



VETERINARY MEDICAL BOARD MEETING MINUTES APRIL 20–21, 2022

The Veterinary Medical Board (Board) met via teleconference/WebEx Events on **Wednesday, April 20, and Thursday, April 21, 2022** at the following locations:

(Wednesday and Thursday)
Department of Consumer Affairs
1625 N. Market Blvd., Hearing Room
Sacramento, CA 95834

(Thursday Only)
California Polytechnical State University
1 Grant Ave., Building 150, Rm. 100
San Luis Obispo, CA 93407

9:00 a.m., Wednesday, April 20, 2022

Webcast Links:

Agenda Items 1–6 (<https://youtu.be/bCvN9CzUyh8>)

Agenda Items 7–10 (<https://youtu.be/1SK9w5sDYxE>)

Agenda Items 11–17 (<https://youtu.be/1SIIYjg5aIY>)

Agenda Items 18–24 (<https://youtu.be/aGzDg4RYLzw>)

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

Webcast: [00:01:27](#)

Board President, Kathy Bowler, called the meeting to order at 9:01 a.m. Executive Officer, Jessica Sieferman, called roll; six members of the Board were present, and a quorum was established. Ms. Dianne Prado was absent.

Members Present

Kathy Bowler, President
Christina Bradbury, DVM, Vice President
Jennifer Loreda, RVT
Jaymie Noland, DVM
Mark Nunez, DVM
Maria Preciosa S. Solacito, DVM

Student Liaisons Present

Amanda Ayers, University of California, Davis (UC, Davis)
Kristina Junghans, Western University of Health Sciences

Staff Present

Jessica Sieferman, Executive Officer
Matt McKinney, Enforcement Manager

Timothy Rodda, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rob Stephanopoulos, Enforcement Manager
Amber Kruse, Lead Enforcement Analyst
Kimberly Gorski, Lead Enforcement Analyst
Jeffrey Olguin, Lead Administrative & Policy Analyst
Andrea Amaya-Torres, Enforcement Analyst
Dillon Christensen, Enforcement Analyst
Tara Reasoner, Enforcement Analyst
Daniel Strike, Enforcement Analyst
Jeffrey Weiler, Probation Monitor (Enforcement Analyst)
Rachel Adversalo, Enforcement Technician
Melissa Caudillo, Licensing Application Technician
Dustin Garcia, Licensing Application Technician
Rachel McKowen, Receptionist
Kim Phillips-Francis, Enforcement Technician
Karen Halbo, Regulatory Counsel, Attorney III, Department of Consumer Affairs
(DCA), Legal Affairs Division
Tara Welch, Board Counsel, Attorney III, DCA, Legal Affairs Division

Guests Present

Samantha Abair, DVM
Michelle Angus, Assistant Chief Counsel, DCA, Legal Affairs Division
Rick M. Arthur, DVM
Karen Atlas, President, Animal Physical Therapy Coalition (APTC)
GV Ayers, Lobbyist, Gentle Rivers Consulting, LLC
Michelle Bakker
Alan Balch
Susan Bauer, DVM
Dan Baxter, Executive Director, California Veterinary Medical Association (CVMA)
Steve Boyer, DVM
Loren Breen
Robert Brodник, General Counsel, California Horse Racing Board (CHRB)
Lisa J. Brown
Wade Byrd, DVM
Ryan Carpenter
Sarah Cash
Scott Chaney, Executive Director, CHRB
Brian Clifford, DCA, Executive Office
Rachel Cole, AVMA
Steve Cooney
Karina Cox
Danielle Cuellar
Talia d'Amato
Karen Denvir, Supervising Deputy Attorney General, Office of the Attorney General
Nicole Dickerson, CVMA
Joseph Dowd, DVM

Nancy Ehrlich, RVT,
California Registered Veterinary Technicians Association (CaRVTA)
C. Langdon Fielding
Charis Fifield, Chief of Staff, Vet CBD
David Foley, Executive Director,
American Association of Equine Practitioners (AAEP)
Annie Glenn-Blea
Barrie Grant, DVM
Jeff Hall, DVM, President of the California Midcoast Veterinary Medical Association
Stacy Hall, DVM
Paul Hansbury, Lovingly and Legally
Miriam Harvey, Banfield
Jennifer Hawkins, DVM, Executive Director,
Southern California Veterinary Medical Association
Amanda Hedges
Veronica Hernandez, Budget Analyst, DCA, Budget Office
James Howard, DVM
Anita Levy Hudson, RVT, President Elect, CaRVTA
Nick Huggins, DVM
Brad Jackman, DVM
Karen Jackman, DVM
Brad Jackson, DVM
Aubrey Jacobsen, Legislative Analyst, DCA, Division of Legislative Affairs
McKenna Jenkins
Sarah Jones, DVM
Cynthia Karsten
Heather Knych
Stephanie Lassalle
Margaret Levine
Wallace Liberman, DVM
Sandy Linares
Pamela Lopez, Lobbyist, Pet Cannabis Coalition
Charles Lozow, Esq., Veterinary Cannabis Society
Bonnie Lutz, Esq., Klinedinst
Dave MacDonald, DVM
Michael Manno, DVM
Megan Marchitello
Anne McCabe
Paul McClellan, DVM
Kent McClure, DVM, Associate Executive Vice President and Chief Advocacy
Officer, American Veterinary Medical Association (AVMA)
Brianna Miller, Staff Services Manager, DCA, Board & Bureau Relations
Grant Miller, DVM, CVMA
Tracy Montez, Ph.D., Chief, DCA, Division of Programs and Policy Review
Ashley Morgan, AVMA
Larry Overlay, DVM
Richard Pankowski, DVM
John Pascoe, Executive Associate Dean, School of Veterinary Medicine, UC, Davis

Ken Pawlowski, DVM, CVMA
Kristi Pawlowski, RVT
Toff Peabody
Mike Peralez, DVM
Jamie Peyton
Jeff Pollard, DVM
Korin Potenza
Amy Rice, RVT
Mark C. Rick, DVM
Jose Rosenberg, DVM
Trisha Saint Clair, Moderator, DCA, SOLID
Mike Sanchez, DCA, Office of Public Affairs
Stephanie Schmidt, DVM
Jennifer Smith
Yana Sorokurs, DVM, Associate Veterinarian, Petaluma Equine
Brenda Stadelmann, DVM
Michelle Sonntag
Richard Sullivan, DVM, Chair, Board Multidisciplinary Advisory Committee
Susan Tibbon, Lovingly and Legally
Marie Ussery, RVT
Charles Vanguard
Kristy Veltri
George Wallace
Sarah Wallace, Interim Executive Officer, Dental Board of California
Karura Watanabe
Hal Wells
David Wheat
Lindsey Wendt, DVM
Anita Yacoub

2. Public Comment on Items Not on the Agenda

Webcast: [00:01:55](#)

The Board received the following public comment on this item:

[Bonnie Lutz](#), Esq., Klinedinst, stated her comment related to the letter from CVMA dated April 1, 2022, and the issues raised in that letter. Ms. Lutz stated it was her understanding that the Board had refused to put the issues raised in that letter on the agenda for the April 20, 2022 meeting, and she was disappointed the Board had made that decision for several reasons. Her biggest reason was that even though she does not handle equine cases because of insurance reasons, and a lot of the issues in that letter refer to the interpretation of the [veterinarian-client-patient relationship] VCPR and the qualification of expert witnesses, it seemed to her the Board was refusing to take the opportunity to address the issues regarding VCPR and the qualification of expert witnesses. She stated that it was disappointing because it also applied to small animal cases. Ms. Lutz asserted that if these issues are discussed and the Board

chooses to take the stance that there is no problem with the interpretation of the relevant statutes and regulations or with the qualifications of their expert witnesses, then so be it; at least there will have been a discussion of the issues and the policies behind the interpretation of the Veterinary Medicine Practice Act (Practice Act). She urged Board members to reconsider their decision to table the issues raised in the CVMA letter and to participate in a meaningful discussion of those issues.

[Dan Baxter](#), Executive Director, CVMA, stated that at the January 2022 Board meeting, CVMA stated there was a significant disconnect between the practice standards observed by equine practitioners in the field and the standards to which those same practitioners were being held by the Board. Accordingly, he requested that this issue be agendaized by the Board at a meeting in the very near future. Mr. Baxter stated that while he was heartened to hear that this is going to be agendaized at some point, he emphasized the need for it to happen very quickly. He stated the item was initially scheduled to be taken up at this Board meeting through a presentation by CVMA to the Board as an antecedent to that discussion, and at the Board's request, CVMA submitted a written analysis of laws that are causing concern in the equine practice community. He stated CVMA identified a number of areas in which they believe significant progress can be made to help both those practicing equine veterinary medicine and those regulating it. Additionally, CVMA sought to continue discussions on standards of care, who determines them, how they are interpreted, and how they apply to different practice types. He stated their voice as consumers and as the licensees who make this Board possible have to be heard as to the cancellation of CVMA's presentation. He noted that never before has this Board halted ongoing policy discussions due to pending enforcement actions, and CVMA found this development troubling, because it threatens the open democratic protocols upon which California's political process relies. Moreover, while the Board's decision to cancel CVMA's presentation was based on the position that they would risk inappropriately delving into the details of pending disciplinary actions, Mr. Baxter stated it was not the case, and CVMA had no intention of discussing individual cases, parties, or fact patterns. Mr. Baxter asserted that to postpone this discussion until the currently pending enforcement cases are concluded overlooked the fact that: (a) those cases will stretch on for months or years; and (b) were this rationale taken to its logical conclusion, the existence of pending cases would preclude open dialogue on nearly all of the rulemaking packages currently in the works at the Board. He stated CVMA was eager to have thoughtful dialogue with the Board on the issues discussed in the materials they submitted on April 1, 2022, and CVMA once again asked the Board to honor its role as a public board to hear the voices of the profession by agendaizing this topic. Mr. Baxter requested it be agendaized at the forthcoming July 2022 meeting, which would send a message to the profession that the Board is listening, and the profession could not afford to wait for months or years – the Board needs to act now.

