



**VETERINARY MEDICAL BOARD  
MULTIDISCIPLINARY ADVISORY COMMITTEE  
MEETING MINUTES  
JANUARY 24, 2023**

The Multidisciplinary Advisory Committee (Committee) of the Veterinary Medical Board (Board) met via a teleconference/WebEx Event on **Tuesday, January 24, 2023**, with the following location available for Committee and public member participation:

Department of Consumer Affairs  
1747 N. Market Blvd., Hearing Room 186  
Sacramento, CA 95834

**10:00 a.m., Tuesday, January 24, 2023**

**Webcast Links:**

Agenda Items 1.–5. (<https://youtu.be/jdbq5sDuPSw>)  
Agenda Items 4.A. (cont.), 6.–12. (<https://youtu.be/C8N9DLS6loY>)

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

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

Committee Chair, Leah Shufelt, RVT, called the meeting to order at 10:00 a.m. Executive Officer, Jessica Siefertman, called roll and six members of the Committee were present; a quorum was established. Kevin Lazarcheff, DVM, was absent from roll call but was present for the meeting.

**Members Present**

Leah Shufelt, RVT, Chair  
Richard Sullivan, DVM, Vice Chair  
Christina Bradbury, DVM, Board Liaison  
Kevin Lazarcheff, DVM  
Jennifer Loreda, RVT, Board Liaison  
Dianne Sequoia, DVM  
Marie Ussery, RVT

**Staff Present**

Jessica Siefertman, Executive Officer  
Matt McKinney, Enforcement Manager  
Timothy Rodda, Administration/Licensing Manager  
Patty Rodriguez, Hospital Inspection Program Manager  
Rob Stephanopoulos, Enforcement Manager  
Nellie Forget, Enforcement Analyst

Jacqueline French, Enforcement Analyst  
Kimberly Gorski, Senior Enforcement Analyst  
Amber Kruse, Senior Enforcement Analyst  
Jeffrey Olguin, Lead Administrative & Policy Analyst  
Jeff Weiler, Enforcement Analyst  
Karen Halbo, Regulatory Counsel, Attorney III,  
Department of Consumer Affairs (DCA), Legal Affairs Division  
Tara Welch, Board Counsel, Attorney IV, DCA, Legal Affairs Division

### **Guests Present**

Marilu Barnsdale  
Dan Baxter, Executive Director, California Veterinary Medical Association (CVMA)  
Brittany Benesi, San Francisco Society for the Prevention of Cruelty to Animals  
(San Francisco SPCA)  
Jeff Blea, DVM  
George Cavinta  
Jacque Comstock Brown  
D. Cuellar  
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association  
(CaRVTA)  
Dan Famini  
William Kent Fowler, DVM  
Melissa Gear, Deputy Director, DCA, Board and Bureau Relations  
Jeni Goedken, DVM  
Anita Levy Hudson, RVT, CaRVTA  
Sarah Irani, Moderator, DCA, SOLID  
David Johnson  
Christine Lally, Chief Deputy Director, DCA, Executive Office  
Charles Lozow, Esq., Veterinary Cannabis Society (VCS)  
Bonnie Lutz, Esq.  
Michael Manno  
Paul McClellan, DVM  
Grant Miller, DVM, CVMA  
Erin Norwood  
Kristi Pawlowski, RVT  
Jeff Pollard, DVM  
Gary Richter, DVM, VCS  
Barbara Schmitz, San Francisco SPCA  
Jacki Smith  
Marcia Smith  
Cesar Victoria, DCA, Office of Public Affairs  
Pamela Wittenberg, DVM

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

Webcast: [00:01:09](#)

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

### 3. Review and Approval of October 18, 2022 Committee Meeting Minutes

#### [Meeting Materials](#)

Webcast: [00:02:04](#)

Ms. Shufelt presented this item. She requested a revision on page 2, under the list of Guests Present, change Nicole Dickerson from DVM to RVT.

- [Motion](#): Richard Sullivan, DVM, moved and Dianne Sequoia, DVM, seconded the motion to adopt the minutes as amended.

[Ms. Shufelt](#) requested public comment before the Committee acted on the motion. There were no public comments made on this item.

Ms. Shufelt called for the vote on the motion. Ms. Siefertman took a roll call vote on the motion.

- [Vote](#): The motion carried 7-0.

### 4. Update, Discussion, and Potential Recommendations from Equine Practice Subcommittee – *Richard Sullivan, DVM, and Marie Ussery, RVT*

Webcast: [00:07:05](#)

#### A. Recommendation Regarding Legislative Proposal to Amend Sections 4825.1 of Article 2 and 4875.1 of Article 4, and Add Sections 4826.01, 4826.6, and 4829.1 to Article 2, Chapter 11, Division 2 of the Business and Professions Code

#### [Meeting Materials](#)

Dr. Sullivan presented this item and the meeting materials. The Committee discussed the legislative proposal and received public comment as follows.

#### **\*Proposed Amendments to Business and Professions Code (BPC) Section 4825.1(a)–(f)**

#### [Meeting Materials](#)

Webcast: [00:54:30](#)

The Committee discussed and made the following revisions to BPC section 4825.1 as follows (proposed additions are in [underline blue text](#)):

[...]

(e) "Herd" refers to any group of [two or more](#) animals of the same species and located at the same geographical location.

[...]

The Committee discussed the issues related to "client" and owner in the definition, and issues that may occur in equine practice and instances where theriogenology is involved.

[Ms. Shufelt](#) requested public comment on this item. The following public comments were made on this item:

- [Bonnie Lutz](#), Esq., stated that the Committee put a lot of work into this. She thought it was amazing, but she had a couple of issues. Her biggest issue was the definition of "owner." She stated she had been dealing with a lot of strict liability lawsuits lately, and "ownership" of an animal was an issue. She added she deals with VMB complaints where, for example, there was an adult child who brought the pet home, the adult child went away to college, then the father wanted the animal euthanized, and the adult daughter came home from college and did not want it euthanized. Ms. Lutz stated it ends up being a nightmare as far as the [veterinarian-client-patient relationship (VCPR)] and who the client is and who is calling the shots. She stated the problem was there is no definition in any state to who owns an animal. She continued by stating that if an individual has medical records on that animal or the animal is registered under that person's name, then technically that person is the owner. She added that is used for strict liability cases, but she thought it would be a little harder to just deal with the owner, especially with equines and potentially litters of puppies. She stated that she did not know if the Committee knew Martina Greer, but she brought this issue up at an [American Veterinary Medical Law Association] AVMLA meeting several years ago because she [Greer] is a theriogenologist. Ms. Lutz also stated that she hated to open up another can of worms because the Committee just dealt with "herd," but she did not know if there was some way to more clearly define "owner" to avoid dealing with a nightmare. She thought the Committee's idea about "herd" was really good. She added she had a little bit of an issue that Martina Greer brought up about theriogenologists, who deal with litters of puppies all the time, and what if there was just one puppy is that is that just one puppy. She stated she would think, you have to examine that one puppy, but she thinks clarification would be great since she deals with clarifications all the time.

