



VETERINARY MEDICAL BOARD MEETING MINUTES JULY 19–20, 2023

The Veterinary Medical Board (Board) met by teleconference/WebEx Events on **Wednesday, July 19, 2023** and **Thursday, July 20, 2023** at the following locations:

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

Mission Viejo Public Library
Bill Price Conference Center
100 Civic Center
Mission Viejo, CA 92691

California Polytechnic State University
1 Grand Ave.
Building 57A, Veterinary Hospital Annex
San Luis Obispo, CA 93407

Webcast Links:

- Agenda Items 1., 2., and 4.–5.C. (<https://youtu.be/a3ECzpYaFs>)
- Agenda Items 3. and 5.D.–12. (<https://youtu.be/HRyxUT498oo>)
- Agenda Items 13.–23. (<https://youtu.be/8e89kJFmvmY>)

10:15 a.m., Wednesday, July 19, 2023

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

Board President, Christina Bradbury, Doctor of Veterinary Medicine (DVM), called the meeting to order at 10:15 a.m. Executive Officer (EO), Jessica Siefertman, called roll; six members of the Board were present, and a quorum was established. Ms. Maria Salazar Sperber was absent.

Members Present

Christina Bradbury, DVM, President
Maria Preciosa S. Solacito, DVM, Vice President
Barrie Grant, DVM
Jaymie Noland, DVM, California Polytechnic State University, San Luis Obispo
Kristi Pawlowski, Registered Veterinary Technician (RVT)
Dianne Prado, Mission Viejo Public Library

Student Liaisons Present

Alexandra Ponkey, Western University of Health Sciences

Staff Present

Jessica Siefertman, EO
Matt McKinney, Deputy EO
Kim Phillips-Francis, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rachel Adversalo, Enforcement Analyst
Melissa Caudillo, Enforcement Analyst
Nellie Forget, Senior Enforcement Analyst
Dustin Garcia, Licensing Technician
Kimberly Gorski, Senior Enforcement Analyst
Jim Howard, DVM, Veterinarian Consultant
Brett Jarvis, Enforcement Analyst
Amber Kruse, Senior Enforcement Analyst (Hospital Inspection)
Rachel McKowen, Enforcement Technician
Jeff Olguin, Lead Administrative and Policy Analyst
Bryce Salasky, Senior Enforcement Analyst
Daniel Strike, Enforcement Analyst
Usa Visuthicho, Enforcement Analyst
Tara Welch, Board Counsel, Attorney IV, Department of Consumer Affairs (DCA),
Legal Affairs Division

Guest Speakers

Kathy Bowler, Former President, International Council for Veterinary Assessment
(ICVA)
Melissa Gear, Deputy Director, DCA, Board and Bureau Relations
Mark Nunez, DVM, Director, American Association of Veterinary State Boards
(AAVSB)
Leah Shufelt, RVT, Chair, Multidisciplinary Advisory Committee (MDC)
Richard Sullivan, DVM, Vice-Chair, MDC
Beth Venit, Veterinary Medical Doctor (VMD), Master of Public Health (MPH),
Diplomate of the American College of Veterinary Preventive Medicine
(DACVPM), Chief Veterinary Officer, American Association of Veterinary State
Boards (AAVSB)

Guests Present

Norlyn Asprek, Associate Lobbyist, Axiom Advisors
Karen Atlas, President, Animal Physical Therapy Coalition (APTC)
GV Ayers, Lobbyist, Gentle Rivers Consulting, LLC
Dan Baxter, Executive Director, California Veterinary Medical Association (CVMA)
Carolyn Baiz-Chen, DVM, California Department of Food and Agriculture (CDFA)
Andreas Berg, RVT
Jenny Berg, California State Director, Humane Society of the United States
Rachel Cole, Manager of State Advocacy, American Veterinary Medical Association
(AVMA)
Danielle Cuellar
Danny Cuellar
Talia d'Amato

Andrew Dibbern, DVM
Nicole Dickerson, RVT, CVMA
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association
(CaRVTA)
Jennifer Fearing, President, Fearless Advocacy, Inc. and Activist, San Diego
Humane Society
Gail Golab, Associate Executive Vice President, AVMA
Aubrey Hopkins, Legislative Analyst, DCA, Division of Legislative Affairs
Heidi Lincer, Chief, DCA, Office of Professional Examination Services (OPES)
Bonnie Lutz, Esq., Klinedinst
Michael Manno, DVM
Edie Marshall, DVM, Manager, CDFA, Antimicrobial Use and Stewardship Program
Grant Miller, DVM, CVMA, Director of Regulatory Affairs
Ashley Morgan, Director, AVMA, State Advocacy Division
Katie Murray, DVM, CDFA
James Pence
Bryce Penney, Television Specialist, DCA, Office of Public Affairs
Jeff Pollard, DVM
Niku Radan
Amy Rice, RVT
Tim Robinson
Pam Runquist, Executive Director, Humane Society Veterinary Medical Association
(HSVMA)
Trisha St. Clair, Facilitator, DCA, Strategic Organizational Leadership and Individual
Development (SOLID)
Elizabeth Settles, DVM, Attorney and Veterinarian in Washington
Marissa Silva, DVM, CDFA, Antimicrobial Use and Stewardship Program
Jessica Simpson, Senior Specialist, Humane Society of the United States,
Public Policy
Andrei Tarassov, DVM, Veterinarian in Arizona and Utah
Marie Ussery, RVT, MDC
Beth Walter, DVM

2. [Public Comment on Items Not on the Agenda](#)

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

- Karen Atlas, President, APTC, stated at the April 19, 2023 Board meeting, the Board President read a statement into public record alleging that Ms. Atlas had repeatedly been spreading misinformation in communications made in connection with [Assembly Bill] AB 814 and the issue of animal physical rehabilitation. She added, the statement was made immediately prior to the Board voting on a position to AB 814 leaving no opportunity for any clarification of the record. She repeated Dr. Bradbury's statement which stated, "this repeated misinformation presented by Ms. Atlas seems disingenuous and is misleading to the public and the legislators to whom this information is being presented." She stated the Board President's statement defames her good

character, and the libelous statement could not stand unchallenged. She requested to read the following correction into public record: "The APTC has submitted a letter for distribution to the Board members and the public at this meeting on this issue." She stated she would not read that letter; however, she would gladly share the letter with anyone who does not have a copy. She stated the Board President's characterization stems from statements made by the APTC that the promulgation of the Board's [Animal Physical Rehabilitation] APR regulations which became effective January 1, 2022, "reduced access to rehab care for animals by making it more difficult for qualified physical therapists to provide essential animal physical rehab services in California," and the regulation "significantly changed the status quo and made access to animal rehab services even worse." Ms. Atlas said that the Board President further stated "prior to [California Code of Regulations] CCR section 2038.5, a physical therapist who was not licensed as a veterinarian or RVT could administer APR treatment to an animal as a veterinary assistant and only at the direction of and under the direct supervision of a licensed veterinarian; CCR section 2038.5 did not change this." Ms. Atlas claimed the statements were incorrect, and historically it was understood that prior to the regulation that APR was not defined in the California statute or board regulation, APR was allowed to be performed by those who did not hold a veterinary license at the supervision level determined by the veterinarian, whether that be direct or indirect supervision. Ms. Atlas asserted the Board President claimed that the regulation changed nothing when in fact it did because the regulation defined APR, which was not previously explicitly defined or otherwise specified in California law. Ms. Atlas continued that the regulation changed the supervision level and allowed indirect or direct supervision for RVTs but required direct supervision for everyone else; that was specifically the change that put previously existing and legal practices out of compliance as of January 1. Ms. Atlas stated that because of this change, her practice and others would no longer be in compliance.

- Andrei Tarassov, DVM, veterinarian in Arizona and Utah, stated that for foreign veterinarian certification, the AVMA created the Educational Commission [for] Foreign Veterinary Graduates (ECFVG) in 1971 with the main objective to evaluate the professional competence of graduates of non-AVMA Council [on] Education (COE) accredited colleges of veterinary medicine listed by AVMA to the benefit of such graduates and to the state and provincial veterinary licensing agencies and other concerned parties. Because the AVMA listed state boards as a stakeholder of ECFVG, he brought to the Board's attention the issues that foreign veterinarian graduates have with the AVMA certification program. He added there are significant shortages of veterinarians, and at the same time, there are several hundred foreign-trained veterinarians who are systemically delayed by AVMA. He stated he completed the ECFVG program in 2008. In 2019, he was recommended by the Arizona VMA and was appointed to the ECFVG Commission. He stated that while attending the meetings, he repeatedly heard the same issues that he was having as a candidate and that have not been addressed for several decades. He stated many states currently understand the insufficiency of AVMA, and certain states--Nevada, Tennessee, Kentucky, and Massachusetts--have amended their veterinary practice act to

allow foreign graduates to practice under the direct supervision of licensed veterinarian; Utah is in discussion of those changes. He requested that the Board place this item on a future agenda.

**The following public comment was made on day two of this meeting. The order of business conducted herein follows the publicly noticed Board meeting agenda.*

- *Andreas Berg, RVT, stated he runs an ambulance company in Orange County and Los Angeles. He stated he filed a complaint about an unlicensed ambulance company that has individuals representing themselves as RVTs, even though the individuals are unlicensed, as well as providing veterinary medicine without a premises permit. He stated he filed a complaint approximately six months prior to the Board meeting, and he was told the Board did not have the staff available to enforce this complaint. He inquired if it was a better time for him to make a complaint again and if the Board has someone who can investigate the claim. He stated he did not know what to do and inquired if the Board could provide him a recommendation.

As Mr. Berg was at the Mission Viejo meeting location with Ms. Prado, Ms. Siefertman responded to Mr. Berg's request by asking Ms. Prado to provide Mr. Berg with her contact information so that she may follow up with his request.

