

## MULTIDISCIPLINARY ADVISORY COMMITTEE TELECONFERENCE MEETING MINUTES

Pursuant to Governor Gavin Newsom's Executive Order [N-29-20](#), issued on March 17, 2020, the Multidisciplinary Advisory Committee (Committee) of the Veterinary Medical Board (Board) met via teleconference/WebEx Events with no physical public locations on **Wednesday, January 27, 2021**.

**9:00 a.m., Wednesday, January 27, 2021**

### 1. [Call to Order/ Roll Call/ Establishment of a Quorum](#)

Committee Chair, Kristi Pawlowski, called the meeting to order at 9:01 a.m. Board Executive Officer, Jessica Sieferman, called roll; eight members of the Committee were present, and a quorum was established. Dr. Christina Bradbury was absent.

#### Members Present

Kristi Pawlowski, Registered Veterinary Technician (RVT), Chair  
Kevin Lazarcheff, Doctor of Veterinary Medicine (DVM), Vice-Chair (*arrived at 9:05 a.m.*)  
Stuart Eckmann, Public Member  
Jennifer Loreda, RVT, Board Liaison  
Jamie Peyton, DVM  
Leah Shufelt, RVT  
Richard Sullivan, DVM  
Margaret Warner, DVM

#### Staff Present

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

#### Guests Present

Dan Baxter, California Veterinary Medical Association (CVMA)  
Elizabeth Coronel, Moderator, DCA, SOLID  
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association (CaRVTA)  
Nancy Grittmann, Director of Program Services, American Association of Veterinary State Boards (AAVSB)  
Jennifer Hobgood, American Society for the Prevention of Cruelty to Animals (ASPCA)  
Carrie Holmes, Deputy Director of Board and Bureau Relations, DCA

Anita Levy Hudson, RVT, CaRVTA  
Tom Jurach, Co-Moderator, DCA, SOLID  
Brandy Kuentzel, General Counsel, San Francisco Society for the Prevention of Cruelty to Animals (SF SPCA)  
Bonnie Lutz, Esq.  
Grant Miller, DVM, CVMA  
Jaymie Noland, DVM, Board Member  
Mark Nunez, DVM, Board President  
John Pascoe, DVM, University of California, Davis  
Ken Pawlowski, DVM, CVMA  
Susan Riggs, ASPCA  
Jan Robinson, Registrar & Chief Executive Officer, College of Veterinarians of Ontario (CVO)  
Maria Salazar Sperber  
Cesar Victoria, Television Specialist, DCA  
Bruce Wagman, SF SPCA  
Della Yee, CVMA

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

Ms. Pawlowski indicated that she did not have any remarks.

There were no Committee Member or public comments.

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

There were no public comments.

## **4. Review and Approval of October 21, 2020 Committee Meeting Minutes**

The Committee reviewed the October 21, 2020 meeting minutes.

- Dr. Richard Sullivan moved and Dr. Margaret Warner seconded the motion to approve the October 21, 2020 meeting minutes. The motion carried 8-0.

There were no public comments.

## **5. Presentation and Discussion Regarding RVT Foreign Graduate Review Program – Nancy Grittman, PAVE for Veterinary Technician Committee, American Association of Veterinary State Boards**

Nancy Grittman, Senior Director of Program Services with AAVSB, thanked the Committee for the opportunity to share the PAVE for Veterinary Technicians presentation.

She stated the AAVSB Board of Directors approved the program standards and policies in December 2020 and noted the standards and policies were provided in the meeting packet. Ms. Grittmann explained that upon receiving an expressed interest from several AAVSB Member Boards, both in the United States and Canada, a PAVE for Veterinary Technicians subcommittee began discussions on a pathway for international veterinary technicians in the fall of 2017. She stated the PAVE for Veterinary Technicians ad hoc committee was then appointed by the AAVSB Board of Directors in January 2019 to develop the program. She noted that Jennifer Loreda currently serves on the ad hoc committee; and Kim Williams, a former Board member, also served on the AAVSB Veterinary Technician National Exam (VTNE) Committee.

