian-Client-Patient Relationship (VCPR) must be established for non-veterinarians to treat herd animals. Ms. Del Mugnaio added that framing shelter medicine to mirror some aspects of herd health is plausible, but this would still require regulatory changes.

Dr. Klingborg noted that the challenge in the shelter setting is how to address the impounded animal.

Regarding Item #2 of the handout (Controlled Substances): Ms. Del Mugnaio noted that under the California Uniform Controlled Substances Act, individuals working under the supervision of a veterinarian would not need a separate permit to transport controlled drugs.

Mr. Johnson described three scenarios in which an animal would be euthanized: 1) a member of the public requests the service, 2) an animal is past their stray holding period, and 3) an animal is suffering and should be humanely destroyed.

Nancy Ehrlich felt that the Board should require the VAs working in a shelter to get a Veterinary Assistant Controlled Substances Permit (VACSP) if they are administering controlled substances; however, Ms. Del Mugnaio noted that some shelters do not have veterinarians available to supervise the VA and this is a requirement of the VACSP.

Regarding Item #3 of the handout (Sodium Pentobarbital/Euthanasia), Mr. Johnson shared that the most common pre-euthanasia sedation formula includes controlled substances and opined that this formula has been, and will continue to be, administered in practice prior to having the veterinarian examine the animal patient. Mr. Johnson commented that the regulations should be brought up to speed to address what is currently in practice in shelter settings, including veterinary care procedures upon intake and the administration of the pre-euthanasia sedation formula.

Regarding Item #4 of the handout (Authority of RVTs in Shelters – Business and Professions Code section 4840(b)): Mr. Johnson opined that amending the section to include Societies for the Prevention of Cruelty to Animals (SPCAs) and humane societies may not be necessary since many of these nonprofit entities contract with city and county agencies to provide sheltering services.

Ms. Welch pointed out that the language in CCR section 2039 is unclear in terms of what is meant by "domestic animals" and expressed that it would be most appropriate to amend it to "domestic pets or

animals”. Ms. Welch advised that the intent and terms regarding shelter staff and euthanasia of wild life could be clarified through Frequently Asked Questions (FAQs) on the Board’s website, rather than going through the regulatory process.

Ms. Ehrlich felt that by defining “shelter,” it would solve the issue outlined in Item #4.

Regarding Item #5 of the handout (Rabies Vaccines): Mr. Johnson suggested that the MDC look at ways to address the needs of the public within the regulatory framework of the California Department of Public Health. He added that the current practice in animal shelters throughout California is to contact the supervising veterinarian via text message, e-mail, or phone call to obtain authorization to administer a rabies vaccination to a claimed animal, oftentimes prior to the animal patient being examined by the veterinarian.

Mr. Johnson reviewed four scenarios regarding rabies vaccinations that occur in shelters: 1) the animal is released and the client is issued a “fix it” ticket and is required to obtain the rabies vaccination at a later date, 2) the animal is held until a veterinarian is present and authorizes the release, 3) the animal is vaccinated without authorization, and 4) the veterinarian is called to provide telephonic authorization to perform the vaccination.

Regarding Item #6 of the handout (Indirect Supervision): Mr. Johnson recommended clarifying the definition for “written orders” or “direct orders.” Ms. Del Mugnaio suggested using the more commonly used term “protocols,” as it is an acceptable standard of practice in shelter medicine.

Valerie Fenstermaker noted that the California Veterinary Medical Association (CVMA) Premises Task Force had a follow up meeting regarding veterinary assistants and their role in shelter medicine. The following language was proposed for CCR section 2036.6 by the CVMA Task Force: “Notwithstanding CCR section 2036.5(b), a supervising veterinarian may establish written orders for veterinary assistants in a city, county, or city and county agency, or organization contracted to perform animal control services for vaccination and prophylactic control of endoparasites and ectoparasites on intake.”

Ms. Fenstermaker noted that the proposed language for CCR section 2035.5 and 2036.6 carve out the shelter setting, as the CVMA Task Force felt it was important to address it separately.

Ms. Welch, requested a list of items from the MDC that she would be expected to research and provide guidance to the MDC at the October meeting.

Ms. Del Mugnaio suggested that the Subcommittee share its list of pending issues with the State Humane Association of California (SHAC) and work collaboratively to develop a plan for next steps.

Ms. Ehrlich agreed to email the subcommittee input from the California Registered Veterinary Technicians Association (CaRVTA). Ms. Del Mugnaio also offered to receive outside feedback and disseminate it to the Subcommittee.

Dr. Klingborg added two items to the High-Priority Shelter-Related Issues handout: Item #7 – Amend CCR section 2032.1 to potentially include animals impounded under Penal Code 597 and Item #8 – Consider defining “shelter.”

Mr. Johnson suggested adding RVTs as a authorized premises permit holder or managing licensee in shelter settings as another item for consideration.

Dr. Klingborg assigned Mr. Johnson and Dr. Jeff Pollard to serve on the Subcommittee.