[Dr. Sullivan](#) stated that in relation to the VCPR, which is linked to the medical records, at some point somebody has to take ownership. Dr. Sullivan asked Ms. Lutz, in relation to the term "client" and then later on allowing the "agent" to speak for the "client" or the "owner", how she would clarify it more than what it was.

- [Ms. Lutz](#) responded that she liked "client" better than "owner" only because she recently got involved with these cases, which are a mess. Ms. Lutz provided "owner" problem examples, such as an adult daughter, who claimed to own the pet but was away at college or someplace else, and the father brings the animal for veterinary treatment, or there is a disagreement between two spouses, or they are getting divorced and one of them gets the animal and the other one says well, it was her dog to begin with. She felt "client" was better because the person who signed or put their name on that client information form or the person who signed the authorization for the euthanasia or medical procedure was the "client," and that is the person who the veterinarian is dealing with. She stated "client" is the person who signed the authorization and "owner" who could be a completely different person than the person who signed the authorization.

[Dr. Sullivan](#) asked Ms. Lutz if she thought the definition for "client" was more specific here by stating that the client is the owner or person who signed the animal patient in, as the client is the owner in regard to the medical records and the VCPR.

- [Ms. Lutz](#) responded no, because the definition would take something that, to her, was the client, which is easier for her to define because that is the person who signs that client information form or authorization for care—that is the client. She stated the proposed definition would use a term that was less specific rather than more specific.

[Tara Welch](#) responded that the Committee was concerned about establishing boundaries for licensees and trying to find ways to protect the consumers, so it needed to come up with a way to have an agent for what the Committee had heard are bad scenarios on racetracks and situations where another individual, such as a horse trainer, was telling the veterinarian to perform specific treatments. She added the Committee was trying to address that larger issue and what the veterinarian needs to do to protect themselves. She added the Committee did not put any requirement that the agent authorization be in writing because many times, especially in small animal clinics, it was oral if at all; when the veterinarian has emergency situations where the veterinarian receives an animal patient from an owner's neighbor and the neighbor does not have anything in writing authorizing them to be the agent for the owner, the licensee would need protection to comply with the law. She added they have to have a relationship with the client. She suggested that perhaps the Committee could consider creating a non-liability clause for the veterinarian who is relying on the representations of the individual bringing the animal for care would that help.

- [Ms. Lutz](#) noted that in most veterinary hospitals, they are going to get authorization for emergency care, euthanasia, and surgical procedures, so she counted on that; she looked at who signed that authorization—that is the person. She did not care if the person was called "owner," "client," "neighbor," or whomever, but they are the person who is on the line who states "yes, euthanize this animal;" that really was the issue because

veterinarians do get those authorizations, and they do have client information forms that are filled out by the client. She added that sometimes there is a daughter, mother, and father, and they are all named on the client information form, but at least the veterinarian has that authorization. She understood horse situations were different, but she thought the definition of "owner" was the same; equine practitioners who are in the room would agree that horses oftentimes are owned by many people, so saying that the "client" is the owner, the owner could also be very confusing.

[Ms. Welch](#) responded that in that case, the Board could add parent after owner. She added the Committee was anticipating situations where there are multiple owners, but the Committee was trying to call to attention the veterinarians need to ensure that whoever is requesting treatment needs to have a legal right to do so. It cannot just be that someone thinks that a particular horse will perform better for the trainer if it gets certain medication. She added the owner needs to be involved in these decisions or have delegated that authority to someone else.

- [Ms. Lutz](#) stated she understood the horse situation and hated to see a new statute or regulation that also would apply to all of her clients where there would be a lot of confusion about the client as the owner because owner has no legal meaning as far as a pet in California. She continued that it really did not have any legal meaning, and that was the struggle with the strict liability statute because what is an owner. She added that an individual does not sign on the bottom line to be the owner of a pet; there is usually no record of that, so while she understood the issue with equines, she was concerned about her small animal clients and the effect that it would have on them by defining all clients as owners because there will be people who will pick that up and say, okay, well you are not the person on the license, so therefore you are not the owner, you are not the client.

[Ms. Welch](#) responded that the Board could put in a provision that stated the veterinarian shall not be liable for relying on ownership status reported by the individual who brought in the animal. She added the veterinarian has to rely on items, such as an intake form, filling out names, including who is the animal owner. She added if a person stated they were the owner, the Board would rely on that. The intent was not to create a situation where veterinarians need documentation that the individual has some kind of legal interest in this animal; this was about trying to allow the veterinarian to work and have a relationship with the client to diagnose and examine the animal patient and communicate the diagnosis and treatment plan so the client is involved. The Board is not trying to create additional problems for the veterinarian, but right now those problems exist in other contexts.

- [Ms. Lutz](#) suggested defining "client" as the person responsible for the care of the pet.

[Christina Bradbury](#), DVM, responded if the language stated "owner(s)" instead of owner, that would help define the client as either of those people.

- [Ms. Lutz](#) responded that it would not solve the problem with equines because the proposal defined agent.

[Dr. Bradbury](#) noted that further down in the proposal there was language that defined trainer, and she inquired if this would resolve the problem Ms. Lutz was worried about.

- [Ms. Lutz](#) responded as long as the proposal did not have two different definitions of agent, then that would work for everything. She added it needed to be clear who was the agent in small animal settings and the trainer in equine settings, however it was defined. She thought an "agent" was a political term, not the legal term, and it would be more easily understood than owner.

[Jessica Sieferman](#) stated that on page 6 of the meeting materials, under proposed BPC section 4826.01, subdivision (c), the client may authorize an agent to act on the client's behalf, so there was not a formal definition of the agent; that was just the only other place where there was authorization for the agent.