Ms. Grittmann explained the PAVE for Veterinary Technicians defines an international veterinary technician/nurse graduate as a veterinary technician/nurse whose degree was conferred outside of the U.S. and Canada by a recognized post-secondary, professional school of veterinary technology/nursing or equivalent program. She stated that graduates from recognized post-secondary, professional schools of veterinary technology/nursing or equivalent programs outside of the U.S. or Canada in non-American Veterinary Medical Association Committee on Veterinary Technician Education and Activities (AVMA-CVTEA) or non-Canadian Veterinary Medical Association accredited programs are considered to be “international veterinary technician/nurse graduates.”

Ms. Grittmann stated the purpose of the PAVE for Veterinary Technicians is to assess the educational equivalence of international veterinary technician/nurse graduates on behalf of participating AAVSB Member Boards. She added the program also ensures that certified credential candidates have the qualifications and experience that are equivalent to veterinary technology/nursing education accredited by the AVMA-CVTEA and Canadian Veterinary Medical Association.

Ms. Grittmann next discussed the PAVE for Veterinary Technicians application process. She also stated that candidates must substantiate English language proficiency when submitting an application via the Test of English as a Foreign Language (TOEFL) iBT or Home Edition or the International English Language Testing System (IELTS). She also added that AAVSB will develop a world list of PAVE for Veterinary Technicians veterinary technology/nursing or equivalent programs similar to the AVMA veterinary colleges world list. She also added that AAVSB will require a letter directly from the ministry of education from each country stating that a program is recognized by the national government as granting professional degrees in veterinary technology/nursing or the equivalent.

Ms. Grittmann stated that to assist the state or provincial board credential process, Member Board staff will have secure online portal access to electronic copies of the VAULT verified, stamped official transcripts. She explained that this will eliminate the need for a candidate to request additional transcripts for a specific board. She added that AAVSB also will look at including the PAVE for Veterinary Technicians certificate through the current Member Board portal as well.

Ms. Gritman next explained the Course by Course Evaluation process, which will utilize the Academic Credentials Evaluation Institute, Inc. (ACEI) to assist in substantiating education equivalence and identifying gaps in the international non-accredited curriculum completed by each candidate. She stated that any identified gaps in the course curriculum and recommendations of gap content completion will be reviewed by the PAVE for Veterinary Technicians Committee; then, the information would be communicated to the candidate.

She stated that AAVSB has determined the program application fee will be \$300. She added that there will be an additional \$185 fee for the comprehensive evaluation report completed by ACEI; and if applicable, a \$95 fee for an evaluation report of high school/secondary school transcripts. She also stated that there are additional fees for translating documents to English.

Regarding gap content completion, Ms. Gritman stated that candidates will receive a report indicating what gap content is required after an evaluation. She stated that candidates will then have the opportunity to apply to an accredited program in order to complete required coursework. Upon completion of gap coursework, Ms. Gritman indicated the PAVE for Veterinary Technicians Committee will complete its final review; if approved, the PAVE for Veterinary Technicians certificates are then issued. She stated that certificates are then subject to ratification by the AAVSB Board of Directors.

Ms. Gritman also stated the certificate holders then are eligible to submit an AAVSB VTNE online application for examination eligibility, and examination eligibility requirements are determined by each jurisdiction. She stated that AAVSB reviews applications based on the requirements for each jurisdiction in which the applicant is applying for licensure.

Ms. Gritman stated that AAVSB was kicking this program off with California to put forth necessary statutes and rules to accept the pathway and certificate. She added they expect to launch the PAVE for Veterinary Technicians application later in 2021.

Ms. Siefertman stated that a legislative proposal regarding the AAVSB PAVE for Veterinary Technicians pathway was before the Committee for consideration. However, she indicated that she recommended a minor revision to the proposal that would allow the Board to accept proof of graduation from AAVSB's VAULT program. She indicated that the Committee could entertain a motion recommending that the Board approve the proposal and include it in the Sunset bill, which would allow the Board to accept certificates as early as January 2022.