3. Review and Approval of Board Meeting Minutes

A. April 19–20, 2023

The Board made minor changes to the April 19–20, 2023 meeting minutes.

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

- Motion: Barrie Grant, DVM, moved and Maria Preciosa S. Solacito, DVM, seconded a motion to approve the minutes as amended.

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

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

- Vote: The motion carried 5-0-1, with Ms. Pawlowski abstaining.

B. May 24, 2023

The Board made a minor change to the May 24, 2023 meeting minutes.

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

- Motion: Christina Bradbury, DVM and Barrie Grant, DVM, seconded a motion to approve the minutes as amended.

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

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

- Vote: The motion failed 3-0-2, with Ms. Pawlowski and Ms. Prado abstaining.

This item was placed on hold until the October 2023 Board meeting.

4. [Report and Update from Department of Consumer Affairs \(DCA\)](#)

Melissa Gear, Deputy Director, Board and Bureau Relations, DCA, presented the report and update from DCA, which included:

- **Diversion, Equity, and Inclusion (DEI) Steering Committee:** On May 12, 2023, the DEI Steering Committee held its quarterly meeting to discuss DEI training. In June 2023, three DEI courses were offered to all DCA employees. Additional courses are expected in the upcoming months.
- **Press Releases in a Foreign Language:** DCA requests all press releases to be issued into English, Spanish, and any language that may serve their audiences in order to enhance the reach of information.
- **Bagley-Keene Open-Meeting Act Update:** The requirement that allowed Board members to not have to notice their meeting location or meet in an ADA accessible location expired on July 1, 2023, which resulted in reverting back to pre-COVID protocols. Senate Bill (SB) 544, which may allow for some meetings to be held without noticing the location of the Board member and allowing virtual meetings, is still pending the legislative process.
- **Enlightened Enforcement Project:** The project covers citations, discipline, and probation processes to identify best practices between boards to improve efficiency and standardize procedures for all DCA boards and bureaus.
- **Data Governance Project:** DCA is continuing its efforts to improve its reports regarding licensing and enforcement activities to assist in ensuring consistency in the data.
- **Reminders:** Board members cannot take any action without first taking the oath of office, submitting forms, and completing the required training, which includes sexual harassment prevention training, and Office of Information Systems (OIS) training. In addition, all state travel must be made through the Cal Travel Store.

Dr. Bradbury inquired into DEI training availability for Board members.

Ms. Gear informed the Board that the training is currently only available to staff, but it will be available to Board members in the future.

Ms. Siefertman and Ms. Gear clarified hybrid session requirements. Ms. Siefertman recommended that the Board remain in Sacramento in order to meet the requirements to facilitate hybrid meetings.

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

5. Update, Discussion, and Possible Action on National Association Involvement

A. [American Association of Veterinary State Boards \(AAVSB\) Overview](#)— *Mark Nunez, DVM*

Dr. Nunez presented and provided the Board with the following:

- **AAVSB Meetings:** AAVSB executive staff have made efforts and goals to attend all member meetings.
- **Strategic Program Analysis:** The AAVSB began review of all programs and services, including program attractiveness, competitive position, and alternative coverage from other organizations. The analysis included review of the Program for the Assessment of Veterinary Education Equivalence (PAVE) and the ECFVG. The PAVE for veterinarians and veterinary technicians requires one year of clinical experience at an accredited veterinary school. In comparison, the ECFVG has a clinical proficiency examination instead of the one year requirement. AAVSB's Veterinary Application for Uniform Licensure Transfer (VAULT) and Veterinary Care Elite programs were also reviewed to and it was determined the Veterinary Care Elite program is likely to require more revising.
- **Regulatory Task Force:** September 28–30, 2023 meeting is scheduled for Kansas City, which will allow member boards to provide feedback on the AAVSB's New Model Regulations.
- **New Member Board:** Quebec was welcomed as a new member board.
- **Open Positions with the AAVSB:** Five positions became open, one for president, three for directors, and one International Council for Veterinary Assessment (ICVA) representative position.
- **Veterinary Technician National Examination (VTNE):** The AAVSB is reviewing the possibility of removing the requirement that an applicant graduate from an approved program.

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

- Motion: Kristi Pawlowski, RVT, moved and Barrie Grant, DVM, seconded a motion to delegate the Board's Executive Committee authority to provide the Board's positions on AAVSB's meeting items, including the Practice Act Model (PAM) and model regulations.

Dr. Noland noted that Missouri was listed as a banned state. Ms. Siefertman informed the Board that she would be seeking an exemption.

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

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

- Vote: The motion carried 6-0.

B. AAVSB's New Model Regulations—*Beth Venit, VMD, MPH, DACVPM, AAVSB, and Richard Sullivan, DVM*

Dr. Sullivan presented and provided the Board with the following information:

- **American Telehealth Association:** Provided guidelines and an explanation for the prohibition or discouragement of physical examinations of human infants under two years of age.
- **Access to Care Coalition Report:** Indicated that the underserved are not satisfied by telemedicine.
- **Introduction of Dr. Venit:** Chief Veterinary Officer and staff liaison for the Regulatory Policy Task Force (RPTF) for the AAVSB.

Dr. Venit informed the Board that the PAM and the model regulations are intended to be resources and not guidance documents, and the RPTF carefully removed redundant language between the PAM and the model language.

(1) Establishment and Maintenance of a Veterinarian-Client-Patient Relationship.

Dr. Venit presented the Board with the following information about each section:

- **Section 1:** Requires the patient be located in the same jurisdiction as the services are provided to ensure the individual has sufficient knowledge of a patient. It also converts the 2018 Telehealth Guidance document to confirm that a VCPR can extend to all licensees within the veterinary premises and describes how the VCPR is maintained and discontinued.
- **Section 2:** Outlines additional requirements for a VCPR, including when and how it is obtained and maintained virtually. In conjunction with Section 1 and the PAM, the additions require timely on-person follow-up care should the patient not improve and that the client is informed of details that otherwise would be self-evident or presented at a veterinary premises (e.g., veterinary license number, status, and premises registration), and informing the client of the limitations of virtual establishment of a VCPR.

Dr. Sullivan noted that he was unable to view the updates on the PAM on the AAVSB's website, but recommended the following statement with the following changes be in the model regulations and not the commentary (modified deleted text is indicated by ~~red strikeout~~ and added text is indicated in blue with an underline):

“For regulatory and disciplinary purposes, the AAVSB strongly recommends that the Jurisdiction requires the Veterinarian to be licensed in the same ~~Jurisdiction~~ Locale as the Patient and to have a contractual relationship with a Veterinary Facility located within that Jurisdiction.”

Dr. Venit noted the edits to the PAM were sent out to all member board EOs, but it is not available online.

Dr. Bradbury inquired into what determines the veterinary facility. Dr. Sullivan responded that in the past PAM, the veterinary facility is defined to mean any building, place, or mobile unit where the practice of veterinary medicine is provided.

Dr. Bradbury asked if the VCPR extends to all licensees with the same veterinary facility. Dr. Venit responded that the VCPR remains with the facility. Ms. Pawlowski noted that in California, it follows the veterinarian and not the veterinary premises.

Ms. Welch noted that CCR, title 16, section 2032.15 is interpreted to mean the medical records are kept at one physical location and not a computer system that may be accessed in multiple locations. She noted that other veterinarians at the same location can provide animal care under certain conditions, such as agreeing to take responsibility for the animal, maintain the same treatment plan, and if treatment differs, the veterinarian has to communicate those differences with the client.

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

- Ms. Ehrlich, CaRVTA, inquired if the VCPR had an expiration time and if it was linked to a particular condition or is it maintained by either the veterinarian or the client.

Dr. Sullivan responded it is not condition related or restricted. Dr. Venit added that it is obtained by a recent examination and the time limit was not added to allow jurisdictions with the ability to make those determinations and if a VCPR is discontinued, the veterinarian must communicate the decision to the client.

- Ms. Ehrlich, CaRVTA, responded her interpretation would be that the VCPR exists until it is terminated by either the veterinarian or the client.

Dr. Venit responded it must be established with a timely examination, and the AAVSB would be happy to revisit the item.

- Elizabeth Settles, DVM, veterinarian in Washington and attorney, stated that she began discussing telemedicine 20 years ago with the Veterinary Law Association and she felt there was a lot of gray

interpretation of the terms tele-triage and telemedicine particularly by companies offering services separate from a veterinary practice. She asked if there was a document that is very detailed in explaining the difference between the two.

(2) [Telehealth and the Virtual Practice of Veterinary Medicine and Veterinary Technology.](#)

Dr. Venit presented and provided the Board with the following:

- **Telemedicine:** A licensee who is providing telemedicine is held to the same standards of practice, including client communication and records keeping requirements, and is subject to disciplinary action.
- **Section 1:** Teletraige is defined and not subject to the requirements of a VCPR because the veterinarian is providing advice on whether the animal should be seen immediately and at what level of care is required.
- **Section 2:** Addresses the requirement that licensees must use their judgements to determine if telemedicine is appropriate for animal patient and the professional judgement is subject to the same standards as traditional practice. If the veterinarian does not feel the visual and auditory examination is adequate, the additional recommendations must be communicated and documented. In addition, when prescribing medications in the U.S., medications are subject to federal and jurisdictional laws. She noted the AAVSB is waiting for the U.S. Food and Drug Administration (FDA) to comment on the wording in the document.

Dr. Sullivan stated he preferred the Board's definition of telehealth, telemedicine, and teletriage, as the definitions are specific to disciplinary cases and clearer than the AAVSB's model. He also recommended adding compounding animal drugs from bulk substances as defined in the FDA's Center for Veterinary Medicine's Guidance for Industry (GFI) 256. He stated he did not hear any comment as to why it was not added.