- [Grant Miller](#), DVM, stated in building on Ms. Lutz's suggestion, one suggestion that Ms. Welch had was to create a liability disclaimer. He added that another way might be to change the definition of "clients." He stated that right now the language had a noun in place of a noun. He suggested putting in an action to describe what the client is, so it would be verbs instead. He added the client is the person who identifies themselves as the decision maker for the animal or is the person seeking services for the animal. He stated there may need to be a subsequent definition of "agent," although he tended to agree that agent was inherently defined. He stated that instead of saying this noun is a noun, say this noun is doing the following things, so the client is the person who presents the animal to the veterinarian and identifies themselves as the one having the authority to make decisions for the animal's health care needs. He added that the components of the VCPR designate the veterinarian as the person to provide care for the animal, and the client chooses the veterinarian. He stated the clients are the ones coming in and saying they would like veterinary services. He suggested rephrasing the verbiage to remove the owner problem by taking the noun out, instead of just swapping nouns and putting closer identification onto what is happening in the VCPR.

[Ms. Sieferman](#) opined as far as the enforcement perspective, she understood what Dr. Miller was saying. She thought in what was stated, there would continue to be scenarios where the owner is filing a complaint regarding an equine, saying the trainer provided these medications, and she did not want the trainer to do any of that. She asked how would the owner (consumer) be protected.

- [Dr. Miller](#) responded the statutory language can be phrased in the correct way. He believed the problem could be solved in regulations by creating a separate record-keeping requirement for those who are treating a "herd." Dr. Miller noted the Wisconsin language provided by CVMA has a trifurcated record-keeping structure so that for an individual, small animal, certain data has to be collected. Dr. Miller stated that Wisconsin defines a herd as livestock or food animal and provides for the type of appointment. Dr. Miller stated there is an opportunity in there to require the veterinarian to identify either the "agent" or the "owner." He thought the regulations could provide for this. He asked that if the veterinarian goes to a horse farm and not every single owner is present, what is the veterinarian's obligation to determine that. He thought this was very reasonable as an equine veterinarian himself. He stated there are very few circumstances anymore in which he does not ask the trainer about who is the owner, what was their desire, what do they want, and what was their concern. He added that he views the "agent" to be more of a conduit of information, rather than a decision maker. He thought that if the agent were to be the decision maker, the veterinarian would need to have some kind of documentation showing that the agent had that responsibility, so some kind of agreement between the trainer and the horse owner to say "I, as the trainer, have this carte blanche ability to make decisions for your horse," if it was in their training program. Dr. Miller continued that might be something veterinarians would have to obtain by documentation in the records for those circumstances; that would not be statutory as much as it would be regulatory in those circumstances as a record-keeping requirement. He added that in a herd situation where the agent is acting on behalf of multiple different owners, was there some kind of documentation the veterinarian can obtain to show that the agent has the ability to make decisions on behalf of the owner, because if the trainer says, "Well I do not have anything that allows me to do that," the veterinarian has a responsibility to go back to the person who does have responsibility. Dr. Miller stated that if they are just the agent and they do not have the ability to make those decisions, the veterinarian would have to find somebody who could make those decisions for the horse.

[Dr. Sullivan](#) asked whether "client" needed to be defined, because "client" is used a lot in the VCPR.

- [Ms. Lutz](#) agreed with Dr. Miller and stated that either client should be defined by what the client does or leave it as client. She stated that "client" is a legal term that she feels comfortable defining, whereas an agent is a legal term. She brought up that she had a lot of friends who show horses and dogs at very high levels, and those dog handlers have extensive agreements. She added there is another area where the agent could be used, but she thought defining it by what the client actually does rather than just saying who is the client would be less problematic. She suggested leaving it as client, because if the owner complains, the Board also does not know who is the owner. She stated when the Board gets a complaint and it states, "This is 'Sally Jones', I am the owner of 'Fluffy,'" the Board does not



know whether she is the actual owner or how they determined that they were the owner. She added the Board would do the investigation anyway, and at the end of the day, there would not be this confusion about who actually authorized the procedures because it would matter who authorized the procedure, not who made the complaint.

[Drs. Bradbury](#) and Sullivan discussed the need for "client" to be located only in the definitions section, taken out, or if it needed to be defined elsewhere.

- [Ms. Lutz](#) responded that she was comfortable with "client" because she can look up all kinds of case law that talks about clients and who the client is. She stated it is a legal term; "owner" is not really so. By defining "client" as owner, that would lead to more problems than just having it be client.

[Dr. Sullivan](#) asked staff if "client" needed to be defined here.

[Ms. Welch](#) responded she did not know. She stated these were really substantive changes that take some time to deliberate on. She asked if the Committee thought that the current [Veterinary Medicine Practice Act (Practice Act)] with this use of "client" and the regulations were fine the way they are and do not need to be further defined for the situations the Board was trying to resolve that CVMA, [California Horse Racing Board (CHRB)], and others raised with the issue of trainers authorizing treatment and who was the "client." She stated that removing "client," however it is defined, seemed to bring the issue back to the same problem the Committee was attempting to resolve. She reiterated the Committee was trying to resolve something that was brought to the Board, and if the Committee took out any definition of client, the Board would be back to where it was. She thought it was possible to come up with a definition of "client," which would be someone who presents the animal to the veterinarian for veterinary care and represents to have authority to make decisions for the animal's care. She cautioned the Committee that it needed to be careful and take its time to think this through properly, and she cautioned against making changes on the fly and then providing it to the Board where it just gets passed out. She advised the Committee to be mindful of the changes it was making, because the term "client," as soon as it is defined, would have a significant meaning.

[Ms. Siefertman](#) added she wanted to make sure that the consumer is protected when the consumer states they did not want the trainer to do those things, and the trainer does it anyway.

[Dr. Sullivan](#) stated there are sections throughout [the Practice Act] where the term "client" is used, and it has not been defined up to this point. He added the decision then is one of two things: either define it as Ms. Welch had given or to remove it. He asked for the Committee's input.

[Dr. Bradbury](#) did not think the term should be removed based on the whole purpose of this discussion. She understood why there were thoughts of

removing it, but as she listened to Ms. Sieferman and Ms. Welch, she thought about the issue of people who have their horses at a facility, and they felt like they did not give the authorization that they felt they would have liked.

[Dr. Sullivan](#) responded that Ms. Welch's definition would not resolve that issue, as her definition of client is the person who brought the animal to the veterinarian and, in this case, it is not the owner.

[Ms. Welch](#) agreed, but either the individual was present or they were designating somebody else to present the animal on their behalf. She thought it could work and be broad enough for small animal clinic purposes.

[Dr. Bradbury](#) suggested that the Board could add Dr. Miller's suggestion later into regulations but that there be a written documentation requirement.