Dr. Richard Sullivan stated that since AAVSB has an existing PAVE program that has proven its place over time and can be used a model, that saves the Board a lot of work and research. He added that since the new program is modeled after the existing PAVE program, it has a lot of credibility.

- Dr. Richard Sullivan moved and Dr. Margaret Warner seconded a motion to recommend that the Board approve the legislative proposal, as revised, to accept, as proof of equivalent education, certificates issued by AAVSB PAVE for Veterinary Technicians and the proposal be included in the Board's Sunset bill. The motion passed 8-0.

There were no public comments.

Leah Shufelt stated that modeling the program after something that works so well with veterinarians makes sense. She thanked AAVSB for all of their hard work and stated she fully supported the motion.

Ms. Pawlowski thanked Ms. Gritman for the presentation and all of the information provided. Ms. Gritman stated that she looked forward to working with California.

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

Ms. Pawlowski stated she and Dr. Sullivan had done extensive research and met several times to discuss this issue in detail. She asked if Dr. Aaron Smiley would be presenting to the Committee. Ms. Sieferman indicated that Dr. Smiley was not present to provide a presentation. Ms. Pawlowski indicated the Committee would, however, be hearing from Jan Robinson, Registrar and Chief Executive Officer with the College of Veterinarians of Ontario (CVO). She noted that after the presentation, the Committee would discuss the Telemedicine Subcommittee's findings and recommendations.

Ms. Robinson thanked Ms. Sieferman for the invitation to present to the Committee. She stated that she held regulatory positions in human healthcare for about 20 years and has now been working in veterinary medicine for about nine years. She stated that she appreciated the opportunity to talk about telemedicine technology and where it is heading because the questions and conversations benefit both sides of the dialogue.

Ms. Robinson stated there are 13 jurisdictions in Canada, and Ontario is the largest, population-wise. She indicated they license approximately 5,300 veterinarians and accredit approximately 2,300 facilities of various sizes. She also added they manage between 200 and 250 investigations related to complaints and illegal practice, annually. She stated their agency is not located in the capital city of Ontario, but is located in Guelph. She also added that their mandate comes from the Veterinarians Act.

Ms. Robinson clarified that CVO is not a government organization; it is an autonomous board that is independent of government oversight, generally speaking. She stated their Board of Directors is known as a Council and is made up of 18 members, 13 of which are elected individuals from the profession. She added that five public members are appointed by government, and CVO has about 25 staff members.

Ms. Robinson stated that CVO began talking about telemedicine around 2012, and it was related to the concept around access. She explained there are large areas of the province that are very rural, remote, and harder to manage, whether it is large or small animal medicine, and there was no conversation in the veterinary community at that time regarding telepractice. She stated that as the College Council was developing its Strategy 2017, they began to see the issue emerge in strategic planning. She also explained the topic has and continues to have components related to innovation and technology.

She stated that around 2016, when CVO developed their first professional practice standard, there started to be expectations around telemedicine. She also added conversations began about how the practice of veterinary medicine was different than human medicine, particularly pediatric medicine. She added this standard indicated that one could not establish a veterinarian-client-patient relationship (VCPR) at a distance. However, she indicated this was against the legal advice at the time in 2016. She clarified that they were advised that not being able to establish a VCPR at a distance or establish informed consent at a distance would not stand up in court. She added their legal advisors acknowledged the move forward, but it was still archaic and not current. She stated that they asked if telemedicine can be established in human medicine, particularly within vulnerable populations, why is it so different in veterinary medicine, and what is the defensibility. She stated the Council decided to do an annual review of the professional practice standard, because this was an area that was going to be changing in an ongoing way.

Ms. Robinson next discussed another element that came out of their strategic plan – an Innovation and Technology Advisory Group. She stated the group was still in existence today. She stated they needed to look at the best safeguards to have in place and how to regulate around innovation and technology. She added the group had representation from the United Kingdom, the U.S., Ireland, Australia, and Canada.

