



MEMORANDUM

DATE	January 17, 2023
TO	Multidisciplinary Advisory Committee (MDC)
FROM	Leah Shufelt, R.V.T. Richard Sullivan, DVM
SUBJECT	Agenda Item 5. Update, Discussion, and Potential Recommendation to the Board on Potential Rulemaking to Amend CCR, Title 16, Sections 2032.1, 2034, and 2036 Regarding Veterinarian-Client-Patient Relationship, Animal Health Care Tasks Definitions, and Animal Health Care Tasks for R.V.T.

Background

During the public comment portion of the Access to Veterinary Care Task Force report at the October 2022 meeting of the Veterinary Medical Board (Board), the California Veterinary Medical Association (CVMA) reported on the progress made by their Access to Care Task Force. CVMA’s Access to Care Task Force, along with its R.V.T. committee, conducted an analysis of the R.V.T. profession and found that there may be an opportunity to increase access for low-income individuals by increasing the scope of what R.V.T.s can do under the direct supervision of a veterinarian in an animal hospital setting.

CVMA stated that they intended to submit a letter and some proposed regulations to the Board’s Executive Officer in hopes that those would be considered during the next MDC meeting. CVMA was invited to provide a presentation to the MDC at the January 2023 meeting, which would include a letter explaining their conclusions and their proposed regulatory amendments.

Update

In October 2022, CVMA sent the attached letter and regulatory proposal to the Board’s Executive Officer, which was then forwarded to all MDC members in preparation for the January 2023 MDC meeting.

CVMA’s letter states, in part, the following:

“After much research and dialogue, the CVMA has concluded that RVTs possess the knowledge, skills, training and ability to act as an agent of the supervising veterinarian to establish a Veterinarian-Client-Patient Relationship (VCPR) for the purposes of administering vaccinations and performing preventative

procedures for parasitic control. Important support for this conclusion is found both in existing California regulations (most notably 16 CCR, sections 2030.3 and 2069) and others currently under review (including the VMB's proposed regulations for minimum standards in animal shelters).

By enlisting RVTs to perform vaccinations and parasite control, the veterinary profession can better serve consumers by lowering costs and increasing availability of licensed professionals with requisite knowledge and skills. In turn, this will better serve California's animals and improve public health."

To streamline the process, MDC leadership decided to work with Board staff and legal counsel to evaluate the proposal prior to the January meeting and be ready with recommendations to the MDC.

Over the last few months, MDC leadership met multiple times with Board staff, legal counsel, regulations legal counsel, and CVMA to discuss what could be done through regulations to safely increase access to veterinary care while maintaining adequate consumer and patient protection. Specifically, MDC leadership focused on how R.V.T.s could safely perform vaccination and parasite control under the direct supervision of a veterinarian without requiring a veterinarian to physically examine each patient prior to R.V.T.s rendering services.

Proposed Amendments

Attached hereto is the MDC leadership's regulatory proposal regarding the VCPR, Animal Health Care Tasks Definitions, and Animal Health Care Tasks for R.V.T.s. The proposal includes the amendment for rabies vaccinations previously approved by the Board at the July 2022 Board meeting and the informed consent amendment previously approved by the Board at the January 2020 Board meeting.

CCR § 2032.1 (VCPR). This proposal creates a way for a veterinarian to establish a VCPR for the purpose of permitting an R.V.T. to administer preventive or prophylactic vaccinations or medications for the control or eradication of apparent or anticipated internal or external parasites (referred to as "vaccinations/ medications") if certain conditions are met. These revisions are discussed below.

Subsection (a). This amendment for [rabies vaccinations](#) was approved by the Board during the July 2022 meeting.

Subsection (b). This amendment provides an exception to a veterinarian establishing a VCPR under circumstances set forth in new subsection (e). In addition, subsection (b)(3) reflects amendments approved by the Board during the January 2020 Board meeting regarding "[Informed Consent of a Client](#)."