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

- Motion: Christina Bradbury, DVM, moved and Maria Preciosa S. Solacito, DVM, seconded a motion to request the Board's EO to present to the AAVSB the Board's suggested definitions for telehealth, telemedicine, teletriage, and teleconsultation and add to the commentary on page 6 reference to the FDA's GFI 256 on bulk compounding, which refers to 21 Code of Federal Regulations (CFR) section 530.53(I)(3).

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

- Dr. Miller, CVMA, stated that if Assembly Bill (AB) 1399 passes, BPC section 4825.1(h) will include a definition of telehealth, which is asynchronous with not only all of the definitions created by the MDC's subcommittee but also the ones considered in the PAM. He added the AAVSB's definition of telehealth combines teleconsultation and telerriage into one very brief abbreviated definition. He also inquired whether or not the AAVSB would be in opposition of AB 1399 given that the definition is inadequate to address the different types of telemedicine.
- Rachel Cole, Manager of State Advocacy, AVMA, reiterated the AVMA's policy on the VCPR and the use of telemedicine within the relationship that allows veterinarians to provide the highest quality care for their patients. Aligned with the requirements set by the FDA, the U.S. Department of Food and Agriculture (USDA), and pending requirements from recent federal legislations, the AVMA believes that a VCPR must be established with an initial in-person examination or visit to the premises where the animal(s) are kept. Ms. Cole continued that after the initial in-person examination, telemedicine is an appropriate and important tool for veterinarians to use in maintaining a VCPR. The AVMA strongly supports the use of other aspects of telehealth, such as telerriage and tele advice, that do not require a VCPR. She stated the AVMA hopes the Board continues to follow federal requirements and continues to protect the health, safety, and welfare of animal patients and the quality of services provided for the owners across the state.

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

- Vote: The motion carried 5-0-1, with Ms. Prado abstaining.

(3) [Safe Haven Program.](#)

Dr. Venit presented and provided the Board with the following:

- **Grounds for Penalties and Reinstatement:** The model language covers mental health issues and substance-abuse disorders for eligible individuals who wish to seek treatment and adopts concepts from the American Medical Association and American Psychiatric Association.
- **Lowers Barriers to Individuals Seeking Treatment:** Allows for individuals who self-refer themselves into the program and abides by the requirements of the program, to not have their information sent to the board. The board will be notified only in instances where the individual violated a requirement of the program.

Dr. Grant stated he had concerns over the protection of the public and animals when the Board is not notified of an individual who may be impaired and providing services.

Dr. Venit responded that the decision to determine if the individual can continue to practice is in the decision-making hands of the mental health practitioner.

Ms. Sieferman informed the Board that it has a third-party program through Maximus that is monitored by the Board's licensing unit, and not the Board's enforcement unit, and only if the individual violated the Veterinary Medicine Practice Act (Practice Act) would the licensee be referred to enforcement.

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

C. [International Council for Veterinary Assessment \(ICVA\)](#)—*Kathy Bowler, ICVA President*

Ms. Bowler presented and provided the Board with the following:

- **June Meeting Update:** Stakeholders from the American Association of Veterinary Medical Colleges (AAVMC), AVMA COE, and UC, Davis were present. This was Ms. Bowler's last meeting with the ICVA due to the end of her term limit.
- **NAVLE Applications:** The ICVA received 5,299 applications for the fall testing window. The normal applications received is approximately 4,200. Out of the 5,299 applications, 502 individuals were asking for reasonable accommodations. The spring testing window tested 2,356 applicants, which has been approximately 1,400 applicants in the past. The complete testing data for fiscal year 2022–23 will be provided to the Board at the October meeting.
- **Progress Test:** The advisory committee will meet on August 15, 2023 to finalize the ICVA progress test. The Board of Directors will review and approve the changes. The goal is help assess veterinary students through their education to identify deficiencies. The changes are expected to take place in 2025.
- **New Contract:** The new contract is expected to be released in February 2024. The ICVA is planning on removing the requirements for applicants to pre-select a jurisdiction prior to taking the NAVLE.

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

D. [AAVSB's Veterinary Technician National Examination \(VTNE\) Policy Regarding Eligibility Requirements](#)—*Jessica Sieferman, Executive Officer*

Ms. Sieferman informed the Board that it had received a request from Pima Medical Institute (PMI) for the Board to consider approving veterinary technology students who are in an AVMA Committee on Veterinary Technician

Education and Activities (CVTEA) approved program to begin testing for the VTNE prior to graduation.

Ms. Sieferman noted the Board does not have statutory or regulatory authority to authorize early examination eligibility for the VTNE. In addition, the AAVSB provided her with a copy of a 2008 policy that indicated that the AAVSB is not able to review any VTNE eligibility prior to graduation. However, after the information was relayed back to PMI about this policy, PMI informed Ms. Sieferman that the Washington Veterinary Board of Governors allows its RVT applicants to take the VTNE prior to graduation. Upon hearing this information, Ms. Sieferman stated she was unaware it was an option, so she contacted the AAVSB and inquired if it was a separate exception. The AAVSB informed Ms. Sieferman that Washington applicants are allowed to take the VTNE early.

Ms. Sieferman informed the Board that she was involved in the AAVSB's quarterly executive director round table sessions, which featured approximately 15 out of the 63 jurisdictions. During the round table session, she inquired to the early eligibility for RVT applicants. The current president of Virginia stated their state allows RVT applicants to take the VTNE three months prior to graduation. She stated that other directors informed her that early testing was not an option.

Ms. Sieferman inquired to the AAVSB on how a state would get an exception if it wanted an exception. The AAVSB informed the group that it would have to go to the individual state agreement and create an exception in the agreement between the state and the AAVSB. Ms. Sieferman responded that there could be potentially 63 jurisdictions with different exceptions that would have to be implemented. She stated that if the AAVSB had consumer protection concerns, it may be a challenge defending as it already allows RVT applicants in certain jurisdictions to take the VTNE prior to graduation. She inquired with the AAVSB on to formally request it reconsider and revising the VTNE testing policy, which was adopted in 2008 and became effective January 1, 2011. The AAVSB informed Ms. Sieferman that a letter would need to be sent to them requesting the change.

Ms. Sieferman and six other states held multiple meetings and drafted a letter requesting early testing eligibility for RVT applicants. She noted that RVT applicants often have job opportunities available to them if they can pass the examination and earn a registration. However, RVT applicants may lose their job opportunities if they fail the VTNE. She also noted concerns over examination integrity concerns and the protection of the public.

Ms. Sieferman informed the Board she received notification from the AAVSB's President that the letter would be sent to the VTNE Committee and that it may bring the information to the Executive Director in the annual conference in September.

Ms. Pawlowski stated she could not understand the AAVSB's justification for examination integrity when veterinarians are eligible to take the North American Veterinary Licensing Examination (NAVLE) early.

Dr. Grant inquired if there were any problems with allowing early eligibility to take the VTNE, similar to the NAVLE.

Ms. Siefertman responded the challenge is when determining how much time can be permitted for an RVT applicant to take the examination prior to graduation. She also stated that veterinarian programs tend to be more consistent in a four year program, where there is less consistency in a two year programs.

Dr. Solacito noted the equitable differences where veterinarians are permitted to take the NAVLE prior to graduation compared to the current policy requiring RVTs wait until graduation.

Dr. Bradbury noted that the differences occur because there are two different organizations offering the national examination with the NAVLE being delivered by the ICVA and the VTNE being delivered by the AAVSB.

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

Ms. Bowler informed the Board that she was in an AAVSB meeting that morning, and the AAVSB moved the request for exam eligibility changes to the VTNE Committee for consideration.

6. [Update and Discussion on Multidisciplinary Advisory Committee \(MDC\) Report—Leah Shufelt, RVT, Chair, MDC](#)

Ms. Shufelt informed the Board of the following updates:

- **New MDC Members:** Since the last meeting, Cheryl Waterhouse, DVM, and Kathy Bowler joined the MDC.
- **Medical Records Subcommittee:** Dr. Sullivan and Marie Ussery, RVT, have drafted proposed regulatory language to address concerns raised by the equine community based on the applicability of the premises and services provided. The Subcommittee met with the Board's EO, Regulatory Counsel, and the CVMA to discuss the proposal. The proposed regulatory language will be presented at the October 2023 MDC meeting.
- **Shelter Regulations Subcommittee:** Dr. Sullivan in collaboration with Dr. Solacito met with the Board's EO, Regulatory Counsel, and CVMA to reconstruct the proposed regulatory language for minimum standards for animal shelters. Prior to the October 2023 meeting, the Subcommittee is planning a meeting with shelter representatives and stakeholders to solicit their feedback.
- **Animal Blood Bank Subcommittee:** Dr. Bradbury and Dr. Waterhouse met with the Board's EO, Legal Counsel, and the California Department of Food and

Agriculture (CDFA) to go over frequently asked questions (FAQs) for dissemination on the Board's website, social media, and ListServ.

- **Complaint Audit Subcommittee:** Dr. Bradbury and Dianne Sequoia, DVM, are working to analyze the effectiveness of current complaint characterization and prioritization methods based on other California healing arts boards and other state veterinary medical boards. Any legislative changes will come to the Board in October.
- **Equine Practice Subcommittee:** Dr. Sullivan and Ms. Ussery will be contacting the California Horse Racing Board's (CHRB) Executive Director to discuss the Board's concerns regarding the rulemaking amendments to CCR, title 14, section 1867.
- **Pending Assignments:**
 - The MDC is evaluating the feasibility of the 20% annual inspections mandate, which is pending the development of the inspections mobile app.
 - Spectrum of care and developing FAQs.
 - Establishing a new subcommittee to develop a legislative proposal that would convert the California Veterinary Law Examination (VLE) into a Veterinary Law Course.
 - Examining Licensure Exemptions under BPC section 4827, excluding livestock to consumers and animals from unlicensed individuals.
 - Establishing a subcommittee to evaluate RVT pathways to licensure.
 - Reviewing holistic veterinary medicine.