Ms. Robinson next explained there was a change to the VCPR in 2018, which allowed a VCPR to be established at a distance. However, she clarified that the component related to having recent and sufficient information, either by way of a physical examination or by on-premises visit, is attached to prescribing. She added the ability to recommend treatment that is not attached to prescribing was where they were in 2018.

Next, Ms. Robinson stated they had their first accredited stand-alone telemedicine facility in 2018. She explained that if a facility is practicing veterinary medicine and it wishes to do it from a facility that is solely practicing telemedicine, it needs to be accredited.

Ms. Robinson stated that, to date, CVO has had no complaints related to the practice of telemedicine.

With regard to COVID-19 and prescribing, Ms. Robinson stated, in March 2020, they relaxed the rule related to the ability to prescribe non-controlled substances at a distance. She indicated that refills were fine, unless the veterinarian felt they needed to see the animal again. However, she indicated the issue was a new condition the veterinarian felt that they were comfortable with and, in their judgement, they could prescribe. She added they really try to stay at the level of supporting the judgement of the veterinarian and not getting into over-regulating in the area of competency.

Ms. Robinson next discussed how the CVO conducted a survey of approximately 4,000 veterinarians in private practice to see if they had used the relaxed prescribing rules. She indicated they had about a 30 percent response rate. She added that, of those who responded, 90 percent were aware of the temporary allowance, and 72 percent were utilizing the relaxed rule of prescribing. She stated 60 percent of veterinarians were comfortable with prescribing via telemedicine alone into the future.

In closing, Ms. Robinson stated that her Council had debated in September about whether they should permanently relax prescribing for non-controlled substances at a distance. She mentioned there was a lot of support from the small animal community, and not as much support from the large animal community. She indicated they would survey again in the spring (April) and consider the issue again in June.

Dr. Sullivan asked if CVO was the only agency in Ontario that licenses veterinarians. Ms. Robinson indicated that CVO was the only licensing body in Ontario.

Ms. Pawlowski asked if there had been any discussions or studies about over-prescribing medications, especially antibiotics, via telemedicine. Ms. Robinson noted that was a good question, but perhaps it was a bigger question in terms of whether that is being studied generally. She explained that CVO has a risk management framework they use on a regular basis, and with regard to small animal medicine, there has been an increasing inquiry around the appropriate prescribing of antibiotics that has nothing to do with telemedicine. She explained this is something they would label a strategic risk, and they are in the process of trying to determine how to study the issue. She stated one question to examine is whether anything changed during COVID, but they do not have any evidence to indicate that is the case.

Dr. Sullivan asked if he understood correctly that CVO had only 250 complaints in the last year. Ms. Robinson responded that it varies from year to year, but that it ranges between 200 and 250.

The Board received public comment. Dr. Jaymie Noland stated she enjoyed the presentation and noted it was very enlightening. Dr. Noland asked if any of the CVO board members sat on the Innovation and Technology Advisory Group. Ms. Robinson indicated she chairs and facilitates the group, and they have had one board member who sits on the group as a liaison. She explained that as the Innovation and Technology Advisory Group morphs into what will become the Global Veterinary Innovation Network, it will have country representation and will not have anything to do with her

board. Dr. Noland asked how big the group was. Ms. Robinson indicated there are between 10 and 12 members.

Dr. Noland also noted that how in 2018, they decoupled the “recent and sufficient information” part of VCPR from the actual “establishing a relationship.” She asked if their current regulation, pre-COVID-19, still requires a physical or facility exam to prescribe medication. Ms. Robinson noted their Act and regulations have been around since 1989, and the two decoupled parts have always existed. She further explained that when they got down to really taking a look at why they were tripping over “recent and sufficient,” they determined that it was a false barrier. She added it was not about establishing a VCPR, which is what they kept talking about, it was about prescribing. She clarified the prescribing piece was still related to “recent and sufficient.” She also added there is no time limit in the regulations associated with “recent and sufficient,” it is left up to the veterinarian’s judgement. She restated it has always been in two parts of the regulation, but they have always been spoken about together. However, she mentioned in some Canadian jurisdictions, the two requirements are sometimes in the same place in their rules.