Subsection (e). This amendment specifies that a veterinarian can establish a VCPR for the purpose of permitting an R.V.T. to administer vaccines/medications as long as the following conditions are met:

- The vaccines/medications are administered in a hospital setting under direct supervision of a licensed veterinarian. (Subsection (e)(1).)
- The R.V.T. examines the animal patient and administers the vaccines/medications according to written protocols and procedures established by the supervisor. Those protocols and procedures are required to include, at minimum:
 - Patient history and data is collected to ensure administration of the vaccines/medications is possible. (Subsection (e)(2)(A-B).)
 - Information that would preclude a patient from receiving the vaccines/medications and the criteria that would disqualify the patient. (Subsection (e)(2)(C-D).)
 - Vaccination protocols and preventative procedures to ensure proper handling and administration of vaccination/medications in accordance with manufacturer label recommendations and what to do in the event of an adverse reaction or other emergency. (Subsection (e)(2)(E)-(F).)
 - Documentation requirements. (Subsection (e)(2)(G).)
- The supervisor and R.V.T. sign and date a statement indicating the following:
 - The supervisor assumes responsibility for all acts of the R.V.T. related to examining the animal patient and administering the vaccines/medications. (Subsection (e)(3)(A).)
 - The R.V.T. is only authorized to act as the agent of the supervisor to establish the veterinarian-client-patient relationship for purposes of administering the vaccines/medications when acting in compliance with the protocols and procedures, and only until the date the supervisor terminates supervision or authorization for the R.V.T. to act as the agent of the supervisor. (Subsection (e)(3)(B).)
- Prior to examining or administering the vaccines/medications, the R.V.T. discloses that the R.V.T. is acting as the agent of the supervisor for purposes of administering to the vaccines/medications and provides the supervisor's name and license number to the client. The R.V.T. would then be required to obtain client authorization to proceed and document such authorization in the medical record. (Subsection (e)(4).)
- The supervisor reviews the required documentation prior to prescribing or dispensing vaccines/medications. (Subsection (e)(5).)

Subsection (f). This amendment requires the supervisor to retain the protocols, procedures, and statement for the duration of the R.V.T.'s supervision and until three (3) years from the date of the termination of the supervisory relationship with the R.V.T.

CCR § 2034 (Animal Health Care Tasks Definitions). This amendment adds to the "Direct Supervision" definition so that an R.V.T. can examine the animal as the agent of the veterinarian for the purposes of administering the vaccines/medications in accordance with CCR § 2032.1, subsection (e), under the direct supervision of the supervisor. (Subsection (e)(2).)

CCR § 2036 (Animal Health Care Tasks for R.V.T). This amendment specifies that an R.V.T. can administer the vaccines/medications, in accordance with 16 CCR § 2032.1, subsection (e), under the direct supervision of a licensed veterinarian. (Subsection (b)(6).)

Action Requested

Please review and discuss the attached regulatory proposal. If the MDC agrees with the MDC leadership's recommendations, please entertain a motion to recommend the Board approve the proposed regulatory changes, direct the Executive Officer to take all steps necessary to initiate the rulemaking process, authorize the Executive Officer to make any technical or non-substantive changes to the rulemaking package, notice the proposed text for a 45-day comment period and, if no adverse comments are received during the 45-day comment period and no hearing is requested, adopt the proposed regulatory changes.

Attachments

1. CVMA Letter and Proposed Regulatory Amendments, October 13, 2022
2. Regulatory Proposal to Amend CCR, Title 16, Sections 2032.1, 2034, and 2036 Regarding Veterinarian-Client-Patient Relationship, Animal Health Care Tasks Definitions, and Animal Health Care Tasks for R.V.T.



October 13, 2022

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RE: Proposed Regulations Concerning RVT Scope of Practice

Dear Ms. Sieferman:

The California Veterinary Medical Association, representing over 7,800 veterinarians, registered veterinary technicians (RVTs), and veterinary students, is presenting proposed regulations for the Veterinary Medical Board's consideration regarding Registered Veterinary Technician (RVT) scope of practice.