Dr. Grant requested that in the review of holistic veterinary medicine, the MDC including comparing surgical medical interventions verses the utilization of herbs and spinal injuries by misdiagnosis or aggressive manipulations.

Dr. Noland suggested the MDC find subject matter experts familiar with holistic veterinary medicine, including reaching out to the universities for individuals familiar with holistic medicine.

Dr. Bradbury took the holistic veterinary medicine item off the pending assignments from the MDC and requested a presentation from UC, Davis and Western University on the topic.

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

- Dr. Miller, CVMA, asked if holistic medicine is meant to mean acupuncture, chiropractic, and herbs. He inquired if the complaints were coming in from those topics.

Dr. Bradbury responded she thought it also included ozone therapy, waving wands, crystals, and psychics. She added there is no real defined definition.

- Dr. Miller, CVMA, suggested the Board reach out to Nara Robinson, DVM, Doctorate in Osteopathic Medicine (DO), Certified in Integrative Rehabilitation & Physical Medicine (CRPM), & Fellow of the American Academy Medical

Acupuncture (FAAMA), from the Colorado State University, Fort Collins and Huisheng Xie, DVM, from the Chi Institute, a foremost herbologist. Dr. Miller noted that he himself was a certified acupuncturist and chiropractor for upwards of 20 years and felt they have a wealth of knowledge in the areas discussed, especially in the area of herbs. He added herbs are very powerful drugs, and it might be helpful for the Board to utilize Dr. Xie's book when reviewing cases or if the Board had a subcommittee under the MDC.

7. Update, Discussion, and Possible Action on 2023 Legislation Impacting the Board, DCA, and/or the Veterinary Profession

A. Priority Legislation for Board Consideration

(1) [Assembly Concurrent Resolution \(ACR\) 86 \(Kalra, 2023\)](#) [Animals: Overpopulation: Spay and Neutering Services](#)

- Board's Current Position: Watch

Ms. Sieferman presented ACR 86 which would encourage the Board to recruit out-of-state veterinarians and RVTs to become licensed and provide services in California to address animal overpopulation through means of spay and neutering.

Ms. Sieferman answered Board questions related to the licensure process and if California was more difficult to get a license than other states. She informed the Board that the process used to be more difficult, but in the past few years, the licensure process as improved. Due to the evolution and improvement of the NAVLE and VTNE, there was no longer a need for the California-specific examinations (California State Board Examination and California Veterinary Technician Examination), and those examinations were eliminated from the licensure process.

Dr. Noland suggested that the Board, as part of its outreach, have a presence, such as a booth, at the national meetings to articulate the reduction of barriers and provide individuals with information on the current licensure requirements in California. Dr. Grant suggested the Board could be represented at the AAVSB's upcoming meeting in San Diego.

Dr. Solacito stated that there are programs where out-of-state veterinarians work with organizations and they earn a special permit where they can provide spay and neutering services. She inquired if it was an option the Board could explore as an option.

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

(2) [Assembly Bill \(AB\) 814 \(Lowenthal, 2023\) Veterinary Medicine: Animal Physical Rehabilitation](#)

- Board's Current Position: Oppose

Ms. Sieferman informed the Board that the hearing date was held on July 10, 2023, and that the bill is anticipated to be made into a two-year bill.

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

(3) *[AB 1399 \(Friedman, 2023\) Veterinary Medicine: Veterinarian-Client-Patient Relationship: Telehealth](#)

- Board's Current Position: Oppose Unless Amended

Ms. Sieferman informed the Board that the hearing was held [in the Senate Business, Professions and Economic Development (BP&ED) Committee] on July 10, 2023, where she testified on the Board's concerns. She noted the author amended the bill to accept many of the Board's requests. However, the biggest concern that remains is the limitation to a 14-day prescription without an in-person examination. She testified that there was potential that the animal could go their entire life without being seen by the veterinarian. She noted that the CVMA also opposed the bill due to similar amendments requested. The past CVMA president spoke about concerns related to the corporations that were actively lobbying and supportive of the bill, and prior to the hearing, the corporations sent mass emails to veterinarians practicing asking them to support the bill. The bill passed out of committee. The Senate BP&ED Committee Chair also inquired on the Board's ability to amend its regulations related to unprofessional conduct. She responded to the Chair that the Board has general rulemaking authority to implement its statutes. She cautioned the Senate BP&ED Committee and the Board against setting in regulation a list of specific conditions that may or may not be appropriate for telemedicine and why standards of care should not be put in regulation, as conditions may be unique depending on what is going on with the animal and the circumstances surrounding it, and if there are specific lists, there are risks of missing a condition. She informed the Board that if the bill passes, the Board may not have the authority to set certain limitations on telemedicine. She also noted there would be fiscal impact to the Board if the bill passes.

Dr. Bradbury stated she appreciated the author and sponsor's participation in conversations as well as the CVMA's work and collaboration with the Board.

Ms. Prado discussed the duration of the prescription limitations and referenced the Senate BP&ED Committee Analysis which questioned whether the duration was too long or not long enough. Ms. Prado stated

she interpreted that to mean, and agreed, that shortening the length may not meet the standard of care. She also opined that requiring an in-person examination of the animal after 28 days for a medication that appears to be working may lead to increased overall costs. She noted there were recent amendments that were taken into consideration, including prohibiting prescribing controlled substances or xylazine for situations where the initial VCPR is established via video, strengthening informed consent provisions, and requiring various disclosures and notices to clients. She stated that the Board should trust the licensed veterinarians to utilize their professional judgement regarding prescriptions and patient follow up. She noted many of the amendments that have been accepted and listed multiple states that allow the VCPR to be established via telemedicine. In light of the many amendments, she strongly urged the Board to support the bill.

Dr. Noland inquired as to Ms. Sieferman's opinion, either positive or negative, of the July 10, 2023 meeting.

Ms. Sieferman noted the Board's position of opposed unless amended, as not all of the concerns were addressed as part of the bill. She stated that it bill would likely pass, and the position would be converted to a request for veto from the Governor.

Dr. Bradbury discussed the 14-day limitation and the discussion with the author regarding her own medications. Dr. Bradbury noted animals with behavioral issues may be difficult for an in-person examination and telemedicine may be more beneficial and stated placing a limitation may negate the some of the benefits of telemedicine.

Dr. Solacito noted the Board trusts its veterinarians to provide proper judgment for telemedicine. She stated there is great value in telemedicine.

Dr. Bradbury expressed concerns over the misuse of antimicrobials. She had concerns over potentially allowing veterinarians to prescribe antibiotics long-term without any physical exam and other diagnostics. She opined that it could be specific about antibiotics.

Dr. Grant also expressed his concern over the overprescribing of antibiotics without an examination. Dr. Grant noted that after 14 days, the antibiotics will indicate whether the medication is effective. He stated he would like to see a reexamine of the animal, even with telemedicine after 14 days.

Dr. Bradbury noted that the Board was requesting an in-person examination after 14 days and not a follow up examination.

Ms. Pawlowski noted the Board will need to keep discussions about this and until there can be some type of resolution. She opined that telemedicine is necessary in areas, such as behavior issues and shelter medicine. She stated when talking about access to care issues, she does not believe that is the answer as studies have shown that it is not going to

resolve the access to care issue. The clients cannot afford the medicine consultation. She believed that having 14 days for antibiotics needs to be placed in the bill.

Ms. Sieferman responded to Ms. Prado's comment regarding the increase in appointments from one year to six months for an in-person examination by noting the provision is related to controlled substances, which is covered under federal law. She also responded to Dr. Grant's concerns over issues related to the overuse of antimicrobials when an animal patient is harmed after the 14-day period, and she explained the process that would occur at that point, which includes a complaint by the consumer, a case opened up, a subject matter expert reviewing the information, and a Board determination of how to proceed from the information provided. She noted this process proposed in this bill would make the Board go through a reactive process instead of a proactive approach in order to resolve the issue. She also informed the Board of her conversation with the author to address the concerns over animals who may go their entire lives without a physical examination. The author's response was that there are animals who currently go through their entire lives without an examination, so while this bill is not perfect, it would allow for some type of examination of the animal.

Ms. Welch noted that currently in CCR, title 16, section 2032.1, there is an exemption from the VCPR requirement for wild animals or animals with an unknown owner. She did not see that exemption in AB 1399; there was a VCPR requirement that allows a veterinarian to establish a relationship through telehealth, but there was no language authorizing a veterinarian to treat a wild animal or animal with an unknown owner long-term. She noted that under this bill, a veterinarian would not be able to provide spay or neutering services for animals in a shelter with no known owner as the VCPR requires a client.

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

- Dr. Miller, CVMA, stated the CVMA has an opposed unless amended position on AB 1399. He stated the opposition amendments were very similar to the Board's opposition. Dr. Miller stated the CVMA is not opposed to telemedicine. The CVMA has the same concerns for animals and consumer protection. He stated the first amendment the CVMA is requesting from the author's office is a 14-day limitation on medications similar to what was passed in the Arizona statute. He noted the CVMA also had concerns over antibiotics. He stated that the Ontario Veterinary Medical Association, which is one of the first provinces in North America to have telemedicine instituted, that antibiotics are the number one most prescribed type of drug prescribed via telemedicine. He stated California is the only state in which veterinarians have a mandatory continuing education (CE) requirement

for the judicious use of antibiotics. He added the CVMA also has a concern over telemedicine providers to be able to provide follow up care to the animals in-person in the event the therapy does not go as planned. He stated the CVMA notes it is a concern of the sponsor. He also pointed that the bill is taking CCR, title 16, section 2032.1, obliterating it, and rewriting a different model in statute. He claimed the bill is going to do two things: (1) create a different VCPR for the state of California and (2) bifurcate the VCPR, so part of it will exist in statute and the remaining part might end up existing in regulation because it was left behind. He stated the CVMA pointed out to the authors that from a policy standpoint, the VCPR needs to be in one place, and it needs to mirror and reflect what was written there for California because other laws are used for that. He added the CVMA's hope is the sponsors and author of the bill will be willing to sit down with the CVMA and the Board to discuss the concerns to try to find some resolution on the remaining amendments. He reiterated the purpose is not to stop telemedicine, but to put up some guardrails against companies that will use this as a new model that could put animals and consumers in harm. He stated the CVMA is hoping they will act in the best interests of the state of California.