## **7. Discussion and Consideration of Proposed Regulations Regarding the Compounding of Drugs Pursuant to the Enactment of Senate Bill 1193 (Hill, Chapter 484, Statutes of 2016); Potential Recommendation to Full Board**

Dr. Sullivan suggested that the Board working with the CVMA consider creating a guidance document on the regulations explaining how to comply with the provisions in very simple terminology.

Dr. Klingborg clarified that the regulations are not intended for commercial drug compounding, but is limited to compounding drugs in a veterinary office intended for the treatment of a patient. Dr. Klingborg reviewed each section and pointed out the proposed language includes both sterile and non-sterile drug compounding.

Dr. Sullivan recommended referring to the United States Pharmacopeia (USP) definition of “simple compounding” to better describe the type of compounding performed by veterinarians for in-house use.

Ms. Welch commented that “simple compounding” as defined in the USP only referred to non-sterile.

Ms. Welch stated that the regulations are intended to provide guidance for hospital inspection.

Dr. Sullivan suggested removing the word “master” for section 2092(b)(c) and (d), and refer to a “formula document.”

Dr. Klingborg suggested inserting language in 2093 (c) “the expiration date may be extended if the integrity, potency, and quality, are measurable and documented.”

- Jennifer Loreda moved and Dr. Jeff Pollard seconded the motion to recommend to the full Board to adopt the language regarding drug compounding in veterinary premises. The motion carried 6-0.

## **8. Discussion and Consideration of Proposed Amendments Regarding Drug Information to be Provided to Clients – Section 2032.1 of Title 16 of the California Code of Regulations; Potential Recommendation to Full Board**

Ms. Del Mugnaio provided a brief background on the drug counseling proposed regulatory language and noted that the issue regarding drug counseling was originally before the MDC as a regulatory proposal and then Mr. Solomon Stupp brought a proposal to the Senate Business Professions and Economic Development (BPED) Committee as a legislative initiative. The initiative was carried in Senate Bill (SB) 546 and the Board and the CVMA met with the BPED Committee consultant to amend the language so that it emphasizes the veterinarian’s role in offering such counseling, but does not enforce providing information on adverse side effects that are not reasonably available or known by veterinarians. Ms. Del Mugnaio stated that the language before the MDC reflects language discussed in the meetings with the BPED consultant and CVMA. The language may be addressed through the regulatory process as SB 546 has been suspended.

Ms. Del Mugnaio addressed the relationship of the proposed regulations as being tied to the Veterinarian-Client-Patient Relationship (VCPR) provisions, however, the regulations may be more appropriately placed in a section following the provisions for written prescriptions.

Ms. Woodward-Hagle expressed concerned with the lack of clarity in the language, and states that the language omits what the drug is intended to treat. She commented that the Pharmacy Board language is much less complicated.

Dr. Pollard stated that the provisions before the MDC are more prescriptive than what would be required of a physician.

Ms. Pawlowski suggested the language be condensed as the language is too prescriptive.

Ms. Ehrlich shared her concerns that the language is not isolated to outpatient settings and does not address off-label drug use. She further stated that CaRVTA takes issue with allowing Veterinary Assistants to discuss pharmacological matters with clients, as she feels they have not received the proper training.

Dr. Klingborg recommended that outpatient setting be added to subsection (a). He also commented that veterinary drug resource information is a service that may be provided for a fee.

Ms. Woodward-Hagle commented that subsection (b) should be eliminated.

Dr. Pollard commented that off-label use may refer to the drug dose and not the drug itself and therefore, there would not be documentation available for every off-label use.

Dr. Sullivan stated that if a client requests more information regarding a drug, the veterinarian should be responsive the client's request.

Ms. Woodward-Hagle suggested that text "veterinary drug resource information" be replaced with "written information."

The MDC discussed the following language: "If requested, the veterinarian will provide written information..."

Ms. Fenstermaker suggested avoiding the requirement to provide "printed" drug information to allow for the information to be provided electronically.

Ms. Del Mugnaio agreed and suggested using "shall provide documentation" instead.

Ms. Welch suggested amending (d) to state "consultation or written documentation may be provided through other electronic means."

The MDC agreed to leave veterinary assistant in the language.

The MDC agreed to globally change "authorized representative" to "authorized agent."

Ms. Woodward-Hagle pointed out that the word "delegating" implies that the veterinarian is ultimately responsible.

Dr. Klingborg reworded the supervision language in subsection (c) to refer to a delegation to the RVT or veterinary assistant.

Additional changes were made to subsections (d), (e), and (f) to consolidate the provisions.

The MDC discussed the difficulties with documenting all consultation communication with the client in the medical record.

Ms. Del Mugnaio stated that the mandate is to *offer* drug counseling. It does not guarantee that the information contains all of the side effects possible, or that the consumer reads all of the information.

Ms. Fenstermaker inquired about how to document that written or oral consultation was offered or provided.