In 2021, the CVMA formed a task force to research the Access to Veterinary Care issue in an effort to identify solutions to the problem. Following that formation, the task force met several times (and otherwise corresponded) with an aim towards, *inter alia*, identifying action items that could be undertaken to address access-related issues. A list of such action items was developed and published in June of this year and previously shared with your board. Notably for present purposes, that list includes items of work to be undertaken in concert with other key stakeholders, including the VMB. In that regard, one of the specific items that the CVMA discussed is the prospect of implementing regulations dedicated towards expanding RVT scope of practice. To that end, enclosed with this letter are proposed regulations for the VMB's consideration.

According to a 2018 publication from the University of Tennessee Access to Veterinary Care Coalition¹, access-related problems are rooted in the economic hardship of approximately 25-30% of pet owners. To a lesser degree, a lack of accessibility to/availability of veterinarians in some rural or economically depressed areas also serves as a barrier. Expanding the role of RVTs working under the supervision of California-licensed veterinarians in an animal hospital setting is one solution proposed by the CVMA Access to Veterinary Care Task Force to help overcome these barriers.

¹ "Access to Veterinary Care Barriers, Current Practices, and Public Policy," December 2018.

As part of its aforementioned assessment, the CVMA Access to Veterinary Care Task Force called upon the CVMA's RVT Committee to research current RVT job tasks, RVT core educational curricula, and other topics prior to drafting the regulatory proposal being presented to you today. The enclosed regulatory proposal was also extensively discussed by the CVMA House of Delegates, and approved by the CVMA Board of Governors in June of 2022.

After much research and dialogue, the CVMA has concluded that RVTs possess the knowledge, skills, training and ability to act as an agent of the supervising veterinarian to establish a Veterinarian-Client-Patient Relationship (VCPR) for the purposes of administering vaccinations and performing preventative procedures for parasitic control. Important support for this conclusion is found both in existing California regulations (most notably 16 CCR, sections 2030.3 and 2069) and others currently under review (including the VMB's proposed regulations for minimum standards in animal shelters).

By enlisting RVTs to perform vaccinations and parasite control, the veterinary profession can better serve consumers by lowering costs and increasing availability of licensed professionals with requisite knowledge and skills. In turn, this will better serve California's animals and improve public health.

Thank you for your consideration of this regulatory proposal.

A handwritten signature in black ink, appearing to read "Dan Baxter". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dan Baxter
Executive Director

Encl

CCR 16 section 2032.15?

CCR 16 section 2036?

- (a) A California registered veterinary technician, while working under the direct supervision of a California-licensed veterinarian, may act as an agent for the veterinarian in establishing a Veterinarian-Client-Patient Relationship (VCPR) pursuant to 16 CCR section 2032.1, for the purposes of administering vaccinations and performing preventative procedures for parasitic control in an animal hospital setting.
- (b) The supervising veterinarian is responsible for proper immunization and parasitic procedures, including interpretation of diagnostic data, recommendations made by the California registered veterinary technician, and record keeping requirements pursuant to CCR 16 section 2032.3.
- (c) The acts authorized under subdivision (a) of this section may only be conducted by a California registered veterinary technician pursuant to written protocols previously established by the supervising veterinarian for examination, vaccine administration, and parasite control.

DRAFT

RVT VCPR REGULATORY PROPOSAL (1/12/2023)

§ 2032.1. Veterinarian-Client-Patient Relationship.