- Mr. Baxter, CVMA, noted that in reference to the 14-day limitation to address at least indirectly one of Ms. Prado's statements, in addition to the clinical attributes of that limitation that one of the additional benefits is to prevent the out-of-state online pharmacies that are very directly behind this bill from engaging in prescription-related abuse. He added unless there was any doubt about the presence of those companies behind this, one may simply look at the email that Ms. Siefertman referenced from Joe Specter, Dutch's CEO, who was excited when the bill passed out of the Senate BP&ED Committee. Mr. Baxter asked the Board to keep that in mind as it considered its options.
- Ms. Fearing, San Diego Humane Society, stated the San Diego Humane Society joined the American Society for the Prevention of Cruelty to Animals (ASCPA) to proudly co-sponsored the bill. She claimed the bill has received unanimous bipartisan votes. She stated the San Diego Humane Society was grateful that there was so much confidence in licensed California veterinarians and so much concern about the lack of care that so many, up to 1 in 3, animals in California are just simply not able to receive; they hope that the bill will address part of it. She stated the San Diego Humane Society also sponsored legislation aimed at securing debt relief for veterinary students who would practice in underserved communities or shelters. She added, they would support establishing a new vet school and there are many things on which to act with urgency to address what is a crisis for many. She stated nearly all of the amendments that the Board asked for were taken in the form of author's amendments and then an additional set of clarifying and strengthening amendments were taken in the last

committee. She stated there is it is a bit of a moving target about what it will take to get folks comfortable with this, but there is definitely an earnest and constructive effort underway to establish the kinds of guardrails that would be appropriate that maintain and kind of hue a trust and confidence in licensed California veterinarians to utilize their training, experience, and education in an appropriate way that the Board will continue to maintain oversight of. She added with respect to antibiotics that were raised, there are no rule differences for what is the best standards of care and the obligations that veterinarians have to practice within the standards of care; they do not change based on the mode. She assured that the ASPCA and San Diego Humane Society expect California veterinarians to only operate within their trusted field of judgment and training to implement this requirement. She took issue and concern hearing that Ms. Siefertman is going to adjust the fiscal. She stated her understanding of the Committee Chair's questions during the end of the hearing was to get clarity on whether the Board has authority to do further regulations; he did not direct those or ask for those, and it was not a motion of the Committee. She stated the bill in print is the bill to be addressed and have appreciated the prior fiscal, given the limited cost to the Board to implement it, so she had strong concerns hearing Ms. Siefertman is going to raise that based on a comment made by the Committee Chair that actually has no bearing on the bill in print and does not establish a requirement on the Board. She asked the Board to think about the animals not receiving care—that 1 in 3—and asked the Board to trust its veterinarians.

- Edie Marshall stated that in addition to the issues raised by the CVMA with conflicting terminology within the definitions and regulation, the development of a VCPR through telemedicine only conflicts with federal regulation and does not meet a federal standard of VCPR. In cases where a veterinarian, who establish a VCPR through telemedicine only, they would not be able to do any extra label drug use, so they would not be able to prescribe any off label uses that includes species, dose duration, or indication; no minor species would be allowed to be treated by the veterinarian through telemedicine only. She did not think that llamas, goats, alpacas, fish, or pet birds would be able to be treated via telemedicine only because that is a federal regulation, not a state regulation, and not a state authority to do that. She added no accredited veterinary actions, such as health certificates, would be able to be written through telemedicine only, so not only is there internal state issues that were raised by CVMA, but there may be issues that are in conflict with federal authorizations for extra label drug use and the writing of veterinary feed directives.
- Dr. Sullivan stated that during the pandemic, his internist would see him on a regular basis by telemedicine. However, he was required to go to LabCorp first and get a blood test, so the medications that he has been on for years could still be monitored to ensure that they were still safe

and not having any complications with liver and kidney function. He added the same issue occurs in veterinary medicine, and he believed that the main reason for the restrictions on the days of how often a prescription could be filled and refilled has to do with concerns about long-term treatment with certain chronic conditions. He stated that non-steroidal anti-inflammatory drugs (NSAIDs) in animals is much different than it is in people, and NSAIDs, along with antibiotics, need to be closely monitored, otherwise it could cause liver and kidney functions issues for the animal. He added he did not feel it would be closely monitored when it is handled by online pharmacies.

Ms. Prado stated everyone was making steps to be able to do what is best for the consumer and their pets. She reiterated that there is a huge access to veterinary care issue and veterinarian shortage facing California. She stated during the global pandemic, telemedicine helped to be able to provide access to care and the authors have come a long way to meet some of the items the Board asked and wanted. She strongly urged the Board to reconsider its position, support the bill, and to have faith in California veterinarians to be able to provide access to care for people and pets.

- Motion: Dianne Prado moved a motion to support AB 1399. However, no Board member seconded the motion.

Dr. Bradbury inquired if Ms. Prado would entertain a motion to include wild animals and when the owner of the animal is unknown. Ms. Prado accepted the request and the following revised motion was made.

- Motion: Dianne Prado moved and Maria Preciosa S. Solacito, DVM, seconded a motion to support if amended to include the wildlife exception and when the owner is unknown.

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

- Ms. Fearing, San Diego Humane Society, thanked Ms. Prado and the Board for its discussion and engagement. She encouraged the Board to support of this motion. She added that the support, even in this amended position, the San Diego Humane Society would still continue to want to work to address any outstanding issues, but it appreciates the support that signals the Board is moving in the direction of expanding access to veterinary care and trusting licensed veterinarians.

After a clarification request from Ms. Welch, Ms. Prado made the following revised motion.

- Motion: Dianne Prado moved and Maria Preciosa S. Solacito, DVM, seconded a revised motion to support if amended to provide an

exemption from the VCPR requirement for the treatment of wildlife and animals whose owner is unknown.

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

- Vote: The motion died 2-4. Dr. Grant, Dr. Noland, Ms. Pawlowski, and Dr. Bradbury opposed the motion.

Dr. Bradbury proposed the following motion:

- Motion: Christina Bradbury, DVM, moved and Maria Preciosa S. Solacito, DVM, seconded a motion to support if amended to include a 14-day limitation on antimicrobial prescriptions, provide an exemption from the VCPR requirement for the treatment of wildlife and animals whose owner is unknown, and utilizing the language in CCR, title 16, section 2032.1 as the VCPR language.

After some minor discussion to clarify the details of the motion to include an in-person examination, the following revised motion was made:

- Motion: Christina Bradbury, DVM, moved and Maria Preciosa S. Solacito, DVM, seconded a motion to support if amended to include that if an antimicrobial prescription is initiated through telehealth, after 14 days, the animal patient will require an in-person examination to renew the prescription, provide an exemption from the VCPR requirement for the treatment of wildlife and animals whose owner is unknown, and utilize the language in CCR, title 16, section 2032.1 as the VCPR language.

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

- Dr. Miller, CVMA, stated it gets a little complicated because the language that would be needed would have to be synthesized with what the bill's authors are trying to do. He added, the CVMA provided that language in their July 5, 2023 memo to the author, which was the CVMA's third requested amendment. He recognized that the material was not in front of them, but the language involved was written by Ms. Welch, which was a working version of CCR, title 16, section 2032.1 that was pursuant to work done in the MDC. He stated it was essentially CCR, title 16, section 2032.1, but it stated that a VCPR could be established either by an in-person examination, synchronous telehealth, or by medically appropriate and timely visits to the premises where the animals are kept. He noted the removal of subsection (f), which is the Board's current telemedicine section, and then the language was synthesized with the 6-month limitation on telemedicine based on prescription and with the 12-month limitation on in-person based on

prescription. He noted it requires a lot of word smithing to get this done, which is why the CVMA was requesting a meeting with the sponsors to discuss the bill because there are parts that will cause huge problems in the Practice Act if not synthesized correctly. He stressed he wanted to avoid the Board from having regulatory issues 10 years down the road. He recognized for the purpose of a support if amended position that is very hard for the Board to encapsulate, but the concept is that the language would be based more on CCR, title 16, section 2032.1 than it is on the national model, which the bill's authors chose to incorporate in. He pointed out that if CCR, title 16, section 2032.1 is incorporated in the way that the CVMA wants, the Board would not have to call out a specific exemption for wildlife and or unknown animals because that is already in CCR, title 16, section 2032.1.

Ms. Welch provided the Board with options for the Board to consider, including maintain the opposed unless amended position as motioned, or tabling the item for the next day of the Board meeting since there was ongoing conversations about the item. She noted the CVMA has already offered some amendments that could resolve the Board's concerns.

Dr. Noland asked for clarification if the 14-day limitation on antimicrobials was insinuating that other drugs, including NSAIDs, would be 30 days or go to six months.

Dr. Bradbury responded that any other drugs would not be included. She noted that antimicrobials would align with the global concerns due to the resistance and overuse. She also stated the bill currently requires another exam via telemedicine within six months of as a refill prescription.