[Ms. Welch](#) noted that the Board might not want an extra document from the perceived client or perceived agent. However, there could be documentation in the medical record on who is the agent authorized for the treatment on the client's behalf, but for these purposes, to establish the VCPR, which is the contractual relationship between the veterinarian and the individual presenting the animal for care. She thought the Committee should come up with a definition for "client."

[Dr. Sullivan](#) reminded the Committee that it would not address the equine stable issue.

[Ms. Welch](#) responded the owners are not at the stable, so they could delegate their agents.

[Dr. Sullivan](#) asked for verbiage to define "client."

- [Dr. Miller](#) stated for consistency, [page six](#) of the meeting materials, to [BPC section] 4826.01, subdivision (a)(1), states "the client has authorized the veterinarian to assume responsibility for medical judgments regarding the health of an animal." He suggested that would probably be verbiage that the Committee was looking for—the action that defines the client.

[Dr. Sullivan](#) asked if the definition of client was in statute, whether it needed to be defined under definitions.

- [Dr. Miller](#) responded, it would be nice. Dr. Miller stated that Dan Baxter said it could go either way and, in his opinion, either do not have anything there for client or define it as the action that they are doing. Dr. Miller did not think it would hurt to have it in a definitions section. He added that he always likes terms to all be grouped in a definition section as it is very helpful to users of the [Practice] Act to have that there. He stated that Ms. Lutz would probably fix him on that. He reminded the Committee that "client" is not necessarily one person, so if the definition is an individual who authorizes...there may be multiple people who authorize, and he suggested the Committee might

want to look at that a little bit more. He explained that he has syndicate-owned horse situations where the horse's body is owned by one person, and the sperm is owned by another person; any sperm that comes out was the possession, ownership, and control of another individual. He added that it can get really complicated with some of these syndicate ownerships to try to figure out who was beholden with various parts of the body. He thought there should be discussion to the term an "individual," because the client could be multiple people, but the action is clear – they are the ones who are presenting or authorizing the agent as the one presenting, but they authorize the veterinarian to assume responsibility for medical judgments regarding the health of the animal.

[Ms. Welch](#) responded that it was not just authorizing the veterinarian to examine, diagnose, and treat; there has to be more. She added that if owner was stripped from the definition, then the "client" would have to represent their authority over the animal in some manner; that was the missing piece. She added, who is the client – they have some right or authority over the animal to be able to enter into this contract with the veterinarian – that is the piece, because otherwise the trainer is the client, which is the same problem.

- [Dr. Miller](#) responded that it is a good clarification, and that was correct.
- [Ms. Lutz](#) responded that definitions are great. She added that this happens all the time; a term is defined in one place and when used someplace else should be defined there, too, just so there is not any confusion and it is clear in that particular statute. She noted that the Board has subject matter experts who are reviewing these things and sometimes, they do not have a complete grasp of the whole Practice Act. She stated she has some new attorneys she is training who do not have a complete grasp, and so it is really great if the definition is included with anything new, if that definition is important, or at least refer back to where it is defined.

[Dr. Bradbury](#) suggested that the definition of client could be “an individual or individual(s) that has demonstrated the authority to make decisions regarding a patient or herd.”

[Ms. Welch](#) responded that “demonstrating” could be misconstrued and be difficult. She thought the definition would have to be that the client is making some kind of representation to the veterinarian that they have authority over the animal's care.

[Dr. Sullivan](#) asked if the Committee wanted to work on this in the next couple of hours and come back to it. He thought it has to be addressed legally or it should be placed on halt.

[Ms. Welch](#) recommended moving forward to see if there are any other concerns with the rest of the proposal, and then once the Committee identified the things that needed tweaking and, depending upon how difficult it would be to resolve

the issues, the Committee could put a pause on it and bring it back later. She wanted to be really mindful that these were substantive changes, and she did not know whether the Board and the public would have effective notice of significant changes. She did not think the Committee needed to rush this. She stated it was possible that today, the Committee could talk, identify concerns, and then come back in April after working with CVMA.

[Dr. Sullivan](#) stated this is the legislative package, so if the Committee did not resolve this now, it will be put off for another year.

[Ms. Welch](#) asked if the Committee wanted to move forward and see if there were any other issues.

[Ms. Shufelt](#) requested public comment on this item. The following public comments were made on this item:

- [Jeni Goedken](#), DVM, stated she had some concerns, but she did not know if the time had passed because the Q&A [Question and Answer] was not open. She referred back to the definition of "herd." She stated it was more of a clarification from an enforcement standpoint, as well as just make protecting both members of the public and licensees. She stated the way she read it in the context of prophylactic care, which could be vaccinations, two species in a same geographic household, such as two cats in a household, an exam may not have to be done on a second cat in a carrier that comes in for prophylactic care, such as a distemper vaccination. She was trying to figure out what exceptions might be made that would butt heads with the unwritten standard of care in the veterinary community and the veterinarian possessing sufficient knowledge. She did not want this to turn into a thing where members of the public say "you do not have to interpret this as 'why does a veterinarian have to do an exam on the second cat'" sort of thing. She knew there were members of the public who come to enforcement and state their veterinarian will not refill heartworm prescriptions without an exam, and she wanted to make sure that there was nothing in the proposal that would do the opposite and almost have certain practitioners. She was specifically thinking of small animals in this case. She felt cornered into over interpreting this for the sake of a client. She pointed to the veterinarian possessing sufficient knowledge. She opined the veterinarian could state "I do not feel like I possess sufficient knowledge of your other cat to go ahead and vaccinate without establishing a VCPR." She stated, just clarifying that the definition of "herd" can just be two cats in a household and prophylactics could mean vaccination.
- [Paul McClellan](#), DVM, an equine veterinarian of 40 years, stated he wanted to speak about this unique aspect of veterinary medicine in the equine world, for a large majority of horses, it is a business, and there are people in the middle between owners and veterinarians, He stated it was true that very often, the client is not the owner. He added that very often, the "client" may not even be present and a subordinate was presenting the animal. He

stated there are numerous business variations to this theme that needed to be considered. The other comment was protection of the consumer is an important part, and the proposal should not be exclusive of protection of the horses. He stated that the idea that the consumer knows what is best for the horse or knows anything more important about the horse's health is a naïve thought. He stated that the reason that so many of these horses are put with trainers is that to care for them properly, for the use that people are using the various uses, the trainer has much more expertise and knowledge of the care of the horse. He stated that most of the time, in his experience through many years, when people say "I did not know the trainer was doing this," the majority of the time is because they simply do not want to pay the bill and because these contracts are all verbal and assumed, and that is historically how it is operated. He stated that veterinarians need the paperwork trail of signatures to say "yes, I did authorize this person to make decisions about their horse." He added he has clients who do that, they put it in writing, and they may make exclusions except for this situation or that situation, but those are business contracts that get in the middle of what veterinarians are trying to accomplish here.