(a) It is unprofessional conduct for a veterinarian to administer, prescribe, dispense or furnish a drug, medicine, appliance, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture or bodily injury or disease of an animal without having first established a veterinarian-client-patient relationship with the animal patient or patients and the client as provided in this section, except where the patient is a wild animal, ~~or the owner is unknown, or rabies vaccines are prophylactically administered to the animal to prevent disease or loss of life.~~

(b) Except under the circumstances set forth in subsection (e), A veterinarian-client-patient relationship shall be established by the following:

(1) The client has authorized the veterinarian to assume responsibility for making medical judgments regarding the health of the animal, including the need for medical treatment,

(2) The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animals are kept, and

(3) The veterinarian has assumed responsibility for making medical judgments regarding the health of the animal and has communicated with the client a ~~course of treatment~~ medical, treatment, diagnostic, and/or therapeutic plan appropriate to the circumstance.

(c) A drug shall not be prescribed for a duration inconsistent with the medical condition of the animal(s) or type of drug prescribed. The veterinarian shall not prescribe a drug for a duration longer than one year from the date the veterinarian examined the animal(s) and prescribed the drug.

(d) As used herein, "drug" shall mean any controlled substance, as defined by Section 4021 of the code, and any dangerous drug, as defined by Section 4022 of the code.

(e) In lieu of the requirements in subsection (b), a veterinarian may establish a veterinarian-client-patient relationship for the purpose of permitting an R.V.T. to administer to an animal patient preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites, if all of the following conditions are met:

(1) The R.V.T. administers preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites in an animal hospital setting under the direct supervision of the licensed veterinarian ("supervisor").

(2) The R.V.T. examines the animal patient and administers preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal

or external parasites in accordance with written protocols and procedures established by the supervisor, which shall include, at a minimum:

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

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

(C) Information in the patient history or physical examination results that would preclude the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

(D) Criteria that would disqualify the animal patient from receiving the preventive or prophylactic vaccines or medications from the R.V.T.

(E) Vaccination protocols for each animal species for which preventive or prophylactic vaccines are administered, which shall include, at a minimum, handling and administration of vaccines in accordance with manufacturer label recommendations and what to do in the event of an adverse reaction or other emergency.

(F) Preventative procedures for parasite control for each animal species for which medications for the control or eradication of apparent or anticipated internal or external parasites are being administered, which shall include, at a minimum, handling and administration of medications in accordance with manufacturer label recommendations and what to do in the event of an adverse reaction or other emergency.

(G) Documentation of animal patient information required pursuant to paragraphs (1) through (8) and (10) through (12) of subsection (a) of Section 2032.3.

(3) The supervisor and the R.V.T. sign and date a statement indicating the following:

(A) The supervisor assumes responsibility for all acts of the R.V.T. related to examining the animal patient and administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

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

(4) Prior to examination of, or administration of any preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites to, the animal patient, the R.V.T. discloses orally or in writing to the

client that the R.V.T. is acting as the agent of the supervisor for purposes of administering to the animal patient preventative or prophylactic vaccines or medications, as applicable, and provides the supervisor's name and license number to the client. After such disclosure is provided, the R.V.T. shall obtain the oral or written authorization of the client to proceed with the R.V.T.'s examination of the animal patient and administration of the specified vaccine or medication. Such client authorization shall be recorded by the R.V.T. in the animal patient's medical record prior to examination of the animal patient or administration of any preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

(5) Prior to prescribing or dispensing the preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites, the supervisor shall review the documentation required pursuant to subparagraph (G) of paragraph (2).

(f) A copy of the written protocols and procedures specified in paragraph (2) of subsection (e) and the statement required in paragraph (3) of subsection (e) shall be retained by the supervisor for the duration of the R.V.T.'s supervision and until three (3) years from the date of the termination of the supervisory relationship with the R.V.T.

(eg) No person may practice veterinary medicine in this state except within the context of a veterinarian-client-patient relationship or as otherwise permitted by law. A veterinarian-client-patient relationship cannot be established solely by telephonic or electronic means.