- Ms. Lutz, Esq., Klinedinst, commented in relation to Dr. Miller's statements that due to the fact that they assist veterinarians with defending themselves against potential violations of the regulations, she agreed with Dr. Miller's suggestion to make every effort to incorporate CCR, title 16, section 2032.1 into this legislation because the veterinarians would not understand what they are supposed to follow. She noted as defense attorneys, it would make it difficult for them to understand it as well and defend the client. She noted there appeared to be a disconnect where CCR, title 16, section 2032.1 was forgotten. She strongly recommended that the Board take Dr. Miller's suggestions and try to get the author of the bill to incorporate CCR, title 16, section 2032.1, which would solve the problem with what was brought up.

** [The following was discussed during day two of the Board meeting](#). The order of business conducted herein follows the publicly noticed Board meeting agenda.*

Dr. Bradbury noted that the Board received the language from the CVMA that could help with the formulating a better amendment to the Board's

position. Ms. Welch advised the Board that it currently had a motion that would need to be addressed prior to the proposal of a new or revised motion. After some discussion about the previous motions, and review of the CVMA's language, Dr. Bradbury rescinded her motion.

Dr. Noland noted the changes proposed by the CVMA were important and critical amendments. She recommended that the Board take an oppose unless amended position.

Dr. Grant stated he was concerned about limiting the 14 days on medication. He stated there were other medications that that would be important to have a physical examination before a written medication by a licensed veterinarian.

Ms. Welch informed the Board that without the language that the CVMA proposed, it would be difficult for the Board to enforce provisions of the bill. She proposed that BPC section 4825.1, subdivision (g), be stricken from the bill and, instead, amend BPC section 4826.6 with new subdivision (b), and insert the CVMA language so all the VCPR requirements would be located in one section. She also noted that in the CVMA proposed language, the veterinarian would have the same responsibilities for making medical judgments regarding the health of the animals and communicating a medical treatment, diagnostic, or therapeutic plan for the animal patient that is appropriate to the circumstance. She noted the Board's interpretation of "appropriate to the circumstance" means condition specific, so each time there was a different condition, a new VCPR would need to be established.

Ms. Pawlowski inquired if it would be difficult for the Board to regulate. She also recommended that the Board take an oppose unless amended position. She opined, if the Board was unable to regulation, it cannot support.

Ms. Prado requested clarification from Ms. Welch that each new condition must establish a new VCPR via telehealth. Ms. Welch confirmed that a new VCPR would be required to treat a different condition; under the bill, telehealth could be used to establish the new VCPR, which would resolve the existing problem under the regulation that requires a new in-person exam for each condition.

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

- Dr. Miller, CVMA, pointed out that in AB 1399, proposed BPC section 4825.1, subdivision (g)(1)(B), the language states "the veterinarian has sufficient knowledge of the animal patient to initiate at least a general or preliminary diagnosis of the medical condition of the animal through a recent observation." He noted it could also be determined to be condition specific. He did not see that the context of this VCPR

language was to remove a condition-specific interpretation. He thought it could be interpreted to be condition specific. He added either way, the difference between the language that the CVMA presented to the Board is the language that came from the Board that merges nicely into existing regulations. He stated the legislative language crowbars with existing regulations. He added if there ever needed to be a determination where the appropriations cost would be, it would be with the massive amount of regulatory work the Board would have to do if the bill goes through with the current language. He noted that there are still a number of rewrites on the regulations, and regulations take a long time to rewrite, especially ones that are as essential as the VCPR language, so there would be a massive appropriations fee if the bill's author does not incorporate the proposed language. He added the proposed language does not mirror CCR, title 16, section 2032.1 identically. He stated the reason is because that language has come out of recent subcommittee work in the MDC in which Ms. Welch did some excellent work rewriting the language to make it better. In the CVMA's opinion, if it was going to get placed in statute, it would be better to get the language right. The language that is proposed by the Legislature is not right, so that language is the closest working version the CVMA believes is best in terms of being condition specific. He noted that the language in CCR, title 16, section 2032.1 did not used to be interpreted by the Board to be condition specific—that interpretation started approximately nine years ago in enforcement. He stated it was a choice of the Board; it was an interpretation by the Board and the language can be interpreted either way. He stated some of individuals who have been around have seen the condition-specific interpretation as somewhat new. He also pointed out that it was unique to the state of California; nowhere else in the United States of America is the VCPR interpreted as condition specific.

Dr. Bradbury stated she understands the struggles of selecting oppose unless amended or support if amended, but her concern was finding a way to engage with the author. She stated that regardless of whether the Board supports if amended or opposed unless amended due to the ramifications of what would happen if the bill passed with the current language. Regarding the VCPR, she was hopeful that that the author would think about the larger picture, including the long-term effects of the wording and adopt the amendments proposed by the Board. As for the antimicrobials versus any medication, she stated in her conversation with the author, it was very clear to her that a blanket statement about any medication was not on the table for the 14-day requirement of a physical examination. She stated that focusing in on an antimicrobial requirement had a possibility of a discussion due to the public health risk of overprescription of it.

Dr. Noland felt very strongly about the antibiotic restriction because the Board worked hard to move forward with more judicious use of antibiotics. She thought it was a mistake for it not to be included in the bill. She inquired

if the bill addressed limitations on scheduled drugs as the Board is working hard to be more judicious with the prescription of opioids in different scheduled drugs.

Dr. Bradbury responded it is in the bill and it is a federal law. She noted the Board asked for an amendment to add xylazine, and the authors added an amendment to require a physical examination when prescribing xylazine.

Ms. Siefertman responded that the language was under proposed BPC section 4826, subdivision (e).

Ms. Prado stated the Board knows that telehealth is creating access to care for consumers and their pets by reaching communities that probably were underserved. She opined that if the Board were to oppose the bill, the Board would be stating it does not agree with the bill, and it thinks telehealth should fail. She stated the Board had come a long way through meaningful and great discussion. She urged the Board to support access to care by supporting the bill as it is a viable solution and allows the Board to place faith in the California veterinarians to be able to give them the benefit of the doubt that they are going to provide services for Californians and their pets. She suggested the Board change its position to support if amended, and it will be heard from the bill's authors.

Dr. Noland responded that for the exact same reason she is opposed unless amended because the Board needs to protect the consumer and their pet. It needs a VCPR that allows the Board with the ability to protect the consumer, and it needs the language added.

Dr. Noland, Dr. Bradbury, and Ms. Pawlowski appreciated Ms. Prado's support and passion of the bill and believed that they all had the same intent. Dr. Noland and Dr. Bradbury expressed the importance of a clear position of opposed unless amended in order to have its concerns expressed and recognized by the authors.

Ms. Prado responded with her desire for support of the bill because it sends a signal that the Board has heard what the authors are stating, and that they have amended and worked with the Board to move the bill forward.

Ms. Welch responded to the support or oppose unless amended commentary. She stated there were legislators who were still reviewing this bill, and they needed to know that there were still concerns with it. She added that a position of support if amended is no position because if it is not amended, the Board has no position at all. She added the Board would not be added to the Senate Appropriations Committee analysis because the Board would have no position until the bill was amended, so the Board's support if amended position would not be reflected in the analysis. She stated if the Board adopts a position of oppose unless amended, it tells the legislators, who have jurisdiction over the bill, that something is wrong. The

legislators can then hold the author accountable and ask questions why the author has not worked out certain issues. She noted the legislators are the individuals who make the ultimate decisions on whether or not the legislators are okay with the bill as it is to pass the bill to the Governor, and at that point, the Governor gets to decide whether or not the issues that the Board has raised are significant enough to be amended to the bill.

The following motion was made:

- Motion: Christina Bradbury, DVM, moved and Jaymie Noland, DVM, seconded a motion to oppose unless amended to include the language reviewed by the Board on July 20, 2023, on the VCPR and a requirement for an in-person examination for any prescriptions over 14 days or refills for antibiotics.

After further clarification from Ms. Welch, the motion was revised as follows:

- Motion: Christina Bradbury, DVM, moved and Jaymie Noland, DVM, seconded a motion to oppose unless amended to strike the current definition in BPC section 4825.1, subdivision (g)(1), insert the language reviewed by the Board on July 20, 2023, as BPC section 4826.6, subdivision (b) through (f), renumber the rest of the subdivisions, and require an in-person examination for any prescriptions over 14 days or refills for antibiotics.

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

- Vote: The motion carried 5-1. Ms. Prado voted no.

* [The following was discussed after Agenda Item 14.](#) *The order of business conducted herein follows the publicly noticed Board meeting agenda.*

Ms. Welch informed the Board it may want to consider a change in its position on AB 1399 from oppose unless amended to support if the Board's requested amendments are added to the bill. The following the motion was made:

- Motion: Christina Bradbury, DVM, moved and Kristi Pawlowski, RVT, seconded a motion that if all the amendments as requested are adopted into the bill, the Board will move its position from oppose unless amended to support.

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

- Vote: The motion carried 6-0.

(4) [Senate Bill \(SB\) 372 \(Menjivar, 2023\) Department of Consumer Affairs: Licensee and Registrant Records: Name and Gender Changes](#)

- Board's Current Position: Watch

Ms. Sieferman informed the Board the bill was amended to incorporate all of the DCA requests. Board staff no longer has any more concerns.

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

(5) [SB 373 \(Menjivar, 2023\) Board of Behavioral Sciences, Board of Psychology, and Veterinary Medical Board: Licensees' and Registrants' Addresses](#)

- Board's Current Position: Support if Amended

Ms. Sieferman informed the Board that it had requested that Veterinary Medical Board be included in the bill. On June 21, 2023, BPC section 27 was amended to include the Board's licensees.

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

- Motion: Kristi Pawlowski, RVT, moved and Christina Bradbury, DVM, seconded a motion to change the Board's position to support.