Ms. Pawlowski thanked Ms. Robinson for the presentation and indicated that the information was very helpful. Ms. Robinson wished the Committee well with its dialogue and for allowing her to present.

Ms. Pawlowski again mentioned that Dr. Smiley was unable to join the meeting.

Ms. Pawlowski noted that, currently, there are no regulatory proposals to make the Governor’s waivers permanent. She stated, as it stands now with the research and discussions, the Telemedicine Subcommittee was recommending not to make the waivers permanent. She added that the Subcommittee recommends providing further education to the veterinary profession in order to assist in understanding and complying with the Veterinary Medicine Practice Act. She stated the first step in the education process is clearly defining and providing clarity between telehealth and telemedicine.

Dr. Sullivan stated whenever he sees proposals that will make some major change to the Practice Act or scope of practice, he looks at the science and medicine behind those changes. He mentioned there are a lot of emotional issues out there that are used to argue for change; however, science and medicine must be used to make decisions; otherwise, down the road, there could be unintended consequences.

Dr. Sullivan indicated the Subcommittee has come to the conclusion the terms telehealth and telemedicine need to be defined as they relate to the Practice Act. He stated that the Board can clarify for veterinarians what they can do today. He also added that, after reading the CVO program, he believed that what Ontario veterinarians are doing, California veterinarians can do if they follow the VCPR. He added that, in reviewing Ms. Pawlowski’s list, definitions of telehealth and telemedicine are inconsistent. He stated the Board needs definitions that will work for California and make it clear to licensees and the public.



Ms. Pawlowski stated she also included a study in the meeting packet regarding Medicare and what they allowed and pay for their participants. She explained the reason she included the study was because of the discussion regarding access to care. She stated they really wanted to make sure the members were addressing that issue.

Ms. Pawlowski explained another study based on the California Department of Education dealt with access to computers, which is how telemedicine is delivered. Ms. Pawlowski shared that low-income students, during the COVID crisis, face difficult challenges with education. She stated that only 51 percent of low-income families had a computer at home; and 87 percent of high-income families did. She added that in the Los Angeles Unified School District, only 62 percent of families had computers. She asked how families would have increased access to care through telemedicine if they do not have computers. She added many families could not have high speed internet service when they were given a computer. She stated they are trying to resolve a problem that is far bigger than this.

Ms. Pawlowski also indicated that after researching this issue, she believed over-prescribing is a bigger concern. She asked if it was easier to prescribe medication through telemedicine instead of requiring a diagnostic examination. She asked if over-prescribing is happening via telemedicine when patients should be coming into the clinic. She stated that she felt this was a valid question, especially when it comes to antibiotics.

Ms. Pawlowski next shared concerns that veterinarians have with regard to using telemedicine. She stated that veterinarians have indicated that if they are not running proper diagnostics, they should not feel pressure to prescribe a medication instead of seeing the pet.

Ms. Pawlowski also stated that AVMA's description clearly states a VCPR cannot be established solely through telemedicine.

Ms. Loredo thanked the Subcommittee for their work on this issue. She stated this is still a hot issue, but that she does not know if telemedicine will increase access. She mentioned that when owners are terrified and feeling helpless, they are going to rely on advice from Google. She added that, at least with telemedicine, owners would be receiving advice that does not harm the animal. She stated that with human medicine, many times you will share your symptoms and they recommend that you go in and see your doctor anyway. She indicated that the same thing would probably occur with animals. Ms. Loredo also added that there is a big problem with pet owners getting over-the-counter medications and causing toxic issues with their pets because they feel so helpless.

Ms. Loredo also stated she did not want anyone to feel they were disregarding the concerns; however, she indicated that she agreed with Dr. Sullivan and Ms. Pawlowski, and she was uncomfortable with rushing something and having unforeseen

consequences. She added she wanted the Committee to be very cautious with this issue and agreed with Ms. Pawlowski there is a bigger issue going on than just access.