(fh) Telemedicine shall be conducted within an existing veterinarian-client-patient relationship, with the exception for advice given in an "emergency," as defined under section 4840.5 of the code, until that patient(s) can be seen by or transported to a veterinarian. For purposes of this section, "telemedicine" shall mean the mode of delivering animal health care services via communication technologies to facilitate consultation, treatment, and care management of the patient.

NOTE: Authority cited: Sections 686 and 4808, Business and Professions Code.
Reference: Sections 686, 2290.5, 4021, 4022, 4836, 4836.1, 4875.1 and 4883, Business and Professions Code.

§ 2034. Animal Health Care Tasks Definitions.

For purposes of the rules and regulations applicable to animal health care tasks for registered veterinary technicians, permit holders and veterinary assistants, contained in the division, the term:

(a) "Veterinarian" means a California licensed veterinarian.

(b) "R.V.T." means a registered veterinary technician.

(c) "Veterinary assistant" means any individual who is not an R.V.T. or a licensed veterinarian.

(d) "Supervisor" means a California licensed veterinarian or if a job task so provides an R.V.T.

(e) "Direct Supervision" means: ~~(1)~~ the supervisor is physically present at the location where animal health care job tasks are to be performed and is quickly and easily available; and either:

(2) the animal has been examined by a veterinarian at such time as good veterinary medical practice requires consistent with the particular delegated animal health care job task; or

(2) the animal has been examined by an R.V.T. as the agent of the veterinarian for purposes of administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasite in accordance with subsection (e) of Section 2032.1.

(f) "Indirect Supervision" means: (1) that the supervisor is not physically present at the location where animal health care job tasks are to be performed, but has given either written or oral instructions ("direct orders") for treatment of the animal patient; and (2) the animal has been examined by a veterinarian at such times as good veterinary medical practice requires, consistent with the particular delegated animal health care task and the animal is not anesthetized as defined in Section 2032.4.

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

(h) "Administer" means the direct application of a drug or device to the body of an animal by injection, inhalation, ingestion, or other means.

(i) "Induce" means the initial administration of a drug with the intended purpose of rendering an animal unconscious.

(j) "Veterinary Assistant Controlled Substances Permit" or the abbreviation "VACSP" means a Veterinary Assistant Controlled Substances Permit issued by the board.

(k) "Permit holder" means a person who must be at least 18 years of age and is a holder of a VACSP issued pursuant to section 4836.2 of the code.

NOTE: Authority cited: Sections 4808, 4826 and 4836, Business and Professions Code. Reference: Sections 4836, 4836.1 and 4853, Business and Professions Code.

§ 2036. Animal Health Care Tasks for R.V.T.

(a) Unless specifically so provided by regulation, an R.V.T. shall not perform the following functions or any other activity which represents the practice of veterinary medicine or requires the knowledge, skill, and training of a licensed veterinarian:

(1) Surgery;

(2) Diagnosis and prognosis of animal diseases;

(3) Prescription of drugs, medicines, or appliances.

(b) An R.V.T. may perform the following procedures only under the direct supervision of a licensed veterinarian:

(1) Induce anesthesia;

(2) Perform dental extractions;

(3) Suture cutaneous and subcutaneous tissues, gingiva, and oral mucous membranes;

(4) Create a relief hole in the skin to facilitate placement of an intravascular catheter;

(5) Drug compounding from bulk substances;

(6) Administer preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites in accordance with subsection (e) of Section 2032.1.

(c) An R.V.T. may perform the following procedures under indirect supervision of a licensed veterinarian:

(1) Administer controlled substances;

(2) Apply casts and splints;

(3) Drug compounding from non-bulk substances.

(d) Subject to the provisions of subsections (a), (b), and (c) of this section, an R.V.T. may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over an R.V.T. shall be consistent with standards of good veterinary medical practices.

NOTE: Authority cited: Sections 4808, 4826 and 4836, Business and Professions Code. Reference: Sections 4826.5, 4836, 4836.1, 4840 and 4840.2, Business and Professions Code.