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

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

- Vote: The motion carried 6-0.

(6) [SB 544 \(Laird, 2023\) Bagley-Keene Open Meeting Act: Teleconferencing](#)

- Board's Current Position: Support

Ms. Sieferman informed the Board the author accepted amendments, not yet published, that include a sunset date of January 1, 2026, to allow for further analysis of the implementation and overall impact of this bill. The January 1, 2026 sunset would dovetail with the January 1, 2026 as provided in AB 2449 [(Blanca Rubio, Chapter 285, Statutes of 2022)], that granted Ralph M. Brown Act exemption to allow members of local legislative bodies to use teleconferencing under specified conditions. She noted an amendment was added requiring the majority of members, which is the quorum, would need to be present at one physical location or a minimum of 50% of the meetings of the state body each year. She raised

concerns over the negated cost savings of having that many members at a physical location. She also noted the bill does not have an urgency clause.

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

- Motion: Kristi Pawlowski, RVT, moved and Christina Bradbury, DVM, seconded a motion to support if amended by removing the quorum clause and adding an urgency clause.

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

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

- Vote: The motion carried 6-0.

(7) **[SB 669 \(Cortese, 2023\) Veterinarians: Veterinarian-Client-Patient Relationship](#)**

- Board's Current Position: Oppose Unless Amended

Ms. Sieferman presented SB 669, which would allow RVTs the ability to create a VCPR. She informed the Board about concerns Ms. Welch brought up that the requirement that a veterinarian is the one who is writing the prescription. The Board had requested an amendment that requires the veterinarian to review the documentation before the RVT is allowed to administer medication. However, the request was not accepted by the author's office.

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

- Dr. Miller, CVMA, expressed the CVMA's support position on the bill. He reported that the CVMA requested an amendment to the bill to remove the record-keeping requirement for RVTs. He stated that in a recent meeting, if the statutorily record-keeping requirement for RVTs remains in place, and the Board's record-keeping regulations change, then there will be two separate record-keeping requirements for the state of California, which will cause confusion and was a poor policy standpoint. The CVMA appealed to the author's office to strike the record-keeping requirement and replace it with a simple statement along the lines that records shall be kept in accordance with current laws and regulations to point back to the Board as the authority, so that there is one record-keeping requirement. He thought all veterinary licensees know the record-keeping requirement is incumbent upon veterinarians, even when the veterinarians are overseeing individuals performing record-keeping. He stated the CVMA did not want ambiguity or have two separate requirements. He reported that as of the Board

meeting, those amendments have not been made to the bill, but the author did receive the amendments with the CVMA's hope they will receive a response soon.

- Ms. Ehrlich, CaRVTA, stated CaRVTA has a problem with requiring the RVT to inform the client, either in writing or verbally, that the RVT is under the supervision of a particular veterinarian's name and license number. She claimed the primary reason that CaRVTA did not like this requirement is that it was offensive and implies that RVTs are not qualified to do this, and therefore the client needs to know who is supervising them. Secondly, she claimed it is silly because the client is not going to remember the veterinarian's license number. Thirdly, she claimed it is unnecessary because the RVT, as of January 1, 2023, has to wear a name tag that includes the fact that they are an RVT and their license number in 18-point type, so that the client will know exactly who they are dealing with. If the client has a problem with how the RVT is administering the vaccine, prescriptions, or whatever, the client can complain about the RVT, which is what is appropriate. Ms. Ehrlich continued, if the client complains to the Board about the RVT, then during the Board's review of the case, it will find out the supervising veterinarian, so it makes no sense to her to make RVTs look like they are not quite competent to be doing what they are doing. At the same time, doing nothing that is going to benefit anybody, so she hoped that the Board would stop. She stated it is the Board that is forcing this [requirement]. She stated CaRVTA asked if informed client was required, have the receptionist hand them a sheet of paper when the client is checking in, and the piece of paper becomes part of the patient's record. She asked why the Board was making the RVT do this requirement. She claimed the RVT does not do other administrative jobs; it is a job of the office staff. She strongly encouraged the Board to stop pushing this amendment, so that RVTs could do this the way it is done in every other medical setting. She asked if anybody at the meeting ever walked into a medical setting and had someone state they were being supervised by "so-and-so, whose license number is 'XYZ.'" She stated in all her 76 years, it has never happened to her. She presumed it has never happened to any of the members.

Ms. Welch responded that the Board's Regulatory Counsel, Kristy Schieldge, raised the issue that the medical records requirement in the bill potentially conflicts with the regulations. Ms. Welch noted that part of the requirement, in order for an RVT to step in as an agent of the veterinarian, was the RVT would document the condition of the animal, and then the veterinarian could review the documentation because they need to look at documentation in order to prescribe medication. She noted the bill effectively allows the RVT to prescribe medication—the vaccination—itsself, which conflicts with state and federal law. Ms. Welch also explained the importance of the client disclosure topic expressed by Ms. Ehrlich, as the informed client consent is telling the client the RVT is acting as an agent of

the veterinarian for the purposes of establishing a contract to treat the animal.

Kristy Pawlowski understood Ms. Ehrlich's viewpoint. She noted that there are many administrative duties that the RVT has to perform as part of their duties.

- Ms. Ehrlich, CaRVTA, responded she does not believe it is offensive for the client to be informed that the RVT is being supervised. She believed that it is offensive to force the RVT to be the one telling the client, instead of having the client sign the form at the reception desk. She stated it would satisfy both the Board's desire that the client is informed, while satisfying CaRVTA's desire to not place the RVT in a position of stating who they are being supervised in order to perform the task.

(8) [SB 887 \(Committee on Business, Professions and Economic Development, 2023\) Consumer Affairs](#)

- Board's Current Position: Support

Ms. Sieferman informed the Board this [Senate BP&ED] Committee omnibus bill was amended to include requests from the Board.

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

B. Other Board-Monitored Legislation

**(1) AB 883 (Mathis, 2023) Business Licenses:
United States Department of Defense SkillBridge Program**

- Board's Current Position: Watch

This item was not discussed.

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

**(2) AB 996 Low, 2023) Department of Consumer Affairs:
Continuing Education: Conflict-of-Interest Policy**

- Board's Current Position: Watch

This item was not discussed.

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

(3) [AB 1237 \(Petrie-Norris, 2023\) Student Financial Aid: California Public Interest Veterinary Debt Relief Program](#)

- Board's Current Position: Support

Ms. Sieferman presented this item and informed the Board that the bill was held under submission in the Assembly Appropriations Committee.

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

(4) SB 259 (Seyarto, 2023) Reports Submitted to Legislative Committees

- Board's Current Position: Watch

This item was not discussed.

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

(5) SB 279 (Niello, 2023) Administrative Regulations: Public Participation: Comment Process

- Board's Current Position: Watch

This item was not discussed.

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

8. Update, Discussion, and Possible Action on Pending Regulations

A. [Status on Pending Regulations](#)

Mr. Olguin provided the Board with the following updates:

- Uniform Standards for Substance-Abusing Licensees and RVT Equivalent Experience and Education packages were sent to DCA and Agency for review.
- Minimum Standard for Alternate Veterinary Premises package was with the DCA Budget Office for review.
- RVT Vaccine Administration package was with the Board's Regulatory Counsel but may be pulled if SB 669 is enacted.
- Veterinary Graduate Student Exemption was on a temporary hold as Regulatory Counsel expressed concerns over the current licensure process, which are referenced in this package.
- Drug Compounding package would be returned to the Board in October since the legislative proposal that would allow Veterinary Assistant

Controlled Substance Permit holders to provide certain services was not included in legislation this year.

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

9. Student Liaison Reports

A. University of California, Davis Liaison—*Holly Masterson*

This item was not discussed.

B. [Western University of Health Sciences Liaison](#)—*Alexandra Ponkey*

Ms. Ponkey informed the Board of the following updates:

- Western University held its commencement ceremony for the class of 2023.
- The acceptance of 145 potential veterinarian students to the class of 2027.
- Student participation in the 13th annual Mt. San Antonio College health professionals conference, which allows high school and college students with an opportunity to learn more about careers in the health profession.
- The participation of a book drive for young readers in the City of Pomona.
- Southern CVMA in coordination with Downtown Dog Rescue offered veterinary health care services for underserved pet owners in the Los Angeles (LA) area.
- Research into One Health and bio surveillance collaboration with LA County and San Diego County health departments to identify who was doing what, discuss data sharing, and identify projects for which Western University could apply for funding.
- Phillip Nelson, DVM, was the recipient of the 2023 AVMA Meritorious Service Award and the Emeritus Award.
- Peter Weinstein, DVM, was awarded a lifetime achievement award from the SCVMA.
- The passing of Gary R. Johnson, DVM, who was a founding faculty member of Western University. Dr. Johnson leaves behind a legacy at Western University that continues through the school's veterinary curriculum.

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

10. [Board President Report](#)—*Christina Bradbury, DVM*

Dr. Bradbury informed the Board of the following updates:

- The Executive Committee and Board EO met with the Legislature to express the Board's concerns and suggestions on AB 814 and AB 1399.

- A meeting with Hank Zeitlin, Interim Executive Director of the Horseracing Integrity and Safety Authority, to discuss the Horseracing Integrity and Safety Act of 2020 that included changes to drug requirements and monitoring.
- A meeting with stakeholders on legislative bills.
- The addition of new Board member Kristi Pawlowski.

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

11. [Registered Veterinary Technician Report](#)—*Kristi Pawlowski, RVT*

Ms. Pawlowski informed the Board of the following update:

- **VTNE Celebrating Diversity Award:** An award is presented to traditionally underrepresented veterinary technology students who are black, Native American, Asian and Pacific Islanders, Hispanic, LGBTQ, and individuals with disabilities. The award provides the recipient with a pre-paid VTNE voucher for a VTNE online application.