Ms. Pawlowski stated that veterinarians can perform telemedicine now, but the profession is not aware of how to do it. She added that the Board needs to have better education materials to teach veterinarians how telemedicine can be performed legally. She stated that is the biggest take away.

Dr. Sullivan agreed with Ms. Pawlowski and added that part of the issue is defining what telehealth is. He stated that a lot of what Ms. Loreda shared dealt with telehealth and educating the public as to what you can or cannot use in a general setting. He stated that is the direction the Board needs to go in and soon.

Dr. Lazarcheff indicated he wanted to reiterate that much of what veterinarians perform in Ontario, California veterinarians can do now, and he did not see a need to change anything about California's telehealth guidelines at this point. He added the issue needs to be approached cautiously and with forethought as to where things should be going. He thanked the Subcommittee for their work on this issue.

Ms. Pawlowski stated it would be nice to have something to take to the Board regarding defining telehealth and telemedicine. She also indicated they could ask the Board if the Committee should continue the discussion.

Dr. Sullivan stated that it is critical they define those two terms. He explained that other jurisdictions define the terms in various ways, and many times, there is overlap between the two definitions. He stated the terms need to be delineated. He explained that telehealth is giving out educational materials, general information, and information that clients can use over the phone without veterinarians seeing them. Then there is telemedicine, which is much more specific with a narrower definition. He added they need the terms to be separate to do what they are already doing.

Ms. Pawlowski asked if they wanted to bring the term teletriage into consideration. Dr. Sullivan stated that he believed they should. He also stated that AVMA's definition on emergencies is clear – to provide information [to the client] until that patient can be [transported to the veterinary premises and] seen by a veterinarian, which is what veterinarians do all the time.

Dr. Peyton suggested creating a definition for teleconsultation as well. Drs. Sullivan and Lazarcheff agreed with the suggestion.

- Dr. Richard Sullivan moved and Dr. Kevin Lazarcheff seconded the motion to recommend maintaining the existing VCPR condition specific language in order to adequately protect consumers and animal patients in the provision of veterinary telemedicine, and to expand the Committee's task to more specifically define the terms telehealth, telemedicine, teletriage, and teleconsultation, as it

relates to the Veterinary Medicine Practice Act. The motion carried 7-0-1, with Jennifer Loreda abstaining.

Stuart Eckmann stated what he sees a lot with human medicine is a number of startup companies developing apps for use between patients and physicians. He stated that he believed at some point, the Committee would need to address some of these apps and whether the data or algorithms that are conveyed are acceptable in the use of telemedicine or whether or not they need to be defined as standard of care before they can be use.

Ms. Welch clarified that telemedicine is currently defined in regulation, which is California Code of Regulations, title 16, section 2032.1, subsection (f). She stated it specifically defines telemedicine for purposes of the VCPR section. She added there was also a reference in that code section to Business and Professions Code section 2290.5, which is the Medicine Practice Act. She explained that practice act authorizes and defines telehealth. She also explained when the Board was initially discussing adding telemedicine to the regulations, it discussed whether the telehealth definition was appropriate for use by veterinarians. She stated the Board landed on the telemedicine definition that currently is in the regulation.

Ms. Welch also clarified the Committee could recommend statutory amendments to define telemedicine, telehealth, telerriage, and teleconsultation within the confines of the Veterinary Medicine Practice Act and that would supersede the regulation. She stated, alternatively, the terms could be defined in regulation and the Board has both options.

The Board received additional public comment. Dr. Grant Miller, CVMA, mentioned if the Board ultimately decides to develop regulations, he suggested creating a separate section for telemedicine, so it is better understood by the profession.

Ms. Pawlowski thanked all participants for considering the information provided and for their input.