[C. Langdon Fielding](#), DVM, an equine veterinarian and managing partner of about 40 equine veterinarians, reiterated his concerns raised at the January 2022

Board meeting, and he would like to see the topic that the previous two speakers referred to come up and at least hear the discussion about it. He hoped the Board recognized the issue and would deal with it. He stated that those in the private practice end were a little bit stunned that it did not end up on the agenda and that they were all looking forward to the discussion and hearing what happened. He renewed his request that it end up on the agenda soon. He also stated that he and his group are not speaking as racetrack practitioners but for equine practice in general and how this is going to work.

[Paul McClellan](#), DVM, an equine practitioner with four decades of experience, voiced his support for the previous speakers' comments. He also asked who advised the Board on the issue of equine medicine not being on the agenda and what was the rationale for doing so.

Kathy Bowler replied that this period of the public comment was not a dialogue between the Board and public, but she thanked him for his question.

Dr. McClellan responded as an owner of animals, he is a consumer of veterinary services as well, and he hopes the Board understands that the equine veterinarians feel that their issues and their concerns have not been adequately addressed over the last four decades. He stated it is time to re-evaluate the statutes in effect and to reflect the changes that have occurred and make sure that veterinarians can continue to protect and care for the horses adequately and in line with all the various things, so these discussions need to be taken up immediately.

[Michael Manno](#), DVM, a licensed equine veterinarian in California for 40 years, stated that he spoke at the last meeting and was one of the first veterinarians to ask for this topic to be agendaized for this meeting. He stated that he agreed with most of the previous speakers, and he wanted to bring up the point that the license fees for the close to 8,000 veterinarians and registered veterinary technicians provide the revenue solely for the annual budget of this Board. Dr. Manno noted that as one of the fee payers, he is also a stakeholder, as are all of his colleagues, and they should all have a voice that is heard. He stated the fact that the topic was taken off the agenda for this meeting was concerning, and it weakened the credibility of the Board when [equine veterinarians] were told that they can have a discussion, and then that discussion is either postponed or not had at all. He stated that at this point, they are not sure [the discussion is] going to happen, but they hope that the Board will stand by that and he just wish to reiterate all of their concerns and asks the Board to please have this discussion sooner than later.

[John Pascoe](#), Executive Associate Dean, School of Veterinary Medicine, UC, Davis, expressed his support for CVMA's position and the school's extreme disappointment because the Board publicly acknowledged at the last meeting these issues would be agendaized at this meeting and the Board would meet with CVMA. Dr. Pascoe alerted the Board that as the one of the primary providers of veterinary education in California and training future veterinarians, this issue is

really important to them and that some of the actions of the Board has taken recently are diametrically opposed to what they are teaching to their students.

[Steve Boyer](#), DVM, licensed California veterinarian for 40 years, commented on two issues of concern. The first issue related to a request by the Board for interested licensees to apply for a position on the MDC. Dr. Boyer stated that a colleague of his, also a licensed California veterinarian for many years, submitted the time-consuming application, which included letters of recommendation obtained from prominent individuals locally and nationally. Dr. Boyer stated that the Board never acknowledged receipt of the application as a matter of common courtesy, nor replied to the applicant regarding the status of the application with respect to completeness or whether it was reviewed until after a decision was made on the selection. He stated that in his opinion, this obvious lack of appreciation for and woeful lack of communication with licensees whose financial support keeps the Board afloat, was rude, at best, and seemingly reflects the magnitude of systemic disrespect towards licensees associated with certain types of veterinary practice. His second comment voiced concern over the Board's Executive [Officer] blocking the CVMA presentation concerning the nature of mobile equine veterinary practice and how it relates to the current Practice Act. Dr. Boyer noted that following the public comment section at the January 2022 Board meeting, the Board's President, Kathy Bowler, requested that CVMA, along with interested stakeholders, prepare a presentation to be placed on the agenda for this meeting. He stated that CVMA created a simple PowerPoint presentation with five clear bullet points, which laid important groundwork for discussion regarding updating the Practice Act and the Board's enforcement policy. He stated that significant time and energy were spent on developing the input this presentation would provide to the Board, only to have it removed as an agenda item just prior to the meeting. He asked the Board to remember that the CVMA presentation was sincerely requested by President Bowler and agreed to by Ms. Siefertman during the January Board meeting. He stated that a lack of appreciation and a suspect attitude towards some licensees was apparent. He asked the Board to uphold its mandate to allow all of its licensees to be heard and allow CVMA to be their voice. He stated it could not be overstated how the Board enforcement overreach has resulted in a significant licensee fee increase for all California veterinarians. Dr. Boyer asserted that tactics which block CVMA's involvement with updating and fine-tuning the Practice Act will likely further increase license fees and dissuade new graduates from a career in equine medicine. He stated not having a sufficient number of experienced and well-prepared mobile equine veterinarians will be a tragedy for horses and horse owners going forward and should be of great concern to the Board. Dr. Boyer stated the CVMA presentation deserves to be an agenda item at the next Board meeting because it addresses issues in current law and regulations, which can be contrary to horse owners' interest and to the welfare of the horse.

[Larry Overlay](#), DVM, who has practiced veterinary medicine for 25 years in California, stated that the CVMA PowerPoint presentation should be allowed in the next meeting, and he did not see any reason why there cannot be dialogue to

work through this discourse. He stated he knows certain veterinarians are feeling persecuted unfairly based on, historically, how they have always practiced. He stated they need clarification to move forward to feel like they are doing the appropriate thing as veterinarians and requested the Board to put it back on the agenda for next time.

[Kent McClure](#), DVM, Associate Executive Vice President and Chief Advocacy Officer for the AVMA stated they represent about 100,000 veterinarians from across the breadth of the profession encompassing practices addressing companion animals, food animals, equines, exotic animals, wildlife research, public health, and more. Dr. McClure stated that each of these practice areas are different, and each has unique aspects and considerations. Dr. McClure stated that AVMA has heard from a number of its members and stakeholders regarding the Board's enforcement standards directed at equine practitioners. He stated many are candidly appalled by the Board's recent enforcement actions, believing the Board does not even understand reasonable standards for equine practice. Dr. McClure stated that AVMA believes open dialogue is essential to understanding and resolving such issues, and it fully supported CVMA's desire for the Board to place the CVMA presentation and discussion on this issue on the agenda for the next Board meeting. He stated postponing such a discussion for potentially years is unacceptable, and the AVMA believed it was unnecessary.

[Ryan Carpenter](#) voiced his support for the previous individuals.

[Karen Jackman](#), DVM, a 19-year equine veterinarian, stated her support for the previous comments that had been made by all of the other practitioners and representatives of CVMA and AVMA.

[Mike Peralez](#), DVM, stated it was a travesty what was going on at this point and requested the need to get this matter agendaized for the next Board meeting or sooner.

[Rick Arthur](#), DVM, stated that he has been licensed by the Board for over 45 years, practiced exclusively on thoroughbred racehorses for over 30 years, and then 15 years as Equine Medical Director at the UC, Davis School of Veterinary Medicine, until he retired last summer [2021]. He stated equine medical directors are assigned full-time to the CHRB. Dr. Arthur stated that, among other responsibilities, by law the equine medical director is a primary advisor to the CHRB on the practice of veterinary medicine within their enclosures prior to becoming equine medical director. He stated he is the President of the American Association of Equine Practitioners (AAEP), where he also served as Chairman of the Racing Committee Racing Council, as well as other numerous AAEP Committees, including the task force which developed the AAEP's clinical guidelines for veterinarians practicing in a para-mutual environment. He stated he published over 50 peer-reviewed articles of book chapters dealing with various topics related to horse racing veterinary medicine, and that he lectured nationally and internationally. He stated his knowledge of racetrack practice is extensive – that is in stark contrast to the Board's staff and its in-house

consultants, who have none. Dr. Arthur asserted that the Board regulations do not acknowledge the very high standard of practice procedures in California. He stated that this needed to change, and he supported CVMA's and AVMA's comments in this regard. He speculated why the public had not seen CVMA's proposal on this agenda because he has seen this before. He stated the Deputy Attorney General is handling the Board's cases against the high-profile equine veterinarians, and Board staff are afraid that whatever CVMA was proposing would further jeopardize the Board's weak cases. He expressed his surprise that DCA and the Business, Consumer Services, and Housing Agency (Agency) had not stepped in already. He expressed shame on Agency Secretary Castro Ramirez, DCA Director Kirchmeyer, and Governor Newsom. He asserted every board thinks they have to defend their staff, no matter how egregious the screw up – that is state government. Dr. Arthur asserted that in this case, defending the Board's staff only further embarrassed this Board.

[Jennifer Hawkins](#), DVM, Executive Director, the Southern California Veterinary Medical Association, stated she had 22 years of veterinary practice as a small animal practitioner and a shelter veterinarian. In her observation, the cases reviewed by the Board are often scrutinized by subject matter experts who sometimes lack expertise in the areas that they are reviewing. She stated the veterinary profession is already in crisis – knowledge that the Board may issue disciplinary action based on an interpretation by an expert who is not knowledgeable in an area of practice – only promotes fear of practicing in the state and risks creating more barriers to pet owners seeking veterinary care. She asked for open dialogue between the Board and CVMA on this issue.

[Nick Huggins](#), DVM, stated he is the owner of a referral hospital in Southern California, has been an equine practitioner for nearly 20 years, and is with a group of multiple associates who are all in full support and agreement of the other practitioner statements. He supported AAEP, AVMA, and CVMA.

[David Foley](#), Executive Director, AAEP, stated he represents 9,000 equine veterinarians in the US, Canada, and members in 65 countries around the world. He stated that AAEP has 600 members and license holders who reside in California and are caring for nearly 700,000 animals in the state. He stated AAEP, like CVMA and AVMA, are very concerned by the Board's recent enforcement actions and encouraged more dialogue with CVMA to better understand the nuances of equine or large animal practice. He stated that to not do so will have strong implications on someone's ability to effectively practice in California, or their desire to do so, and could have long-term negative effects on the welfare of California's horse population.

[Brad Jackson](#), DVM, an equine practitioner for nearly 40 years, typed his comments stressing the need for the issues that had been brought forth to the Board. He requested the Board address the items as expediently as possible and expressed his disappointment that the Board chose to remove this from the agenda unilaterally and at last minute. He stated that veterinarians' fees support

the Board, and the current lack of action will negatively impact their ability to continue to practice and recruit equine veterinarians to California.