Dr. Sullivan responded to the comment about the two cat situation. He stated that, when the Board writes these regulations, they would not supersede the authority of the veterinarian; the veterinarian decides, it is their license, and the veterinarian decides whether there has been a proper examination for the herd to do whatever they are doing, or for two individual animals. He stated that is who sets the criteria, not the public.

*\*Agenda items for this meeting were taken out of order, and the Committee moved to [Agenda Item 4.A. \(proposed amendments to BPC section 4826.01\)](#). The Committee returned to this item after Agenda Item 5. The order of business conducted herein follows the publicly noticed Committee meeting Agenda.*

*Proposed amendments to BPC section 4825.1 continued (Webcast Part 2: <https://youtu.be/C8N9DLS6loY>)*

Ms. Welch reported she located two statutes in the Practice Act that use the term "owner," BPC sections 4826.1 and 4827. It seemed to her the Board is not struggling with definitions of owner in either of these sections. She explained BPC section 4826.1 pertains to removing liability of a veterinarian who renders emergency treatment to a sick or injured animal in the absence of the owner of the animal, and BPC section 4827 provides an exemption from the practice of veterinary medicine when a bona fide owner practices veterinary medicine on their own animal, and applies to the owner's bona fide employees and any person assisting the owner. Ms. Welch asked the Committee to consider that these statutes contain the term "owner," and the Board does not have trouble interpreting this term in those sections, and perhaps the proposed definition of client to mean the owner of the animal could be maintained in the proposal. Ms. Welch also asked the Committee to consider whether BPC section 4826.1 should include a non-liability provision. Ms. Welch offered proposed language to

add to BPC section 4826.1 a new subdivision (b) stating “A veterinarian shall not be liable in damages to the owner of an animal when the veterinarian relies on representations by an individual that the individual is the owner of the animal.” Ms. Welch stated this proposed amendment is intended to supplement the definition of client and protect the veterinarian when they are presented with an animal for treatment so the veterinarian does not have to track down documentation of the owner of the animal and the veterinarian can rely on the representations of the individual to enter into VCPR with the individual and provide treatment. Ms. Welch reiterated her requests: (1) keep the definition of “client” to mean the owner of the animal; and (2) consider adding a non-liability provision.

[Dr. Sullivan](#) stated his understanding of Ms. Welch’s proposal would be that the Committee would agendaize the proposed amendments to BPC section 4826.1 for the next Committee meeting if the Committee wanted to move forward with those amendments.

[Ms. Sieferman](#) stated that if this legislative proposal is introduced this session, at following meetings, the whole legislation would be agendaized; if the Committee wanted to add to that legislation, it would be agendaized and discussed at that time the proposed amendments could be added to the proposal; the Board would agendaize and discuss amended the legislation later.

[Ms. Welch](#) reiterated the point would be to move forward with the current legislative proposal, get the proposal introduced, and potentially amend that bill at a later date.

[Dr. Bradbury](#) stated it seemed like the challenges with owner are not in this setting, but more of a civil issue.

[Ms. Welch](#) stated she researched and found strict liability under the Civil Code for dog bites, which provides that if a dog bites someone, the animal owner is strictly liable for damages to the individual who was bitten. She continued that liability is the owner to the victim. The Committee is trying to determine the owner for purposes of creating a VCPR to treat an animal, not to make the veterinarian responsible for getting written confirmation that the individual is the actual owner of the animal, which may or may not existing depending upon the paper trail that follows the animal. To the extent there is a paper trail, that would be helpful and protects the owner in the event that someone, like a horse trainer, purports to the veterinarian to either be the owner or designated agent on behalf of the owner and is requesting the veterinarian provide treatment. In other scenarios, like small animal clinics, there are many situations where an animal is presented to a veterinarian for examination and treatment, and the intent is not to make the veterinarian take the extra step of receiving written documentation, but this language would provide the owner to designate an agent on their behalf. If there was no such designation, the owner would have some form of protection, but not against the veterinarian. That is why she thought the amendment for non-liability for relying on representations was

important. The intent is to better define who are the individuals in each scenario – the veterinarian, the individual who purports to own the animal, and other individuals who are standing in the place of the owners and creating the relationship with the veterinarian and consenting to treatment.

[Ms. Shufelt](#) requested public comment on this item. The following public comment was made on this item:

- [Ms. Lutz](#) understood this was a difficult issue, but these are older statutes, and "owner" is never defined in the Practice Act, so the proposal would define "client" as "owner;" even though "owner" appears in other statutes, it is never defined. She only brought up the strict liability thing because she deals with this all the time in administrative cases because it is very difficult to determine who called the shots, who was the "owner." She still thought that just because the term "owner" is used in older statutes, it has never been defined, so it does not really give any assistance as to how to define it in this new, very important, very different statute that the Committee is proposing. She still thought the Committee would be better off just calling it a "client" and leaving it at that and trying to stay away from the word "owner," because the "owner" used in these two statutes is not really a problem like it could be in this new one.
- [Dan Baxter](#), CVMA, agreed with Ms. Lutz. He asked whether the inclusion of an additional definition at all was even useful and helpful to the people who are going to be reading and relying on this text. He thought the answer was "no" to that question. He stated this framework was dealing with the VCPR, and client is a term, that through custom and usage, was well understood. He thought to go the extra step of defining "client" was something else, and as Dr. Miller put it, in this case, a noun for a noun, in its original format, was unnecessary. He stated that while he very much appreciated the efforts over the lunch break to "put more meat on the bone," he kept coming back to the same result that it is not going to be a net benefit to those who are going to be reviewing this and could actually create additional confusion. He agreed with Ms. Lutz that the whole provision should just be left by the side of the road and was not needed.

[Ms. Welch](#) asked Mr. Baxter for comment on whether or not a non-liability provision would be helpful.

- [Mr. Baxter](#) thought the Committee either would do both or do neither, in his opinion. He stated if the Committee altogether was going to jettison the language for the definition of client, he did not think a liability protection of the type that was discussed was needed; if that provision was added, then he agreed that a liability provision would be well taken.