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

12. Recess until July 20, at 10:15 a.m.

Dr. Bradbury recessed the meeting at 4:14 p.m.

10:15 a.m., Thursday, July 20, 2023

13. Reconvene—Establishment of a Quorum

Board President, Christina Bradbury, DVM, called the meeting to order at 10:15 a.m. EO, Jessica Siefertman, called roll; six members of the Board were present, and a quorum was established. Ms. Maria Salazar Sperber was absent.

Members Present

Christina Bradbury, DVM, President
Maria Preciosa S. Solacito, DVM, Vice President
Barrie Grant, DVM
Jaymie Noland, DVM, California Polytechnic State University, San Luis Obispo
Kristi Pawlowski, RVT
Dianne Prado, Mission Viejo Public Library

Student Liaisons Present

Alexandra Ponkey, Western University of Health Sciences

Staff Present

Jessica Siefertman, Executive Officer
Matt McKinney, Deputy Executive Officer
Kim Phillips-Francis, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rachel Adversalo, Enforcement Analyst
Melissa Caudillo, Enforcement Analyst
Kimberly Gorski, Enforcement Analyst
Brett Jarvis, Enforcement Analyst
Amber Kruse, Senior Enforcement Analyst (Hospital Inspection)
Rachel McKowen, Enforcement Technician
Jeff Olguin, Lead Administrative and Policy Analyst
Tara Reasoner, Lead Enforcement Analyst
Bryce Salasky, Senior Enforcement Analyst
Dan Strike, Enforcement Analyst
Tara Welch, Board Counsel, Attorney IV, DCA, Legal Affairs Division

Guest Speakers

Trisha St. Clair, Facilitator, DCA, SOLID

Guests Present

Al Aldrete, DVM
Norlyn Asprec, Associate Lobbyist, Axiom Advisors
Carolyn Baiz-Chen, DVM, CDFA
Andreas Berg, RVT

Kathy Bowler, Former President, ICVA
Danielle Cuellar
Danny Cuellar
Nancy Ehrlich, RVT, CaRVTA
Jennifer Fearing, President, Fearless Advocacy, Inc. and
Activist, San Diego Humane Society
Peter Fournier, Information Officer, DCA
Melissa Gear, Deputy Director, DCA, Board and Bureau Relations
Veronica Hernandez, Budget Analyst, DCA Budget Office
Aubrey Hopkins, Legislative Analyst, DCA, Division of Legislative Affairs
Renee Milani, Manager, DCA Budget Office
Grant Miller, DVM, Director of Regulatory Affairs, CVMA
Katie Murray, DVM, CDFA
Bryce Penney, Television Specialist, DCA, Office of Public Affairs
Tim Robinson
Andrei Tarassov, DVM, Veterinarian in Arizona and Utah

14. **Overview of the Strategic Planning Process**—*Trisha St. Clair, SOLID Planning Solutions*

Ms. St. Clair provided the Board with an overview of the strategic planning process, which is mandated by the Legislature and required to determine short-term and long-term goals, incorporating DEI, performing an environmental scan, and action planning report and tracker. The next strategic planning meeting session is an in-person meeting scheduled for October 20, 2023.

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

15. **Executive Management Reports**

A. **Administration**

Ms. Phillips-Francis provided the Board with the following updates:

- **Staffing Updates:** Tim Rodda accepted a manager position with the California Architects Board. Ms. Phillips-Francis accepted the position as Mr. Rodda's replacement. Marlene Gonzalez accepted a promotional appointment to the Dental Board of California.
- **Reclassifying Position:** The Board seeks to reclassify its Office Technician position to a Staff Services Manager I specialist position.

Veronica Hernandez, Budget Analyst, DCA Budget Office, provided the Board with the following Budget updates, and she noted the Board has a healthy budget reserve:

- **Expenditure Projection Report Updates**
- **Fund Condition Statement Updates**

Ms. Hernandez and Ms. Sieferman answered Board questions about the report.

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

B. [Examination/Licensing](#)

Ms. Phillips-Francis provided the Board with the following updates:

- **ICVA Update:** ICVA provided an update on the ICVA Assessment Grant Program, which allows up to three grant award opportunities of \$10,000. ICVA updated their DEI and Privilege Task Force to assess and create a strategic growth plan for the future.
- **Continuing Education (CE) Audits:** In the 2022–23 fiscal year, the Board conducted 349 audit, which 27 (7.7%) were non-compliant. In the future, the non-complaint issues will be broken down by categories by the January Board meeting.
- **Applications:** In the 2022–23 fiscal year, the Board received 4% fewer overall applications from the prior fiscal year. It was noted that due to legislative changes, the temporary veterinarian license was eliminated January 1, 2022.

Ms. Sieferman answered Board questions about the report.

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

C. [Enforcement](#)

Ms. Rodriguez provided the Board with the following updates:

- **Staffing Updates:** Matt McKinney accepted the Deputy EO position with the Board. Jeff Weiler accepted a manager position with the Board of Vocational Nursing and Psychiatric Technicians.
- **Inspections:** In the 2022–23 fiscal year, the Board conducted 116 inspections, and the Board also provided webinars, which licensees could earn CE credit.
- **Grant:** The Board received a \$600,000 grant from the California Department of Technology's technology modernization funds to develop an application for its inspections program. The Board is seeking a vendor who can integrate and meet the Board's requirements.
- **Complaints:** In the 2022–23 fiscal year, the Board started with nearly 3,900 pending cases and received 1,797 new complaints. By the end of the fiscal year, the Board has closed slightly more complaints than it received to down to 3,716 pending cases for the starting fiscal year 2023–24.
- **Subject Matter Expert (SME) Program:** The Office of the Attorney General (AG) and the Board's senior SMEs provided training to new and incoming SMEs.

- **Probation Monitoring:** Currently, 48 pending enforcement complaints against 15 probationers.

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

- Dr. Miller, CVMA, inquired into the probation monitoring and if it meant that while the individuals are on probation, if the 48 pending enforcement complaints were new complaints filed against the probationer.

Mr. McKinney confirmed that is was new complaints against existing probationers.

- Dr. Miller, CVMA, inquired if the complaints were from the public, routine inspections, or from not complying with their terms of probation.

Mr. McKinney stated it could be any of those items.

- Dr. Miller, CVMA, stated it seemed alarmingly high. He inquired if it was normal to have that many complaints filed against a probationer.

Ms. Sieferman responded she could not state whether it is normal, but that any complaint received on a probationer is expedited for the probation unit to investigate.

- Dr. Miller, CVMA, inquired if it was something more procedural, such as record keeping.

Ms. Sieferman responded no.

- Dr. Miller, CVMA, stated he was thinking of a way to provide outreach if it was an occurrence that was happening frequently.

Ms. Sieferman noted that social media may add to the additional complaints for high-profile individuals.

D. [Outreach](#)

Mr. Olguin provided the Board with the following updates:

- **Xylazine Updates:** California Department of Public Health information was shared to the public including dangers of the drug and the responsibilities licensees have with the drug recording requirements.
- **Enforcement Webinar:** New webinar will be scheduled to be held July 27, 2023, to go over the Board's inspection process.
- **Environmental Scan:** In June, the Board distributed information to licensees, stakeholders, and staff regarding how they can share their perspective on how the Board can improve its processes.

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

E. Strategic Plan

Ms. Sieferman provided the Board with the following updates:

- **Completed Objectives:** Ms. Sieferman provided the Board with the achieved goals the Board has met, and she recommended removal of objective 4.6 (increased fees).

The following motion was made:

- Motion: Christina Bradbury, DVM, moved and Barrie Grant, DVM, seconded a motion to remove Objective 4.6 from the Strategic Plan.

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

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

- Vote: The motion carried 6-0.

16. Future Agenda Items and Next Meeting Dates

Ms. Sieferman presented and answered questions relating to the future agenda items and next meeting dates. She informed the Board of the following future Board meeting dates:

- October 18–19, 2023
- October 20, 2023 (Strategic Planning Session, In-Person Only)

In addition, the following tentative Board meeting dates were listed:

- January 17–18, 2024
- April 17–18, 2024
- July 17–18, 2024
- October 16–17, 2024

All meetings are scheduled to be in Sacramento, and, except for the October 20, 2023, Strategic Planning Session, there will be the option for members and the public to participate virtually. Any member who participates virtually will need to do so from a publicly noticed location until SB 544 (Laird, 2023) becomes effective. The Strategic Planning Session will be in-person only and will not be webcast.

Dr. Bradbury requested the Board review the pathway to licensure for foreign veterinarians who are from non-accredited AVMA programs.

Dr. Noland requested that the Board add its Strategic Planning sessions to be agendaized to get more public participation.

Dr. Solacito inquired if the Board could provide more information related to unlicensed activity.

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

17. Recess Open Session

Dr. Bradbury recessed open session at 12:51 p.m.

18. Convene Closed Session

Dr. Bradbury convened closed session at 12:59 p.m.

19. 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.

20. 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 First Amended Accusation Against Vincent A. Baker, Veterinarian License No. VET 10550, and Equine Medical Center, Premises Registration No. HSP 3171

The Board moved to adopt a Stipulated Settlement that revoked the license and premises registration, stayed the revocation, and placed respondents on four-years' probation on specified terms and conditions.

21. Adjourn Closed Session

Dr. Bradbury adjourned closed session at 1:39 p.m.

22. Reconvene Open Session

Dr. Bradbury reconvened open session at 1:39 p.m.

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

Dr. Bradbury adjourned the meeting at 1:39 p.m.

Hyperlinks to the webcast are controlled by a third-party and may be removed at any time. They are provided for convenience purposes only and are not considered part of the official record.