[Yana Sorokurs](#), DVM, Associate Veterinarian at Petaluma Equine, spoke on behalf of their practice of five veterinarians. She offered their support for the comments made earlier by AVMA, CVMA, and the other equine practitioners about the statement put out by CVMA for improving their representation with the Board. Dr. Sorokurs stated that Petaluma Equine veterinarians do not believe that the CVMA presentation would have any significant effect on currently reviewed cases. She stated that they would definitely like to see that dialogue happen soon with the Board and CVMA, and take into account the lack of representation on the Board.

[Barrie Grant](#), DVM, stated he has been licensed by the State of California for 55 years, in private practice, a full professor at university, and a regulatory veterinarian. He expressed his full agreement with all the other speakers who spoke eloquently and with great respect. Dr. Grant wondered if there was a possibility of having a special meeting about this very complex topic that needs to get settled soon rather than later. He stated that maybe there was some legislative rule that does not allow this, but it seemed like a 30-day notice would be fine to have a special meeting, so the Board can see the interest in this. Dr. Grant asserted it was extremely important nationwide and internationally to encourage younger people to want to come into equine practice, and if that was not the case, good care would not be taken of the horses in this state.

[Jeff Hall](#), DVM, equine practitioner, President, California Midcoast Veterinary Medical Association, stated his support of the previous speakers in expediting getting this very critical topic on the agenda in the very near future and to have an open dialogue to find solutions that are needed for equine practitioners in the State of California.

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

[Meeting Materials](#)

Webcast: [00:39:20](#)

Ms. Bowler provided an overview of the January 2022 meeting minutes and requested comment from Board members. Ms. Loredó noted a discrepancy on page 26, Item 11, Article II, which stated “PAVE-RVT” but should state “PACE-RVT.”

- [Motion](#): Dr. Nunez moved and Ms. Loredó seconded the motion to adopt the January 2022 meeting minutes with the amendment to page 26, Item 11, Article II to replace “PAVE-RVT” with “PACE-RVT”.

Ms. Bowler requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 6-0.

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

Webcast: [00:42:24](#)

Brianna Miller, Staff Services Manager with DCA, Board and Bureau Relations, provided a report and update from DCA.

[Tracy Montez](#), Ph.D., Division Chief for the DCA Executive Office provided a silver level Superior Accomplishment Award, which includes a Certificate of Recognition and a \$250.00 stipend to one of the Board's enforcement analysts, Mr. Daniel Strike, for his actions on taking on complex caseloads, including cases involving patient harm and patient death, while he consistently maintained a positive attitude and never had a negative word to say about any of his cases. Mr. Strike came to work every day very eager to take on the new challenges and worked hard to close a significant percentage of cases. He offered and conducted trainings and demonstrations on enforcement processes and volunteered to jump in with other cases.

After the reports from DCA, [Dr. Nunez](#) inquired about the Enlightened Licensing Project. Ms. Sieferman responded that the Board reviewed demos from various DCA Boards, including the Board of Registered Nursing, to see how their processes could be used for the Board.

Ms. Bowler requested public comment on this item. There were no public comments made on this item.

5. Review, Discussion, and Possible Action on Multidisciplinary Advisory Committee (MDC) Report – *Richard Sullivan, DVM, Chair, MDC*

A. Overview of April 19, 2022 MDC Meeting

[Meeting Materials](#)

Webcast: [00:57:43](#)

Dr. Sullivan provided background and updated information related to the MDC meeting which focused on:

- RVT Alternative [Education] Pathway, and public interest in the updates; in addition, this item is going back to a subcommittee for further review;
- Expanding the scope of practice for RVTs to provide compensated additional services outside of a clinical setting; he advised the Board this item will require changes to statute;

- The MDC's vote to recommend to the Board not to expand the Cannabis Guidelines based on the current legislation and to wait to see if [Assembly Bill \(AB\) 1885 \(Cannabis and Cannabis Products: Animals: Veterinary Medicine\)](#) is approved;
- Updating the Veterinarian-Client-Patient Relationship (VCPR) Frequently Asked Questions (FAQs) related to administering vaccinations, recommending to the Board to add an exemption for the rabies vaccines requiring a VCPR (this would require a change to California Code of Regulations (CCR), title 16, section 2032.1), and proposed changes to CCR, title 16, section 2030.3 Small Animal Vaccination Clinics to clarify its intent of section 2030.3 by proposing amendments or adding language to subsections (b), (q), and (r); and
- Effectively documenting drug compounding in a clinical setting, differences between formulas from doctors in the same clinic, and the paperwork related to intravenous (IV) fluids.

[Dr. Sullivan](#) responded to questions from the Board.

B. MDC 2022 Assignments

[Meeting Materials](#)

Webcast: [01:00:12](#)

[Dr. Sullivan](#) responded to questions from the Board.

Ms. Bowler requested public comment on the agenda item. The Board received the following public comments on this item:

[Grant Miller](#), DVM, CVMA, had two comments. The first comment related to drug compounding. Dr. Miller stated that CVMA sponsored the legislation to enable veterinarians to compound. He provided a short history of the legislation that originated with William (Bill) Gage [former Staff Director of the California State Senate Business, Professions and Economic Development Committee], who was gracious enough to allow flexibility to compound but was very nervous about veterinary assistants. Dr. Miller stated that Mr. Gage initiated the [Veterinary Assistant Controlled Substance Permit] VACSP requirement because veterinary assistants were among the only healthcare professionals who handled controlled substances with no oversight at all, and Mr. Gage had a particular eye for the assistant part. Dr. Miller stated that at the April 19 MDC meeting, the MDC heard that it is problematic that only RVTs and veterinarians can compound. He stated the reason why it came about was after looking at the parallel in the pharmacy world where compounding is germane, the individuals in the pharmacy world who compound have some kind of licensure that verifies their education. Dr. Miller explained that Mr. Gage's concern was that [drug compounding requires] very complicated calculations, and even veterinarians can sometimes get caught

up in their conversions. Dr. Miller explained that Mr. Gage said he would assist CVMA in getting the [drug compounding legislation] where it needed to go, but [the statute would not apply to] everybody [i.e., veterinary assistants]; the statute would only apply to licensees. Dr. Miller further explained that the legislative process is like a watering hole in the Serengeti – you try to get out with your life. So, CVMA agreed to at least get the drug compounding statute, get into the watering hole, and figure the rest from there. He stated that it is problematic in the profession because not everybody is an RVT or a DVM, and clearly there are some issues now that have been raised. He stated it feels like an omnibus-type issue, and his use of the word omnibus is any kind of cleanup language that is non-controversial that they need to just go in for a fix. He stated there are other omnibus type issues, such as the name tag that needs to be changed to name identification because people are asking if they can wear a lanyard or an embroidery. He stated there are several issues that are piling up that he thinks can go into a bill. However, he thought it was a little late to pursue that legislation this year. Dr. Miller stated CVMA is aware of the issue and is trying to compile that along with others, but CVMA could use some help from the Board on some of these [items] because the Assembly side is probably going to want to know where this is coming from. Dr. Miller stated he does not know what is going to happen this year, but CVMA is aware of it. He stated the drug compounding issue was a good point that was brought up was something foreseen, but [at the time of the drug compounding legislation], CVMA took what they could get. In regards to [CCR, title 16, section] 2030.3, he stated the section is one of the most confusing sections of the Practice Act in terms of trying to counsel people, and he really appreciates the MDC's efforts to clarify it. He also apologized that he was not at the April 19 MDC meeting to make comments, but there are still problems that Tara [Welch] had mentioned, and there will be an opportunity at the July Board meeting to make further comments. He noted he would like to talk to Dr. Sullivan about it. He also asked if the Board would like CVMA to submit a letter for the July meeting to list their comments on what they have concerns.

[Bonnie Lutz's](#), Esq., Klinedinst, first comment was to address what was questioned about what to do now if something happens. She stated they have these regulations, and they just do the best they can. Unfortunately, as an attorney, she stated they have to deal with issues all the time and that it is great that the Board is way ahead of the game in trying to come up with some examples of how veterinarians are going to handle these regulations. However, in a lot of cases, she stated they are simply running blind, and it is up to [the Board and attorneys] to figure it out when it goes before a judge. She emphasized that the [drug compounding] suggestions should not be called guidelines because guidelines are viewed by judges as being law. She suggested the Board call them suggestions, examples, or whatever to make it a lot easier for them to deal with, so they are not cast in stone and not considered law. As far as the RVT issue, she stated she has received a lot of phone calls from third parties who are putting together businesses where RVTs go out to homes to provide these services. She stated she receives the

calls, not from the RVTs, but from the people putting together the businesses. She added they are certainly not considering at all the paradigm where the RVT is working for the veterinarian, who has established the VCPR. These are RVTs who are working independently which happens, but it is illegal, and they are doing it. Ms. Lutz stated she knows they are doing it because she is getting calls from the companies that are putting these businesses together, and they are looking at this as a great opportunity to make money. She said that it is something she wanted the Board to be aware of. Finally, as far as the experts, Ms. Lutz emphasized the Board needs to make sure it is getting experts who have expertise in the area that they are reviewing. She stated the problem for individuals seeking to be experts is they will not want to be experts for the Board because they feel that they are throwing their colleagues under the bus. She further explained some of the people who want to be experts for the Board want to be those experts for the wrong reasons – they want to throw their colleagues under the bus, so they become extremely enthusiastic. She asserted oftentimes the individuals think they have expertise in areas that they do not have expertise in. She stated she had a hearing in which she dealt with this issue where the expert had no experience at all in shelter medicine, and her client was a shelter medicine veterinarian. She provided the email that she argued strongly about the fact that the expert had no experience, and the expert's answer was that she had volunteered a couple of times in a shelter, so that was her extent of her experience. She requested that the Board please make sure that it is getting experts who are qualified.

[Ms. Bowler](#) stated that although the Board will be talking about the RVT issue in July, the Board could do more outreach to RVTs about what they can and cannot do. She stated she was thinking of the companies that are out there recruiting.

[Ms. Sieferman](#) responded that the Board could include that in its next newsletter.