[Dr. Sullivan](#) asked Mr. Baxter, in relation to the VCPR, who was the client.

- [Mr. Baxter](#) stated, and he is obviously not the clinician here, but as he understood it, the word "client" is well understood. He believed it was used at other points within the Practice Act, and he thought, just through custom and usage, it was something that everybody sort of intuitively understands. He agreed with the sentiment, although he does not think it should be put in the definition section, but does agree, generally, with the sentiment that Dr. Miller espoused, which was the subdivision dealing with all of what the Committee was functionally trying to do, there is more definition, more substance.

[Dr. Sullivan](#) responded that when he looked at the term VCPR, his first thought was the "client" is the owner of the animal.

- [Mr. Baxter](#) responded sure, but questioned whether that needed to be made explicit in the [Practice] Act when the term "owner" is sort of as fraught as discussed here today.

[Dr. Sullivan](#) responded if the Committee wanted to define "agent," then he would say yes. He stated that is the reason the Committee was trying to put it in there, because it had to do with defining the "agent," who now would be working in the space of the "client," who is ultimately the owner of the animal.

- [Mr. Baxter](#) responded sure, and [BPC section] 4826.01, subdivision (a)(1), states the client has authorized the veterinarian to assume responsibility, which puts some additional sort of texture as to what "client" might mean. He added the client is authorizing a veterinarian to assume responsibility for medical judgments regarding the health of the animal, and then later on that authorization can rest within an agency relationship, and an agent can do that. He stated he kept coming back to what was the utility of defining "client" in the proposed statute. When he thought the people in the room have an understanding as to what the "client" is, he wondered whether it added anything, did it help anything, did it clarify anything. He did not think it did.

[Dr. Bradbury](#) responded she thought the Committee was here because there was some ambiguity to what a VCPR or patient-client relationship is, and that definition. She added, whether that was established in certain cases, such as in a racetrack setting or some of equine settings. She thought the Committee got here because there was some ambiguity, and she believed the purpose was to try and clarify the language to minimize a concern regarding potential disciplinary action. Her concern about removing it was that the Committee had not moved forward in that, and it still would have a gray area. She knew about the part that Mr. Baxter identified and read clarified it better than where the Committee began. She expressed concern the Committee is not moving things forward, except for adding the definition for "herd" and some of the other parts, but the specific issue that came up, would still be there.



[Ms. Welch](#) agreed and stated that if the "client" was just anyone who created the relationship, then that could be the trainer or agent. She added that there would be no special designation or reason to have "agent" because the trainer could be the person establishing the VCPR. Client, otherwise, would mean anybody who authorizes the veterinarian to examine, diagnose, and treat.

- [Mr. Baxter](#) responded to Dr. Bradbury as he believed that in terms of not providing enough clarity and maybe not getting to the place where we want to be, is that the agency language that is contemplated to be added, gets us where we need to be. He sees that it is the real engine to everything that is happening here.

[Dr. Bradbury](#) asked for clarification regarding Mr. Baxter's comment about her suggestion to add owner, owners, or designated agent.

- [Mr. Baxter](#) clarified he would not be strongly opposed to that but keep it as simple as possible. He believed with the introduction of the agency language, there was a need to do so. Additionally, the word "client" is a known quantity and an understood term. He thinks it is a term of art in this context and is well established. He believes using that verbiage, and creating an agency provision, which is the driving force of the additional sort of authorization that this framework will allow, gets the "royal we" to where we need to be. He does not think an additional definition is needed.
- [Dr. Miller](#) reiterated the action item of identifying the client and suggested if the definition was the person who presents the animal for care and with whom the veterinarian communicates to establish the VCPR then there can still have a definition of an "agent." He stated the "agent" is the person who can assume that role, whatever that action is they are doing. He thinks there is an opportunity to define that with "client," if the Committee would like, and leave "agent" as a subsequent definition.

[Ms. Sieferman](#) and Ms. Welch responded if that was the language, there would not be a need for agent because the trainer in that scenario would just be the client. The trainers are presenting the animal.

- [Dr. Miller](#) stated he understands, and he believes there is a difference, between a legal presentation and a physical presentation of the animal. He provided an example where he brought an animal to you. He explained that is physical but legally, somebody else was procuring your services. He stated that should be at the direction of the client, which in some cases is the owner, and that is where the problem lies. He stated that Dr. Sullivan had mentioned when he thought of the client, it was the owner. He opined that is precisely the challenge with the Practice Act. He continued, stating that the Board and Committee, in the entirety of their existence, had been composed of primarily small animal practitioners. He noted the world that we all think in is the one in which we have practiced. He stated that in the equine world, it just is not that clean and clear, so he appreciated the

sentiment that "client" and "owner" are a synonymous term, but it is not the same in all facets of practice. He believed that was why he thinks we do need to put more effort and thought into how this will proceed.

[Dr. Sullivan](#) agreed with Dr. Miller, but believes the exception needs the client statement of this being the "owner." He continued, then the "client" can delegate the agent to represent them because that is really where it was started. He asked how to get "agent" into this so they can have taken the responsibility of being that owner away from home.

- [Dr. Miller](#) responded it comes down to the provision identifying a "client" as a person who does the following actions, and our law allows for that client to authorize an "agent" to act on their behalf. He stated, we are similarly doing this with RVT language by allowing an RVT to act as an "agent" of the veterinarian for certain purposes, so we are doing so on the other side. He added, it has to be stated in the law, and the limitations have to be stated in the law. He asked if it was possible to achieve the goal of consumer protection that the Board is after by changing record-keeping regulations downstream. He provided an example of a situation where an equine veterinarian is at the barn and the trainer has ten horses with different origins. He asked if there can be a requirement, in the records for the veterinarian, to obtain documentation to show authorization of this trainer to do that work, to procure the work from the veterinarian or some agreement that the trainer has with the horse owner, to allow them to make decisions about the veterinary care. He asked if that would satisfy the Board's goal of consumer protection in that regard.

[Ms. Welch](#) responded no, because that would go back to who is creating a relationship with the veterinarian, and if it is anybody who is presenting the animal, and they consent to the veterinarian performing something on the animal, that could be anyone. She stated there would not be a need for any legal authority to do that. She thought that by keeping in the medical records who had been designated as the "agent" was helpful to the veterinarian when the owners come to the veterinarian and state they [owners] did not authorize that procedure. That way, the veterinarian can respond that it was a document that they were relying on. But from creating the relationship, if it is anybody who is presenting the animal, then it is anybody; it is not an "owner;" it is not anyone with a legal interest in the animal; it is just anyone who presents the animal to the veterinarian. She asked how to get to establishing that legal interest in the animal such that consumers are protected and then those consumers can designate their "agent" to someone else.