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

Ms. Pawlowski stated the Veterinary Premises Registration Fee Subcommittee came up with numerous ideas and suggestions on how to reduce fees. However, she noted many of the ideas did not work out. She explained that obtaining needed information from websites was not a viable option. Ms. Pawlowski also stated the Subcommittee recommends that the Board update the renewal application and try to obtain the needed information that way; however, doing so would require a regulatory amendment and would take more time to gather the information. In the meantime, she explained the Subcommittee decided to look at offsetting some of the fees and to raise the premises and veterinarian fees to allow for a reduction in the RVT fees. She explained if this proposal was included in the Board's Sunset bill, then the changes could take effect in 2022. She stated that three fee amendment options were provided in the meeting

packet, and of the three options, the Subcommittee recommended Option B; however, the Committee, as a whole, could determine which option to recommend to the Board.

Dr. Sullivan explained that part of the Subcommittee's thinking was the fee increase load would go to the premises because they have the widest source of income, as opposed to individual veterinarians. He stated they leaned towards Options A and B; however, they felt that they could address questions and have the Committee decide on the best option. Dr. Sullivan also explained the end result is that they are shifting RVT fees over to the practice; and if the practice already pays the fees, then it is a moot point. But if the practice does not already pay the RVT fees, they would then have to.

Dr. Warner stated that Option B looked like a very good option, and she agreed with shifting the greatest load to the premises. She thanked the Subcommittee and staff for their work and for making things simple and straight-forward.

- Dr. Margaret Warner moved and Dr. Kevin Lazarcheff seconded a motion to recommend that the Board proceed with the proposed fee amendments provided in Option B. The motion carried 8-0.

Ms. Loreda stated she still did not like the cost for RVT licensure, and she still thought it was high at \$225, but it was definitely better than the current fees. She added because there seems to be nothing that can be done to offset the other cost increases internally, she was OK with this. She thanked the Subcommittee for their work on this issue.

Ms. Pawlowski stated she did not disagree, but the process right now was to get RVT fees down as quickly as possible, so they can gather information to work on it further.

The Board received one public comment. Nancy Ehrlich, CaRVTA, asked about the Veterinary Assistant Controlled Substances Permit (VACSP) fee and noted the statutory limit needs to be raised.

Ms. Siefertman clarified the option decided upon would result in the Board pursuing legislation to set minimum fees in statute, but the Board was also seeking to raise all statutory fee caps.

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

Dr. Warner stated at the October 2020 meeting, the Committee talked about a new streamlined review process designed to give feedback to the expert witnesses and to also help identify bottlenecks in the process. She reported that Enforcement Manager Rob Stephanopoulos had provided feedback to the experts, and their responses were very positive and they welcomed the feedback. She also stated that experts are directed to indicate in their reports whether a specific deviation from the standard of care is "extreme." She explained that doing so will assist in making a distinction between what

should and should not be referred to the Attorney General's Office and would assist in reducing costs.

Dr. Lazarcheff added the new system is very nice, and information is provided electronically. He stated, in the future, he does not see a need to go up to Sacramento to do this work, and doing it electronically was more efficient and results in a better review by the Complaint Process Audit Subcommittee.

Ms. Pawlowski asked if the Subcommittee members were getting similar results when doing their evaluations. Mr. Stephanopoulos indicated from what he has seen, the results are pretty consistent. He also reiterated the experts really appreciated the feedback from the Subcommittee members.

Ms. Pawlowski thanked the Subcommittee for their work and for the update. Dr. Warner thanked staff for their work and assistance.

There were no public comments.

## **9. Future Agenda Items and Meeting Dates**

Ms. Pawlowski thanked Mr. Eckmann for his service, as this was his last meeting with the Committee.

Mr. Eckmann thanked the Board, Committee, and staff, and stated that it had been an honor and privilege.

With regard to future agenda items, Ms. Pawlowski indicated some Committee tasks had been completed, and new assignments and tasks could now be taken up.

Ms. Siefertman noted the remaining Committee meeting dates for the year are April 21, July 21, and October 20, 2021, and those meetings will be held virtually until further notice.

There were no public comments.

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

## **10. Adjournment**

Ms. Pawlowski adjourned the meeting at 11:43 a.m.