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

[Meeting Materials](#)

Webcast: [01:45:40](#)

The Board conducted interviews to fill the one veterinarian member position on the MDC to serve a three-year term starting on July 1, 2022. Prior to the meeting, the Board's Executive Committee selected the following top three candidates for the Board's consideration:

[W. Kent Fowler, DVM, License No. 6301](#)
[Miriam Harvey, DVM, License No. 17240](#)
[Richard Sullivan, DVM, License No. 5911](#)

Ms. Bowler and Ms. Sieferman thanked all individuals who applied to the position and also apologized on behalf of the Board for not acknowledging all applicants who

submitted their application. Ms. Sieferman noted that in the future, applicants will be provided an acknowledgment of their application, and Ms. Bowler highly encouraged individuals to continue to apply for Board positions in the future.

All three applicants appeared for the interviews, and each individual answered the Board's interview questions by providing information related to their background, knowledge, skills, and experience related to the position. The individuals were interviewed in order of last name, first name, and their responses can be viewed at the following links:

[W. Kent Fowler, DVM](#)
[Miriam Harvey, DVM](#)
[Richard Sullivan, DVM](#)

The Board discussed the strengths of each applicant and encouraged the two individuals who were not selected to reapply in the future.

- [Motion](#): Dr. Nunez moved and Dr. Bradbury seconded the motion to select Dr. Sullivan to be a member of the MDC.

Ms. Bowler requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 5-0-1, with Dr. Noland abstaining.

Webcast Link:

Agenda Items 7–10 (<https://youtu.be/1SK9w5sDYxE>)

7. Access to Veterinary Care Task Force Report—*Jaymie Noland, DVM, and Dianne Prado*

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

Dr. Noland provided the Access to Veterinary Care Committee Report.

Ms. Bowler requested public comment on this item. The Board received the following public comments on this item:

[Grant Miller](#), DVM, CVMA, stated that they are very close to concluding at least the initial phase of their task force's efforts on access to veterinary care, and he asked the Board to reserve a little bit of time at the next meeting for CVMA to share with the Board their position statement. He stated they can provide the Board with a letter and the ten points CVMA found to be relevant to the veterinary profession. Dr. Miller stated that Dr. Noland is on the CVMA's task force. As a liaison to the Board, CVMA is very appreciative of her input, and he

felt that this Board has actually already done a tremendous amount to help in the way that it can for access to veterinary care by primarily eliminating the state entrance exams for both RVTs and DVMs, as it was a huge barrier that had been removed. He stated that access to care has very little to do with the number of veterinarians who are practicing in this state, and it has more to do with the cost of veterinary care. Dr. Miller stated it is difficult to find opportunities not only in the profession but also with the Board to find ways to address it, but he would like to share with the Board at least what CVMA felt it could possibly work together with the Board to address. He agreed that one of the things bubbling to the top is the expansion for RVTs to try to get a little bit more going with them, and CVMA understands there is going to need to be some statutory change for that. Dr. Miller stated that it looks very promising that the Board is interested in pursuing those changes, so CVMA will have to see where that goes. He requested to reserve that opportunity to share with the Board what CVMA has coming, which should be ready by the July meeting.

[Dr. Solacito](#) asked Dr. Miller if CVMA is working with Align Care, because she heard they are ramping up their activities in California.

[Grant Miller](#) responded that as a point of reference, Align Care is a model that was created by the University of Tennessee [Knoxville] and championed by Dr. Michael Blackwell, who is essentially one of the leaders in access to veterinary care. Dr. Miller stated the idea behind Align Care is that veterinary practices – social service or public nonprofit agencies and donors – can all team together with the clients to provide subsidized veterinary care. Dr. Miller stated for instance, if a practice agrees to do a 20% discount and the owner agrees to pay 15% of the bill, then the remainder of the cost of the care can be funded through public philanthropy groups with a partnership. At this time, Dr. Miller stated the Align Care model is being tested on a large scale in Los Angeles (LA) through the Southern California Veterinary Medical Association. He believed that CVMA can promote that and help create template information to help local veterinary medical associations that want to do that on a statewide level. Dr. Miller stated that if the goal is to try to implement Align Care for every municipality in the State of California, it would need a pretty big philanthropic donor, which is a difficult model to try to expand on at that level. Dr. Miller also stated that in talking to Dr. Blackwell, who has consulted with CVMA's task force, the concept of Align Care was never intended to be implemented on such a wide scale basis; it was intended to be more community based. Dr. Miller stated that if a community had a shelter program that could set up something with the Annenberg [Foundation], Maddie's Fund, or the Duffield Foundation, then that would work in the community. At this time, Dr. Miller stated that CVMA does not have the bandwidth to implement something that wide of a scale in the state, but it certainly would like to promote the model and help have resources available should a local veterinary medical association or maybe a corporate hospital group want to implement it. Dr. Miller stated CVMA would like to be able to shepherd that and help guide them through the resources that are available. He also noted that the University of Tennessee [Knoxville] had already put out incredible guides on how to do this type of work; the key is creating a social

network in which somebody glues it together or somebody is managing the fund and finding the applications. Dr. Miller stated there is a lot of work to be done, but that Dr. Blackwell's group had come a long way with creating a computer program in which it can implement and make it work with the minimization of human power needed to make it happen. Dr. Miller is optimistic about the program, but he views access to care to be more of a social service-related issue that is really a public health issue and a one health issue. He stated when he thinks now of [Women, Infants, and Children] WIC, HUD or [Electronic Benefit Transfer] EBT, he views access to veterinary care right in line with that. So when an individual gets Medicaid or any other kind of social service, it feels like the pets are just another member of the family who need that type of service, too. He believed that the veterinary profession has a role to play but felt that it is rooted more in public health and social service, and the Board has a very small role it can play because it is not germane to what the Board does. Dr. Miller stated the Board has a very impressive list of things it has already done, including the RVT expansion. Dr. Miller stated it seemed like everybody understands that this is something that CVMA can explore, and that will probably be toward the top of their list. He stated CVMA will give the Board a report in July and write a letter with their statement.

[Dr. Noland](#) asked for clarification for her understanding that California had two different hospitals that were acting as a pilot study in LA at this point – it is not as widespread as some might think. She thought they are trying to tread carefully to ensure it is successful from the start.

[Grant Miller](#) responded CVMA had agreed to be kind of the proctor, and it is looking to enroll other hospitals, but he thought they are starting a little smaller just to test it out to see how it goes. Dr. Miller stated that Dr. Blackwell would be the first to say that it is the largest scale that they have applied thus far, so Dr. Blackwell is hopeful that it will have a good impact.

[Dr. Solacito](#) asked if there was a way for CVMA to determine the pulse of its membership as to their understanding of the role that they can play for this access to care problem and also their willingness to participate. She stated that there is a program with LA County and it is able to get donors, but the problem is finding providers that would be willing to work with the program. The program has a voucher program that provides a certain amount of money, and the owners do come up with the rest of the bill, but the problem is difficulty finding providers. She thought if the Board is going to look at the three components of the system, there needed to be a fix to the portion of veterinary medicine about the willingness and understanding of veterinarians to be part of the solution.

[Grant Miller](#) appreciated the comments and noted that the Board had already paved the way to the next step. He said that when [Board] Member Yanez initially brought this to the Board, it was not really on CVMA's radar; CVMA recognized this issue immediately as something the association had an obligation to explore. The CVMA task force was responsible in the initial phase to explore the concept, the issue, to learn about it, and then to bring to the Board with what their position

statement will be and what the recommendations of the task force will be. Dr. Miller stated CVMA acts at the will of its board, so the recommendations from the task force will be presented to the CVMA board in June. He hoped to bring something back to the Board or Dr. Noland to report at the Board's July meeting. He does not know what CVMA can or will be able to do, as it is limited in resources, but it is something that is of interest, and he thought that the expertise some of its members bring will not go unheard. He stated it may be a point where CVMA is calling and exploring further some of these models that are in place, and he thought that the comment just made is really helpful to them because it was not something it had yet considered.

[Ms. Bowler](#) followed up with a question to Dr. Miller about the test programs in LA and how is it going with the two clinics. She also inquired if he knew how long the program had been going on and if CVMA is able to find philanthropist partners in LA even on the smaller scale.

[Grant Miller](#) stated his understanding was that it actually had not started yet in LA, but they have a successful program running in Atlanta, Georgia.

[Dr. Noland](#) believed there were nine different running programs right now, and LA is their tenth and eleventh and their largest.

[Grant Miller](#) added that Dr. Blackwell described the program to CVMA and indicated that the software they have integrates with the veterinary management software and works quite well to minimize the amount of human work necessary to implement the program. Dr. Miller asked Dr. Blackwell what happened when the fund runs out of money because if the fund is an endowment, that generates some kind of interest. He stated Dr. Blackwell responded that it is automatic – if the practitioner fills out the application online and submits it, then the money gets sent directly to the practitioner. As a follow up, he said if there is no money, then the system will halt, and it will tell you that they are not taking applications at that time. Dr. Miller believed there were some starts and stops with it, and as is the case with any social service, money is spent until the money is gone. Dr. Miller stated Dr. Blackwell said the program was very successful. Dr. Miller felt that rather than circumventing the government, it should involve the government because it is a social service, public health issue, and this model is not designed to do that; the model is designed to completely let the community solve its own problem without the cohesion that would be provided by a government agency. He stated that in California, he is not sure if that is going to work on the scale as there are 40 million people; but so far, he claimed Dr. Blackwell stated that it has been going well in the locations that they have done it.

[Dr. Noland](#) believed there is a bit of quasi-government involvement in the social worker aspect because they are bringing in social services to verify the need, and they do play a role, but it is sort of a quasi-government involvement.

[Grant Miller](#) believed that what they are doing is offering social service workers a credential in animal social service, so they have a formal training program

through the University of Tennessee [Knoxville], which then gives those social service officers specialized training in what animals need. Then, they are trying to make sure that the social service workers have the resources available to pass on to their clients, so that they can say there is this program available for the clients, if they choose to use it. Dr. Miller further commented that incremental care is a big topic that this Board can discuss. He believed that the documentation is sufficient in the records, but that there is an opportunity for educational outreach on how to document incremental care. He stated CVMA has forms that talk about if somebody does not want to do something, there is a like a Decline Service Form; he thought those types of things are really important when looking at incremental care. He stated a lot of doctors are scared to really do incremental care and then to write it down, because they think this is not okay that the individual is not doing this blood work or not doing that [procedure]. He also stated there are times when it is not okay – when the licensee has to do the blood work or the licensee cannot proceed and that it is just too risky, but there also are times when you do not [have to do the blood work]. Dr. Miller expressed interest in seeing further discussion on the topic in the future in which to talk about the outreach and education and how to document these things appropriately to meet the clients at the level that they need to be met at. He also stated that Dr. Sullivan had talked about that in his MDC interview, so he thought that there is a lot that is already done and some stuff coming in the near future here where the Board can put a pretty big dent in it for the portion that it can do something about.