[Dr. Bradbury](#) asked if that meant it gets us there because it allows for that process to happen and for veterinarians to still be able to go out and deal with the designated "agent." She added, if the client is defined as an "owner," she believed it allows equine practitioners to be able to work with the trainers and the people at the barn directly, even though "client" is defined as the "owner"

because the owner designated the person. She asked if the language resolved this issue.

- [Dr. Miller](#) responded that he could review it. He added, he always defers to the attorneys, and he thinks Bonnie [Lutz], Dan [Baxter], and all the attorneys in the room are the ones who are best to answer the question. He stated he takes a simple approach to this when reviewing. He continued by clarifying he tries to embody and reflect in the law what is happening in the real world, because essentially that is what the law is—it reflects the will of the people and looks at it from an action standpoint, such as, what role does this client play in this VCPR. He stated, he does understand the structure that the Committee set forth here to try to accommodate. He noted the unique facet of some practice types where you do not always have the owner of the animal present and he rarely has the owner of the animal present when he is doing his job, and that is just the way it works for equine practitioners.

[Ms. Siefertman](#) responded that she understood the concern of who legally is the "owner," so she asked if the language was changed to "the "client" means the individual who represented to be the owner or presented as the owner of the animal." She stated that way, it is clear to the veterinarian the person presenting the animal is the one who stated they are the owner. She added that we put in liability language that they identify themselves as the "owner." She continued by stating, she thinks a majority of the time, if a trainer is asked if they are the "owner," they are going to respond "no, they are not the 'owner.'" She added, they would not identify as the client, but may identify as the "agent." She noted, if it is stated the "individual who identified as the owner," it the onus is taken off the veterinarian to have to prove that the person is the owner.

- [Dr. Miller](#) responded possibly. He asked, if you could also say they identify themselves as having the legal authority or possessive authority of the animal to authorize the care and treatment.

[Ms. Welch](#) responded that is the trainer; the trainer possesses the animal at the barn. She asked where the owner is.

- [Dr. Miller](#) believed what it comes down to is due diligence at the barn, where he is going to assume that the trainer has the authority to procure services for whatever they are looking for him to do, such as vaccination. He opined that his obligation and role as the veterinarian is satisfied by him communicating with the trainer. He added that would not ask "well, who really owns the animal and what did they have to say about it." He stated, we do not have to do that but that is where we would like to try to get to. He suggested, if there was some way to obtain that documentation or mandate that documentation, that could be explored later on.

[Ms. Siefertman](#) stated her concern is the documentation happens after the fact. She added, the item discussed is about establishing upfront, so there is the act

of establishing the VCPR and then document it later. If the document is completed later, it is not stated who was initially authorized to establish it.

- [Dr. Miller](#) responded it is a challenge and it can go either way. He added ultimately that is why we have the Board and appreciated the dialogue.

[Dr. Bradbury](#) believed a regulation could have a documentation component to it, similar to the RVT regulations, where veterinarians would inform the trainers what they need is a signed form when they take on a horse.

- [Dr. Miller](#) responded in the absence of the form, he would need to talk to the owner. He hoped that would be possible.

[Dr. Bradbury](#) responded there are some provisions for emergency situations to cover the veterinarians. She suggested it might improve things for veterinarians.

- [Dr. Miller](#) responded there are owners are in other countries, speak other languages and really they have to run everything through the trainer. He stated that might be a discussion downstream, but it does not solve the issue at hand today.

[Dr. Sullivan](#) responded that he reads subsection (c)(1) and (a)(3), the "client" may authorize an agent to act on the client's behalf. He asked what the definition of client is there.

- [Dr. Miller](#) responded the client is the person who has authorized the veterinarian to assume responsibility for medical judgments regarding the health of the animal.

[Dr. Sullivan](#) asked if that protects the owner.

- [Dr. Miller](#) responded it does not go far enough; it is not possessive.

[Ms. Welch](#) responded it is not the person who is authorizing because if there is no owner, like the [situation with the] trainer, they can be the person authorizing and can establish the VCPR.

- [Dr. Miller](#) responded that Ms. Welch was correct, but the language was written in the context of what the client does. It is the action; it is not the noun. He added, the action involved in this is the authorization, but her point was a good one, which is it is not simply the authorization, but who has possession of this animal. Anyone can walk in request services, he stated, but who is the person who has responsibility, and who owns this animal.

[Ms. Welch](#) responded it would be who has the authority to designate this to another, and if the client is unknown, as an owner, or some other legal interest in the animal.

- [Dr. Miller](#) responded the supposition has been that the veterinarian can take it on face value that the "client" is the person who presents the animal to them, and with whom you communicate about the course of treatment. He stated that is their role in the VCPR. He believed the discussion was that now we need to make a provision for an "agent" per this equine caveat that we have. He opined in order to do that; you have to separate the definition of the "client" from that of an agent. He requested that the Committee define the "client" as what they do and then mention that they could designate an "agent" to do that in their place.

[Dr. Sullivan](#) responded the responsible entity here with what is being discussed is who owns the animal.

[Dr. Bradbury](#) suggested it can state the person who owns the animal and that would be what the person does.

[Ms. Welch](#) responded that was correct, otherwise there is nothing that if the client is designating someone else to establish the VCPR, the someone else is taking all the action – they are presenting the animal, authorizing the veterinarian to do something, and receiving communication from the veterinarian about the treatment plan. So in in this scenario, the owner or person with legal interest in the animal is not taking any action. She added, the agent is doing all the action in the VCPR. She questions what action could be in the definition of owner other than own.

- [Mr. Baxter](#) stated before asking the question, maybe the answer would require a little bit of research on the VCPR term, which has been in the regulations for some time. He inquired whether there was a discussion in the context of promulgating those regulations as to what "client" meant. because if the issue of what is exactly a "client," how do we define the "client." He asked was that discussion ever had back then, and if so, what was the answer and what was the decision-making attendant to not specifically defining that word in the regulatory framework or was there a discussion. He stated he would be interested in knowing that because that could inform the discussion.

[Ms. Welch](#) believed the Board would not be able to find that information in the records, as the regulation is too old.

- [Mr. Baxter](#) supposed when the regulations were promulgated, there must have been enough comfort to what the definition of "client" was to not specifically define it. He added he would come back to, that was the case then, and now really we are elevating this up into a statutory framework. He asked is there a keen and abiding need to define it now.