Ms. Welch suggested that a statement documenting that oral or written consultation was provided or refused, and perhaps another sentence that says, “contents of the oral consultation need not be specifically documented.”

Dr. John Pascoe, UCD, commented that there is a similar process in human medicine where in a human pharmacy, the patient can check the box that says they refused consultation. Perhaps the same process can be implemented within the veterinary office, where at the time of discharge or when the drug is dispensed, the client signs or initials that they have received or declined drug consultation.

Ms. Ehrlich suggested the average client does not want volumes of information every time their pet is prescribed a medicine.

The MDC decided that language should be retained to require that veterinary staff note in the medical record whether consultation was provided or refused.

Solomon Stupp addressed the MDC in support of requiring a consumer notices and stated that clients can sometimes be tense while they are in examination rooms and a poster is a gentle reminder that they can ask for information. Mr. Stupp indicated this suggestion was made by a consumer.

The MDC, Ms. Welch, and Ms. Ehrlich agreed that the poster is unnecessary if the veterinarian is already required to offer consultation.

Dr. Sullivan commented that as a regulation, the language may be revisited in a few years if the Board learns that veterinarians are not adequately counseling their clients on prescribed drugs.

- Dr. Richard Sullivan moved and David Johnson seconded the motion to forward the proposed amendments regarding Drug Information to be Provided to Clients to the Board. The motion carried 6-0.

## **9. Discussion of Protocols for the Use of Sedatives in Emergency Situations; Potential Recommendation to Board**

Dr. Klingborg reviewed the history regarding RVTs addressing emergency situations, such as situations in shelters where staff may be tending to a badly matted animal or a dog who has his jaw stuck in the bars of the cage, and where sedation is necessary to humanely treat the animal.

Dr. Klingborg and Dr. Drusys developed new language in Business and Professions Code (BPC) section 4840 to allow for sedation in a shelter setting.

Ms. Del Mugnaio and Mr. Johnson suggested the language be handled in regulation as there is already authority in statute under BPC 4840.5.

Ms. Del Mugnaio stated that changes to BPC 4840.5 are being amended this legislative session to remove the phrase “to sustain life,” as this change was initiated during the sunset review discussion regarding RVT’s role in monitoring rodeos.

The MDC discussed moving the language in BPC section 4840 to CCR section 2069.

Mr. Johnson stated that the sedation language would be appropriately placed under section 2069 where the RVTs are working under written instructions.

Ms. Del Mugnaio recommended changing “employing” veterinarian to “supervising” veterinarian.

Ms. Welch suggested changing the language to reflect “lifesaving aid or *emergency treatment*.” She further pointed out that only items, 2 and 9 of the section, require a veterinarian to be directly involved and suggested perhaps the section be reordered.

Dr. Sullivan suggested amending the language to order the provisions according to urgency.

Ms. Ehrlich commented on the practicality of addressing a patient in a life-threatening situation verses a compromised situation where the RVT may need to call the veterinarian before proceeding.

The MDC decided to move forward with amending CCR section 2069 as opposed to amending statute.

Ms. Del Mugnaio reviewed the proposed changes to CCR 2069 stating that two separate subdivisions would be created: one to address the lifesaving aid rendered without specific contact with the veterinarian; and, another subdivision to provide for emergency treatment where administration of pharmacological agents including sedation would be done either through direct communication with a veterinarian or under written instructions.

- Dr. Richard Sullivan moved and David Johnson seconded the motion to delegate to Board staff to incorporate the amendments proposed to CCR Section 2069 and forward the proposed amendments to the Board for consideration. The motion carried 6-0.

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

*There were no comments from public/outside agencies/associations.*

## **11. Future Agenda Items and Next Meeting Dates –**

- October 17, 2017 (Fresno)

Ms. Del Mugnaio requested that the 2018 quarterly meetings be shifted to a February/ May/ August/ and November to avoid scheduling conflicts with other meetings.

The following meeting dates were approved by the MDC for 2018:

- February 20, 2018 (Sacramento)
- May 22, 2018 (TBD)
- August 21, 2018 (Sacramento)
- November 13, 2018 (TBD)



## **A. Multidisciplinary Advisory Committee Assignment Priorities**

Dr. Klingborg reviewed the list of existing MDC assignment priorities:

- Complaint Process Audit/ Enforcement Case Outcomes
- Minimum Standards for Alternate Premises
- Minimum Standards for Shelter Medicine
- “Extended Duties” for RVTs

The following MDC assignments have been satisfied and will be forwarded to the Board for consideration:

- Drug Compounding
- Emergency Protocols
  - Sedation vs Anesthesia
- Drug Counseling

## **B. Agenda Items for Next Meeting**

Ms. Fenstermaker shared that the CVMA Premises Task Force will conclude on August 30, 2017 and the proposal of the Task Force will be submitted to the MDC for their consideration at the October 2017 meeting.

## **12. Adjournment**

The MDC adjourned at 3:29pm.