[Dr. Noland](#) stated she really enjoyed being on this task force, and it was pretty impressive the ten different areas of interest that were very thorough and very well thought out; it had been very impressive.

[Grant Miller](#) thanked Dr. Noland for her involvement because they move quick.

[Bonnie Lutz](#) expressed her concern with the term "incremental care" and stated she is behind all of this. She stated she is involved with Align Care and urged the Board and Dr. Bradbury to get the experts aligned with incremental care. She stated she sees a lot of complaint letters – initial letters from the Board – coming through with comments about not being up to the standard of care because blood work was not done or urinalysis was not done. She understood, under certain circumstances, those things have to be done; under other circumstances, if the Board is talking about incremental care, she asserted the experts are blindsided, claiming that if they have to do every single thing for every single pet, then all of this talk about incremental care is going to fall flat on its face because her clients are simply going to be afraid to do it. She was not suggesting that the Board allow them to provide treatment that is below the standard of care. She provided the example of when she was young, she went to a veterinarian named Dr. John Hamil, who used to tell her you can do three things: (1) you can do nothing, (2) you can do this, which you always knew that was what he wanted you to do; or (3) you can do this. She stated the veterinarian really understood incremental care, but it did not appear the experts who are reading the cases for the Board understand it, because she has a lot of cases where her clients are getting

dinged for not doing everything in every case. Somehow those things have to be looked at together in order to encourage veterinarians in California to consider this paradigm.

[Karen Atlas](#), President, APTC, stated her coalition represented DVMS, [physical therapists] PTs, RVTs, and consumers. She stated the coalition has been sounding the alarm to the Board on the access to animal rehab care crisis in California for many years and did so even before the pandemic started, which has made access to animal care exponentially worse. She stated other organizations have also been sounding the alarm, and APTC commented during the October 12, 2021 Access to Veterinary Care Task Force meeting and submitted documentation for the members to consider. She stated the coalition educated the task force on the realities of the access to rehab care crisis as it relates to animal physical rehabilitation. APTC submitted information for the Board's October 21, 2021 and January 19, 2022 meetings. She stated, unfortunately, APTC's concerns had yet to be addressed or even merely recognized during any of these recent meetings to identify that access to rehab care even exists. Ms. Atlas asserted that the Board enacted regulatory language which further reduced access to rehab care by qualified PTs and thereby changed the status quo. She asked the Board to consider these measures as a vital part of the solution to address the access to animal rehab care crisis in California during the January 19, 2022 meeting, as this Board was specifically asked to identify all access to care issues. She stated APTC had specifically identified this access to rehab care crisis for years with no resolve. She stated APTC had taken the time to research the crisis and find a solution, but time and time again, the Board refused to even recognize it for what the problem truly is. She stated APTC understood what needed to happen to create meaningful change that California needs and what it has been asking for all these years, but it needed to work together. She asked the Board to work together with APTC toward a workable solution using factual information that serves the best interests of California animals and the people who love them. She felt encouraged that now that the facts were clearly presented during the meeting, hosted by the legislative consultants of the Joint Committee on Business, Professions and Economic Development on January 28, 2022, they are certain that there can be movement forward together with more clarity and unity. She also agreed with Dr. Miller's discussion on having the Board play a very small role on the social problems of the access to care crisis. She asserted this is a solution that the Board can make a difference in and hopes that it will.

[GV Ayers](#), representing APTC, encouraged the Board to consider a holistic response, and not just the response to the issue that they have implemented in the recent regulations that the Board adopted. He stated APTC stood ready to help and work together to have an identifiable or a good safe and effective solution for the issue of animal rehabilitation in California.

8. Update, Discussion, and Possible Action on 2021/2022 Legislation Impacting the Board, DCA, and/or the Veterinary Profession

[Meeting Materials](#)

Webcast: [00:28:24](#)

A. Priority Legislation for Board Consideration

1. [Assembly Bill \(AB\) 1662](#) (Gipson, 2022) Licensing Boards: Disqualification from Licensure: Criminal Conviction

Ms. Sieferman provided background information, intent of the bill, and possible consequences, including increased staff costs and caseloads, if the bill was passed. She recommended that the Board oppose the bill.

- [Motion](#): Dr. Mark Nunez moved to oppose unless amended to require a fee provision, make the preapplication non-binding, and move the responsibility for predetermination to the Department of Consumer Affairs. There was no second on the motion, so a new motion was proposed.
- [Motion](#): Dr. Bradbury moved and Ms. Bowler seconded the motion to oppose AB 1662.

Ms. Bowler requested public comment before the Board acted on the motion. The following public comment was made on this item:

[Bonnie Lutz](#) recommended that the Board oppose, and she agreed with Dr. Bradbury that there are other avenues. She stated she gets a lot of clients who have had their licenses denied, an accusation is filed, the license applicant settles, and then they end up on probation. She stated she has not had anybody who was convicted of murder or anything like that. She stated she gets an awful lot of phone calls from people saying they are about to go to school to be an RVT, but they got a [Driving Under the Influence] DUI when they were in college; she talks to them about the regulation and about what will probably happen to them. She stated she also deals with a lot of criminal attorneys, who are aware of this regulation, so she thinks the information is out there for these people to determine whether or not it is worth their time to go to school to be an RVT if they had a DUI when they were in college. She did not see it as something the Board needs to take on because the information is already out there.

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

- [Vote](#): The motion carried 4-1-1, with Dr. Nunez voting no and Ms. Loredó abstaining.

2. [AB 1885](#) (Kalra, 2022) Cannabis and Cannabis Products: Animals: Veterinary Medicine

[Ms. Sieferman](#) provided background information, including prior proposed legislation, and she cautioned the Board on a lack of studies on cannabis products for animals.

- [Motion](#): Dr. Bradbury moved and Dr. Nunez seconded a motion to support AB 1885.

Ms. Bowler requested public comment before the Board acted on the motion. The following public comment was made on this item:

[Pamela Lopez](#), on behalf of the Pet Cannabis Coalition, thanked the Board for its discussion on this issue. She highlighted that the coalition had worked in support of this bill and heard from the Legislature a lot about wanting to see the Board indicate that it supports this piece of legislation. She asserted that given the timing of the California legislative year, and the hurdles that the coalition would have to get through in policy committees, if the Board wanted to see this issue get addressed this year, it was critical to have Board support on this piece of legislation to get the bill through the Legislature and to the Governor's desk. She stressed the importance of the Board in this process, as it would advise on these issues in a very important way. She responded to the potential concerns about the language being drafted in such a way that it unduly ties the hands of the Board to take action against a veterinarian; she could not speak for Assemblymember Kalra, but she strongly suspected that the Board would be able to go to him. She said the Assemblymember would be interested in working with the Board to make sure that the bill is drafted in such a way that it does not unintentionally cause those consequences – that was not the intention of the bill. She said the intention of the bill was twofold: (1) to make sure consumers have access to recommendations from veterinarians; and (2) to make sure consumers have access to labels and instructions on products that are intended for animal therapeutic use. She said pet cannabis products were on the market and about 10,000 purchases were made per year before they were pulled from the market, which lasted for about 2.5 years. She provided the analogy that pet parents can still buy baby Tylenol, but now they cannot talk to their pediatrician about it, they cannot purchase products with clear labels and instructions, and there is an uptick in the number of loving, well-meaning pet parents who have accidentally made their pet ill because in the 2.5 years that they could access this product. Parents realized that cannabis was lifesaving for epilepsy, and they are not going to stop using it. She stated this was about providing information, so that they can do a good job in caring for their pets.

[Paul Hansbury](#), Lovingly and Legally, stated he was sure that someone addressed those issues, but he was unsure it was to the Board's satisfaction. He asserted this bill was driven by corporate greed and nothing else. He asserted this bill allowed corporations to manufacture products for animals

sold in adult use dispensaries for their profit. He asserted the sponsors of this bill bragged that it finally allowed veterinarians to recommend, but that it is misleading; all it does is tell the Board it cannot discipline veterinarians for recommending the products that the corporate entrepreneurs intend to sell. Mr. Hansbury stated the bill authorizes veterinary cannabis products to be manufactured and sold in adult use dispensaries, and the only guidance that is required is whatever marketing propaganda the salesman tells the budtender. He asserted this bill is using the veterinarian as a passive salesperson for the products the companies want to introduce to the marketplace, and this bill would treat veterinarians, their clients, and their four-legged family members as a cash cow. Mr. Hansbury said that unless a veterinarian's recommendation is recognized by the Department of Cannabis Control (DCC) as a legitimate recommendation, giving parity with medical doctors and their patients and classifying animals as patients, like humans, the research funding that is allocated by [Proposition 64](#) will never be granted for veterinary research, as this bill would not do that. He stated veterinarians and their clients have been waiting for so very long, they are willing to take anything, even this bill. He asked the Board if it knew that one of the drawbacks for cannabis research is that humans are afraid they will be given the placebo or if it knew that there will be far more candidates available for this much needed research if the veterinarian's recommendation was allowed by DCC and animals were considered patients. Mr. Hansbury stated that statutory research would be applicable to humans and further the understanding of the endocannabinoid system, thus furthering the health care as we know it. He believed that the members are in the position of this Board because they genuinely care about the animals and their wellbeing, the veterinarians the Board oversees, and the profession as a whole. He asserted that there will be no political will to take any further action if this bill passes as written. He stated this subject is a very hot topic.

[Susan Tibbon](#), Lovingly and Legally, stated they have continued to interact with the state and DCC to promote the health and safety of animals, advance the veterinary profession, and the availability of research funds, which leads to the no doubt sincere, but woefully misguided, support of [AB] 1885 on the part of some veterinary entities. As long-time activists in the cannabis space and in Sacramento, she stated they unequivocally assure the Board that AB 1885 is solely profit driven, rather than promoting best practices. She asserted the bill actually consigns medical diagnosis and decision making to salespeople or budtenders at recreational cannabis dispensaries, kind of like consulting your makeup counter person about your diabetes. She said Lovingly and Legally's experience working on [SB 627](#) and ancillary issues is that DCC is not going to, and does not insert itself into, legislative issues. She stated as Mr. Hansbury succinctly put it, [AB] 1885 does not provide parity with medical doctors and their patients. Therefore, no research funds as stipulated in Prop 64 will be granted and will not be available, nor does [AB] 1885 actually allow veterinarians to recommend as, Mr. Hansbury said; it just means that veterinarians cannot be disciplined for recommending and in no way, does the bill protect the consumer, the pet parent, or the animals in as

much as these products are going to be in recreational dispensaries available to any person over 21. She stated that when she brought her pets in a few weeks ago, her veterinarian told there were no products and dispensaries that he could, in good conscious, recommend because of his recent experience at three dispensaries. She explained that one salesperson recommended an edible that was high in THC, which the veterinarian said would perk a dog up; the second salesperson told the veterinarian that there was a tincture used by humans that could be used and to just use less; and the third counterperson said that she did not really know about cannabis and pets, but other people had used a medicated soda product that she could mix with dry food. Ms. Tibbon asked the Board if this helps animals and does it further the profession. She said it made her really worried that a hyperactive kitty who has hyperthyroidism is going to be given CBD instead of Methimazole for hypothyroidism; what it seen is organ failure because of a lack of due diligence. She stated the Board can do better and should do better as these creatures cannot speak for themselves and are solely dependent on humans. She requested for the Board to consider the consequences of supporting a bill that treats pet parents and animals as a checkbook.

[Stacy Hall](#), DVM, typed her support for the use of cannabis in small animals for pain relief, anxiety, and cancer palliative care, as she had seen it make a huge difference in the lives of her patients using CBD. She continued that veterinarians should definitely be able to be part of the decision for their patients and should not have to hide their recommendations. She stated there needed to be a movement away from the black market for these products and bring them into mainstream veterinary care.

[Jeff Pollard](#), DVM, stated that currently there are four states that have legislation addressing the veterinarian's ability to speak to cannabis in any fashion with their clients – Utah, Michigan, Nevada, and California. He said California was the first, Nevada was the most progressive, and from the previous materials that he submitted, Nevada can discuss, recommend, and administer. Dr. Pollard asserted that AB 1885 will advance California veterinarians the ability from discuss to recommend. Dr. Pollard said the comments of the previous individuals, while well-meaning, speak more to the financial end of things. He stated the Board is not tasked with determining who profits from whatever decision, but rather consumer protection and what a veterinarian can provide to a client, who frankly is already ahead of the curve and doing what they are going to do, whatever the veterinarian says. Dr. Pollard said the best they can hope for is the veterinarian has the cover (i.e., the protection from the Board) to give them the best advice. He said that for the moment, this is, in Dr. Grant Miller's sage comment, the watering hole in the Serengeti, and this is the best that [veterinarians] can get for the moment. Dr. Pollard fully supported [AB] 1885, and he hoped it was viewed similarly by the Board.

[Lindsay Wendt](#), DVM, said that with the rising, palliative, and end-of-life care for the past 10 years, she is very much in support of this bill. She felt that this

bill allows herself and other veterinarians to practice the high-quality medicine that their patients deserve by recommending safe products to their clients. She added that it helps veterinarians live up to the oath that they all took when indoctrinated into this profession.

[Jennifer Smith](#) stated she has a dog who is blind and has severe high anxiety. She said the dog had been on CBD for about four years, and she cannot imagine her dog having a life without it because she is a completely different dog. She stated it would be amazing to be able to talk to her veterinarian about this and get recommendations, instead of just speaking with a budtender, and that was why she would support this bill.

[Charles Lozow](#), Esq., stated he has been a lawyer for 30 years, admitted in New York and California. He added that he was involved in [\[AB\] 2215](#) in 2018, when the Board addressed the issue of discussion. He thought Dr. Pollard was accurate to remind the Board that the very narrow issue here was whether the Board moves from discussion to recommendation. He said these are minor steps – if a veterinarian can consult with a pet parent in the context of the consult room and discuss medical cannabis, as a litigator, the step to recommend for purposes of the Board’s power is very small. He said he wanted veterinarians to continue to inch toward leading this new medical application of these molecules, so he suggested the Board stay very focused on what [\[AB\] 1885](#) was trying to achieve. He suggested the Board support this motion today.

[Bonnie Lutz](#) said she wanted to address Jennifer [Schmidt’s] comment. Ms. Lutz said that [proposed Business and Professions Code section] 4884(b), was very clear as to what it allowed the Board to do and not do; it specifically states that the Board cannot discipline a veterinarian solely for discussing or recommending, and “solely” is something that a judge would understand. She stated most lawyers will understand and the Board will understand. She noted the bill would not prevent the Board from disciplining a veterinarian for negligence or anything else; it is solely on discussing or recommending and then it gives for specific reasons. Ms. Lutz stated the bill is very clear that the Board would still be allowed to discipline a veterinarian, just not for solely recommending.

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

- [Vote](#): The motion carried 6-0.

3. [AB 2606](#) (Carrillo, 2022) Cats: Declawing Procedures: Prohibition

[Ms. Sieferman](#) presented this item, including a brief history; she also noted a slight change to section (d).

- [Motion](#): Dr. Nunez moved and Ms. Bowler seconded a motion to oppose [AB 2606](#).

Ms. Bowler requested public comment before the Board acted on the motion. The following public comment was made on this item:

[Grant Miller](#), CVMA, stated CVMA was opposed to this bill, and it was their number one opposition bill for this year, which was no different than any other year for a lot of the previous reasons that the Board had stated here. Dr. Miller said CVMA wanted to be on record it is in opposition.

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

- [Vote](#): The motion carried 6-0.

4. [Senate Bill \(SB\) 1031 \(Ochoa Bogh, 2022\) Healing Arts Boards: Inactive License Fees](#)

[Ms. Sieferman](#) presented this item and noted that the bill would reduce inactive license fees for all licensees to half, and the Board would lose over \$104,475 per renewal cycle. She also provided an update of other DCA board opposition to the bill.

- [Motion](#): Ms. Bowler moved and Dr. Nunez seconded a motion to oppose SB 1031.

Ms. Bowler requested public comment before the Board acted on the motion. The following public comment was made on this item:

[Grant Miller](#), CVMA, stated the bill is of great interest to CVMA because it was the only bill in which their internal policy committee had an opinion that differed from the Board. Initially, CMVA's committee said they needed to support this bill. Dr. Miller explained then the Board met and decided to disapprove this bill, so CVMA had a disapproved position, which is different from an oppose in the sense that with an opposition bill, CVMA is actively out there knocking on doors with disapprove. He stated it just meant if someone stopped him in the hallway and asked him, he would say that CVMA does not like the bill. He stated the reason is that the Board's budget expenses are absolute, and there are going to be expenses one way or the other. He continued that if money is taken away from one pool, it is going to have to come from another pool. He stated that active licensees do not want their fees raised again, as there had been five years of successive fee raises for reasons that preceded this rendition of the Board and proceeded this rendition of Board staff. Dr. Miller said CVMA recognizes that, but the profession was wary of fee raises, and it expected that if it has a dip in one area, it is going to come from somewhere else and the only choice, since the Board is required to get fees from licensure, is raising all the other fees. He stated that CVMA does not want to see that happen, so for that reason, CVMA had a disapproved position.

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

- [Vote](#): The motion carried 6-0.

5. [SB 1495](#) (Committee on Business, Professions and Economic Development, 2022) Professions and Vocations

[Ms. Sieferman](#) presented this Omnibus Bill that included cleanup of various aspects of the Practice Act.

- [Motion](#): Ms. Bowler moved and Dr. Noland seconded a motion to support SB 1495.

Ms. Bowler requested public comment before the Board acted on the motion. There was no public comment made on this item.

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

- [Vote](#): The motion carried 6-0.

B. Other Board-Monitored Legislation

1. [AB 225](#) (Gray, 2021) Department of Consumer Affairs: Boards: Veterans: Military Spouses: Licenses

Ms. Sieferman noted that the Board was monitoring this bill, and no current action was necessary.

At the conclusion of Board discussion of Agenda Item 8.B., Ms. Bowler requested public comment on this item. There was no public comment made on this item.

2. [AB 1604](#) (Holden, 2022) The Upward Mobility Act of 2022: Boards and Commissions: Civil Service: Examinations: Classifications

Ms. Sieferman noted that the Board was monitoring this bill, and no current action was necessary.

At the conclusion of Board discussion of Agenda Item 8.B., Ms. Bowler requested public comment on this item. There was no public comment made on this item.

3. [AB 1733](#) (Quirk, 2022) State Bodies: Open Meetings

[Ms. Sieferman](#) presented this item and informed the Board about the remote, in-person, and posting requirements of this bill.

- [Motion](#): Ms. Loredó moved and Dr. Bradbury seconded a motion to support AB 1733.

Ms. Bowler requested public comment before the Board acted on the motion. There was no public comment made on this item.

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

- [Vote](#): The motion carried 6-0.

4. [AB 1795](#) (Fong, 2022) Open Meetings: Remote Participation

Ms. Sieferman noted that the Board was monitoring this bill, and no current action was necessary.

At the conclusion of Board discussion of Agenda Item 8.B., Ms. Bowler requested public comment on this item. There was no public comment made on this item.

5. [AB 1881](#) (Santiago, 2022) Animal Welfare: Dog and Cat Bill of Rights

[Dr. Solacito](#) and Board members discussed the bill and issues related to the bill. Ms. Sieferman clarified some of the remarks and the Board's questions related to the bill.

At the conclusion of Board discussion of Agenda Item 8.B., Ms. Bowler requested public comment on this item. There was no public comment made on this item.

6. [AB 2055](#) (Low, 2022) Controlled Substances: Cures Database

Ms. Sieferman noted that the Board was monitoring this bill, and no current action was necessary.

At the conclusion of Board discussion of Agenda Item 8.B., Ms. Bowler requested public comment on this item. There was no public comment made on this item.

7. [AB 2104](#) (Flora, 2022) Professions and Vocations

Ms. Sieferman noted that the Board was monitoring this bill, and no current action was necessary.

At the conclusion of Board discussion of Agenda Item 8.B., Ms. Bowler requested public comment on this item. There was no public comment made on this item.

8. [AB 2642](#) (Mayes, 2022) Department of Consumer Affairs: Director: Powers and Duties

Ms. Sieferman noted that the Board was monitoring this bill, and no current action was necessary.

At the conclusion of Board discussion of Agenda Item 8.B., Ms. Bowler requested public comment on this item. There was no public comment made on this item.

9. [AB 2948](#) (Cooper, 2022) Consumer Protection: Department of Consumer Affairs: Complaints

[Dr. Bradbury](#) inquired about the pending complaints and notifying complainants within 60 days. Ms. Sieferman clarified the responsibilities, including the responsibilities assigned to DCA, of the bill.

At the conclusion of Board discussion of Agenda Item 8.B., Ms. Bowler requested public comment on this item. There was no public comment made on this item.

10. [SB 1237](#) (Newman, 2022) Licenses: Military Service

Ms. Sieferman noted that the Board was monitoring this bill, and no current action was necessary.

At the conclusion of Board discussion of Agenda Item 8.B., Ms. Bowler requested public comment on this item. There was no public comment made on this item.

11. [SB 1310](#) (Leyva, 2022) Professions and Vocations: Consumer Complaints

Ms. Sieferman noted that the Board was monitoring this bill, and no current action was necessary.

At the conclusion of Board discussion of Agenda Item 8.B., Ms. Bowler requested public comment on this item. There was no public comment made on this item.

12. [SB 1365](#) (Jones, 2022) Licensing Boards: Procedures

Ms. Sieferman noted that the Board was monitoring this bill, and no current action was necessary.

At the conclusion of Board discussion of Agenda Item 8.B., Ms. Bowler requested public comment on this item. There was no public comment made on this item.

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

[Meeting Materials](#)

Webcast: [02:14:35](#)

Jeff Olguin, Lead Administrative & Policy Analyst, presented a status update on pending regulations.

Ms. Bowler requested public comment on this item. The following public comment was made on this item:

[Nancy Ehrlich](#), RVT, CaRVTA inquired about the comments earlier in this meeting about lowering the 2,000-hour requirement to qualify for the alternate route. She asked if this was going to be on the agenda for the next meeting

because that would require amending this regulation. She thought the Board would have to address the implementation date of this new regulation, as it was drafted to go into effect in January 2024. She said the date was intended to give people who were doing the ad hoc alternate route enough time to complete it, but by time this regulation goes through, it will probably be 2024, so she requested that the Board consider pushing out the implementation date by a couple of years.

[Ms. Sieferman](#) stated that the MDC was looking at the impact and implementation date of this new regulation.

10. Recess until April 20, 2022, at 9:00 a.m.

The meeting was recessed at 3:42 p.m.

9:00 a.m., Thursday, April 21, 2022

Webcast Links:

Agenda Items 11–17 (<https://youtu.be/1SIYig5aIY>)

Agenda Items 18–24 (<https://youtu.be/aGzDg4RYLzw>)

11.Reconvene – Establishment of a Quorum

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

Board President, Kathy Bowler, called the meeting to order at 9:03 a.m. Executive Officer, Jessica Sieferman, called roll; six members of the Board were present, and a quorum was established. Ms. Dianne Prado was absent.

Members Present

Kathy Bowler, President
Christina Bradbury, DVM, Vice President
Jennifer Loreda, RVT
Jaymie Noland, DVM
Mark Nunez, DVM
Maria Preciosa S. Solacito, DVM

Staff Present

Jessica Sieferman, Executive Officer
Matt McKinney, Enforcement Manager
Timothy Rodda, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rob Stephanopoulos, Enforcement Manager
Amber Kruse, Lead Enforcement Analyst
Jeffrey Olguin, Lead Administrative & Policy Analyst
Andrea Amaya-Torres, Enforcement Analyst
Dillon Christensen, Enforcement Analyst
Nellie Forget, Enforcement Analyst
Fredy Gaspar, Enforcement Analyst
Tara Reasoner, Enforcement Analyst
Robert Rouch, Hospital Inspection Analyst
Bryce Salasky, Enforcement Analyst
Daniel Strike, Enforcement Analyst
Jeffrey Weiler, Probation Monitor (Enforcement Analyst)
Rachel Adversalo, Enforcement Technician
Bryan Brahms, Licensing Technician
Melissa Caudillo, Licensing Application Technician
Dustin Garcia, Licensing Application Technician
Marlene Gonzalez, Receptionist
Rachel McKowen, Receptionist
Kim Phillips-Francis, Enforcement Technician

Tara Welch, Board Counsel, Attorney III, DCA, Legal Affairs Division

Guests Present

Amanda Ayers, Student Liaison, UC, Davis
Kathy Budd, DCA
Brian Clifford, DCA, Executive Office
Steve Cooney
Nancy Ehrlich, RVT, CaRVTA
Alynn Franclemont
Jennifer Hartman, RVT
Veronica Hernandez, Budget Analyst, DCA, Budget Office
Anita Levy Hudson, RVT, President Elect, CaRVTA
Kristina Junghans, Student Liaison, Western University of Health Sciences
Michael Karle
Marcie Larson, Administrative Law Judge, Office of Administrative Hearings
Brianna Miller, Staff Services Manager, DCA, Board & Bureau Relations
Grant Miller, DVM, CVMA
Kevin Murphy, Esq.
Rachel Pausa
Toff Peabody
Amy Rice, RVT
Mike Sanchez, DCA, Office of Public Affairs
Malissa Siemantel, Deputy Attorney General, Office of the Attorney General,
Department of Justice
Marie Ussery, RVT
Charles Vanguard
Kristy Veltri

12. Board President Report – *Kathy Bowler*

Webcast: [00:01:11](#)

Ms. Bowler provided the Board President Report. The Board and DCA acknowledged that this was Dr. Nunez’s last Board meeting and recognized his years of service and dedication to Californians and consumer protection.

Ms. Bowler requested public comment on this item. The following public comment was made on this item:

[Anita Levy Hudson](#) appreciated Dr. Nunez’s willingness to always work with the CaRVTA to hear out their issues and to advise on the issues they bring to the Board. She said they appreciated his cooperativeness and time.

**Agenda items for this meeting were taken out of order and the Board moved to [Agenda Item 16\(A\)](#). The order of business conducted herein follows the publicly noticed Board meeting Agenda.*

13. Registered Veterinary Technician Report – *Jennifer Loreda, RVT*

Webcast: [00:34:30](#)

Ms. Loreda provided the RVT Report, indicated that her position had become available, and provided a live demonstration of how individuals can apply for the position.

- [Motion](#): Dr. Bradbury moved and Dr. Noland seconded the motion to add to the RVT Pathway to Licensure task for the MDC, RVT Subcommittee.

Ms. Bowler requested public comment before the Board acted on the motion. There were no public comments made on the item.

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

- [Vote](#): The motion carried 6-0.

14. Update, Discussion, and Possible Action on National Association Involvement Reports – *Kathy Bowler, Mark Nunez, DVM, and Jessica Sieferman*

A. International Council for Veterinary Assessment

Webcast: [00:47:02](#)

Ms. Bowler provided the International Council for Veterinary Assessment Report.

Ms. Bowler requested public comment on this item. There were no public comments made on the item.

B. American Association of Veterinary State Boards (AAVSB), Member and Program Services Think Tank

Webcast: [00:50:07](#)

Dr. Nunez provided the AAVSB, Member, and Program Services Think Tank Report.

Ms. Bowler requested public comment on this item. There were no public comments made on the item.

C. AAVSB Executive Director Roundtable and Telehealth Guidelines

Webcast: [01:00:28](#)

Ms. Sieferman provided information to the Board about the Executive Director Roundtable and Telehealth Guidelines.

- [Motion](#): Dr. Nunez moved and Dr. Bradbury seconded the motion to request the AAVSB to re-evaluate their VCPR definition and their telehealth guidelines.

Ms. Bowler requested public comment before the Board acted on the motion. The following public comment was made on this item:

[Grant Miller](#), DVM, CVMA, appreciated the Board for its representation to the AAVSB on this important subject. He reminded the Board that CVMA conducted a national canvas of all state regulations regarding telemedicine. It found similar results to what has been hypothesized by this Board that most states are more restrictive than what is being discussed, and California is one of the more permissive states in regard to what can be done with telemedicine. Dr. Miller offered the memo to the Board if it needed it for any discussions. He knew the [out-of-state veterinary] boards are being queried by the AAVSB, but CVMA had that information.

[Ms. Sieferman](#) thanked Dr. Miller as the Board does have the document, and it was one of the things she utilized during the meeting, as other states were looking to change their laws, too. She said she would share it with AAVSB, as well.

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

- [Vote](#): The motion carried 6-0.

D. AAVSB Call for Nominations

[Meeting Materials](#)

Webcast: [01:07:53](#)

Ms. Sieferman provided an overview of the AAVSB call for nominations and asked the Board if it wanted to nominate anyone.

- [Motion](#): Dr. Noland moved and Ms. Loredó seconded the motion to nominate Dr. Nunez to the Board of Directors of AAVSB.

Ms. Bowler requested public comment before the Board acted on the motion. There was no public comment made on this item.

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

- [Vote](#): The motion carried 5-0-1, with Dr. Nunez abstaining.

15. Student Liaison Reports

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

Webcast: [01:19:51](#)

Ms. Amanda Ayers provided the UC, Davis liaison report.

Ms. Bowler requested public comment on this item. There were no public comments made on the item.

B. Western University of Health Sciences Liaison – *Kristina Junghans*

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

Ms. Kristina Junghans provided the Western University of Health Sciences liaison report.

Ms. Bowler requested public comment on this item. There were no public comments made on the item.

**Agenda items for this meeting were taken out of order and the Board moved to [Agenda Item 16.B](#). The order of business conducted herein follows the publicly noticed Board meeting Agenda.*

16.Executive Management Reports

A. Administration*

[Meeting Materials](#)

Webcast: [00:11:38](#)

Mr. Timothy Rodda, Administration/Licensing Manager, provided the first portion of the Administration Report.

[Veronica Hernandez](#), DCA, Budget Analyst, 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.

Ms. Bowler requested public comment on this item. The following public comment made on this item:

[Anita Levy Hudson](#) asked for the amount in reserves and if there was any wiggle room in the surplus to lower the RVT fees.

[Ms. Sieferman](#) responded that as much as she would like to say yes, when viewing the Governor's budget for 2022–2023 is when the Board starts to see a structural imbalance when the Board is bringing in less revenue than expenditures, and it will continue to go down. Ms. Sieferman stated the Board is hoping to get more enforcement staff as well, but right now, the Board will go below the 10-month reserve. While she does not anticipate a fee decrease in the near future, she also does not anticipate a fee increase, at least until the next sunset review, when the Board will need statutory authority to raise its cap.

[Nancy Ehrlich](#) stated she was going to say what Anita said and did not need to further comment.

The Board moved back to [Agenda Item 13](#).

B. Examination/Licensing

[Meeting Materials](#)

Webcast: [01:33:18](#)

Mr. Timothy Rodda, Administration/Licensing Manager, presented and answered questions relating to the Examination/Licensing Report.

C. Enforcement

[Meeting Materials](#)

Webcast: [01:53:01](#)

Patty Rodriguez, Hospital Inspection Program Manager, Matt McKinney, Enforcement Manager, and Rob Stephanopoulos, Enforcement Manager, presented and responded to questions relating to the Enforcement Report.

D. Outreach

[Meeting Materials](#)

Webcast: [02:34:02](#)

Ms. Siefertman provided the Outreach Report.

E. Strategic Plan

[Meeting Materials](#)

Webcast: [02:36:19](#)

Ms. Siefertman provided an overview of the plan to complete the Strategic Plan.

Ms. Bowler requested public comment on the agenda item. The Board received the following public comment on this item:

[Bonnie Lutz](#), Esq., Klinedinst, thanked Ms. Siefertman for what she had done over the last two years. She said her office receives a majority of the complaints, and it had been awesome working with the Board's Enforcement Staff – Daniel, Robert, Jeffrey, Rob, Kimberley, Natalie, Fredy, and Kathy. She stated that everyone was wonderful, and it was so exciting that she can communicate directly with them via email, no one plays any games, and Klinedinst gives Board staff the items they need. If Klinedinst had a problem

with getting radiographs for some reason and they told Board staff they would get the medical records in a couple of days, it has been great working together. She requested that Board staff be patient with her; she lost her legal assistant she had for seven years. Ms. Lutz hired a new legal assistant and two new attorneys to her team because the Board is keeping her busy because it is so efficient.

[Ms. Bowler](#) thanked Ms. Lutz and said it sounded as though the responsiveness has improved.

[Bonnie Lutz](#) agreed and said it is just wonderful and it is all done by email, no games. If there is a need for an extension of days, the Board grants it; if she can provide information early, she provides it. She says it is so professional and great to work with the Board.

[Grant Miller](#), CVMA, gave some feedback on what he is hearing at CVMA. He said that for quite a long time, more last year than this year, they had quite a few issues with people being able to get through to the Board. Recently, CVMA had noticed a drop in that, so that is a good thing. He thanked Ms. Siefertman and Mr. Rodda for being highly responsive. He stated he certainly does not want to become a conduit to the Board, but when he felt it was important that someone reached the Board, he reached out to them and had quick resolution to the concerns. He was glad to see that in the last few weeks, there had been a real drop in the number of people calling saying they could not reach the Board, which he thought was very close to coinciding with the new institution of the phone system, so that was very good; he was appreciative of that. Dr. Miller stated that the new statutory 10-day response time for the practices is intensively problematic. The main reason is that these practices are very busy, and sometimes the mail is not getting opened or emails are not getting opened and responded to, and so 10 days turns into four days. He does appreciate hearing the Board is trying to work with these folks, but there was one email he shared with the Board. It came from a member a few days prior, about how the records requests are made to the practice. Dr. Miller read the letter which stated:

“Maybe you are already aware the means of communication from the VMB, but it is a first for me. We received an email today from the VMB regarding a complaint against one of our doctors with attached documents describing the allegations. The email was sent to our general hospital email account which multiple staff have access to...”

Dr. Miller stopped there as the email goes into the individual’s opinion. He asked the individual if the doctor listed their general hospital address as their contact for the Board because that would be by automation – the email that would be used. Dr. Miller was told the doctor listed a different email address. Dr. Miller asked if the Board had sent the doctor a hardcopy, and was told not yet. Dr. Miller stated, with the 10-day turnaround, it is very important the

request go directly to the veterinarian. He asked how the 10-day turnaround was working.

[Ms. Sieferman](#) clarified that there has not been a change to the statutory requirement. Previously, responses were due in 30 days, which would be extended to 60 days, which would further delay everything. She said the statutory authority requires records to be provided immediately upon request. She said she surveyed, through the EOG, the other healing arts boards and looked at the average timeframe to respond, which was 10 days. She asked Dr. Miller to share the information with her about the individual he mentioned. She also noted that it was inefficient to send requests to the general email box, she had concerns over confidentiality, and she apologized that it happened. She requested the email so that she can address it as soon as possible because that is not standard practice.

[Grant Miller](#) asked if it was going to be by email from here on out. He stated that it used to be the Board would send a letter. He asked what he should be advising people in terms of what they can expect. He said people do not check their email but maybe once a week, and everything now is Instacart. He asked what is the standard.

[Ms. Sieferman](#) responded that the goal is to send email. She said the Board had received a lot of positive feedback because it is faster to communicate. If the Board does not have an email address, it will call the individual to try and get a hold of them, and the last resort is paper mail because the Board finds that to be a lot longer to do.

[Grant Miller](#) stated that he should be telling individuals that they are probably not going to get a lot via actual mail; it is going to be more electronic communication.

[Ms. Sieferman](#) confirmed that belief.

[Bonnie Lutz](#) added the situation described by Dr. Miller happened to her client, but that is something that is not cool to happen. However, in her experience, she has only seen it happen the second time in a couple of years. She said she did not know how it happened, but it is rare. She inquired on the 10 business days. She said most of the veterinarians are insured, and the insurance pays for the lawyers, so she tries to accommodate that before the 10 days, even before she is hired by the insurance company because they work for the insurance companies and assume they are going to pay them. However, there are times when there is a significant gap that some different insurance company or someone is not insured where she claims it could not get these records within 10 business days. She expressed again that her experience is that staff has been very forgiving about that, so hopefully that will continue, as she is not attempting to play games or put things off, but sometimes she cannot respond within the 10 business days.

[Ms. Sieferman](#) clarified that there was some confusion in the beginning to the business days or calendar days, so to clarify, it is business days.

[Nancy Ehrlich](#) thanked Ms. Sieferman for the monthly meetings, for the article on RVT Job Tasks, and allowing CaRVTA to participate with editing the content. They are very pleased with the very nice, comprehensive article, and she hoped some veterinary hospitals would post it.

[Anita Levy Hudson](#) added that she has noticed a sharp decline from CaRVTA members stating that they are having a hard time with getting their documentation to the Board staff. She said CaRVTA wanted to recognize the hard work and she thanked the Board.

17. Future Agenda Items and Next Meeting Dates

[Meeting Materials](#)

Webcast: [02:48:53](#)

Ms. Sieferman presented the future items and informed the Board of the topics that will be on future agenda items, such as updates to the VCPR FAQ, drug compounding suggestions, and access to care. The future Board meeting dates are as follows:

April 20-21, 2022
July 20-21, 2022
October 19-20, 2022

Ms. Bowler requested public comment on this item. The Board received the following public comment on this item:

[Grant Miller](#) said, regarding the equine discussion, CVMA was willing to work with the Board to determine what it should be talking about and definitely in reviewing their letter, he believed there were parts of that which were not necessary to discuss in a public forum. He said CVMA made their concerns known, but he thought there were parts that are things that can be general discussion, applicable to any practice type. He thought there were parts for CVMA that are of higher importance than others, so it would be willing to talk to the Board about that to show the Board where its biggest concerns are and hopefully find a way to work with the Board to be able to generally present that in relation to all practice types, so that it is not so specific to the equine side. CVMA is willing to do that, for whatever it is worth, with sensitivity, recognizing that CVMA's executive director is an administrative law attorney and Dr. Miller had a lot of regulatory experience. He stated CVMA did not want to impose on any case; they just want to do a general discussion. If there is a way this can happen, they want to work with the Board to do that. CVMA recognizes that the concern of what could happen to a specific case – if there is a contamination of that specific information – they do not want that because it is not in the best interest

of any of the parties. Whatever CVMA can do, it would like to work with the Board.

Webcast Link:

Agenda Items 18-24 (<https://youtu.be/aGzDq4RYLzw>)

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

This agenda item commenced at 1:06 p.m.

[Marcie Larson](#), Administrative Law Judge (ALJ), commenced the petition hearings.

A. Hearing on Petition for Reinstatement – Amandeep Singh, Revoked Veterinarian License No. 16252

[Meeting Materials](#)

Webcast: [00:12:37](#)

This agenda item commenced at 1:06 p.m.

ALJ Larson presided over the petition for reinstatement. DAG Malissa Siemantel updated and presented the case against Amandeep Singh. Mr. Singh was represented by Bonnie Lutz, Esq., and they presented his petition for reinstatement. Mr. Singh answered questions from the DAG and members of the Board. ALJ Larson closed the hearing.

B. Hearing on Petition for Early Termination of Probation – Jennifer Hartman, RVT, Registration No. 12538

[Meeting Materials](#)

Webcast: [01:53:04](#)

ALJ Larson presided over the petition for early termination of probation. DAG Malissa Siemantel updated and presented the case against Jennifer Hartman. Ms. Hartman was represented by Kevin Murphy, Esq., and they presented her petition for early termination of probation. Ms. Hartman answered questions from the DAG and members of the Board. ALJ Larson closed the hearing.

19. Recess Open Session

Open Session recessed at 3:46 p.m.

20. Convene Closed Session

Closed Session convened at 3:50 p.m.

21. 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.

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

In the Matter of the Petition for Reinstatement – Amandeep Singh, Revoked Veterinarian License No. 16252.

The Board denied the Petition for Reinstatement.

In the Matter of the Petition for Early Termination of Probation – Jennifer Hartman, RVT Registration No. 12538.

The Board granted the Petition for Early Termination of Probation.

23. Adjourn Closed Session

Closed Session adjourned at 4:56 p.m.

24. Reconvene Open Session

Open Session reconvened at 4:56 p.m.

25. Adjournment – Due to Technological Limitations, Adjournment Will Not Be Broadcast

Ms. Bowler adjourned the meeting at 4:57 p.m.