[Ms. Sieferman](#) responded Ms. Welch is correct that it is old, and she stated there was a time when the Board was rulemaking records for a short period. She agreed the Board would not have that rulemaking package, but she

believed, considering makeup of the Board and Dr. Miller's point, that most of them were small animal veterinarians who likely did take into account that equine practice would be impacted as well.

- [Dr. Miller](#) responded equine practice has become as divergent as it has.

[Ms. Sieferman](#) doubted that the Board would have contemplated this issue which has now risen high because of the recent actions.

[Dr. Sequoia](#) suggested looking at it from a slightly different viewpoint and asked to consider who is paying the bill. She opined if whoever is accepting financial liability or is paying the bill, should perhaps be considered the "owner" or as having a legal interest that entitles them to authorize care of the animal.

- [Dr. Miller](#) disagreed with Dr. Sequoia's viewpoint.
- [Ms. Lutz](#) also disagreed with Dr. Sequoia's viewpoint, but she did like what Jessica said. She agreed with Dr. Miller that we need to define the "client" with some language that has a verb in it. She liked what Jessica said rather than just leaving it as "owner," which raises a whole bunch of issues. She thought, there would be some kind of language that defines the "client" as what they do or what they are, rather than the "owner" because, again, the "owner" is a nebulous term. She stated that as far as payment, it is not always the "owner" who pays. She added she does not know about equine, but she knows with people who breed purebred dogs, it is not always the owner who pays.
- [Dr. Miller](#) stated he has had situations in which an animal is deposited in an estate and there is a bank board of trustees who pay the bill. He noted this is a messy way to go, but he has another concept that is half question and half comment. He inquired to what extent the Board needs to pursue consumer protection in this regard. For example, a situation where someone takes their beloved horse and deposits it at a boarding stable with a trainer-what extent has to be allowed that person their own responsibility of creating an agreement with that trainer for what the trainer can and cannot do with the horse. He provided an example that when he shows up to the barn, and the trainer says he needs these things done to these animals; if the owner then complains to the Veterinary Medical Board about something that he has done, would the Board not view that as an issue between complainant and trainer. He suggested it would be pursued civilly for doing something to the animal that was not wanted. He suggested that the trainer, who is the "client" has just as many rights as the "owner," who is absentee. He asked, at what point, do you state, "well look, you have to go to them; that was your arrangement or lack thereof with that trainer at that barn and that is your problem with them." He added, it is not the veterinarian's fault that they showed up at the barn and vaccinated everybody. He inquired if there has been discussion about that or are we winding ourselves up here in circles. He opined the answer does not lie with us and asked if the

consumer would have to find retribution or whatever they need, through pursuing the trainer.

[Ms. Welch](#) responded if they have a contractual relationship that needed to be spelled out in their contracts.

- [Dr. Miller](#) inquired if there a point where the Board would say the veterinarian did not act inappropriately in establishing a VCPR because the client is this trainer who presented this horse to them. He clarified if you did not want the trainer to do that with your animal, that should be taken up with the trainer.

[Ms. Welch](#) responded the goal was to establish a definition of "client" to preserve the owner's interests in the treatment of the animal and then allow an agent situation, so that the owner can delegate to the trainer the VCPR relationship, and if not, the owner can maintain the VCPR relationship with the veterinarian. She stated the goal was to delineate the responsibilities – owner, trainer, and veterinarian – and to stop the mixing of the owner, trainer, and client.

[Dr. Bradbury](#) believed it would be different if we were not here because of consumer complaints but that is why we are here. She clarified this is being discussed because of direct consumer complaints stating they had not approved treatments. She continued, things were done to their either precious beloved friends or huge investments, and these other consequences have happened. She opined if it was not the case, we would not be so concerned about it, but the reality is that is what has happened. She added we are realizing it is a gray area; it is something that has not been addressed appropriately and so that is what we are here to do.

- [Dr. Miller](#) responded it is difficult because VCPR language is not our language. He added, this has existed since who knows when, across our entire country, and it is interesting that only here and now are we attempting to further define this. He appreciated the dialogue and the discussion, and he thinks that it is more than warranted, given the fact that we are going to be potentially pioneering a really dramatic change to how veterinary medicine is practiced in the United States of America based on this. He opined the dialogue is important; the research and the contemplation of what we are doing is important. He wished he had a better answer or a closer answer, but he could not come up with much else other than to suggest we define it as what it is.

[Dr. Sullivan](#) asked Ms. Welch and Ms. Siefeman if the definition of client was removed, would it accomplish what we want to with subsection (c).

[Ms. Welch](#) thought if the definition of "client" was removed, then a "client" would mean anybody who has authorized the veterinarian to assume responsibility for medical judgments – that could be anyone, that could be the trainer. Therefore,

in subdivision (c), there would be no need for the phrase the "client" may authorize an "agent" to act on the client's behalf for purposes of authorizing the veterinarian to assume responsibility, because the client does not mean anybody.

[Dr. Sullivan](#) thought that if it is defined the way it is in (c) and there was a dispute at who is/was the owner, which he understood is a problem, that is a civil suit and not under the Board's purview.

[Ms. Welch](#) stated that if the definition of "client" remained to mean "owner," the veterinarian is relying on somebody's representation that they are the owner of the animal, and they are the ones who created a VCPR authorizing treatment, or the owner assigns that responsibility to somebody else, and the agent creates the VCPR. She questioned who would sue – other purported owners of the animal could go after the veterinarian. She provided the following example: "Why did you rely on Sally's representation that they were the owner when they are not; I own the animal." That issue was what the language was intended to resolve, to establish that there is some legal interest in the animal and the ability for that person to make judgments for their own animal, but if they cannot be there, then they can assign that to somebody else. She added this largely is going to be premised on what someone states to the veterinarian – whether or not it is true. The intent is not to make the veterinarian responsible for tracking down [the owner], but without establishing who is the "client" and giving them a legal interest in the animal, having any provision for "agent" in the VCPR fails.

[Ms. Siefertman](#) responded that is why she recommended an individual who identifies or represents as the "owner" of the animal that way. She added right now, the "client" means the owner of the animal, which is matter of fact, but if you just say an individual who represented or identifies as the owner, presents as owners of the animal, then you do not have to actually prove it. She added, the veterinarian is not held responsible for proving that; it is just what was told to them at the time.

- [Dr. Miller](#) provided a scenario of a husband and wife. He stated the wife never brought the dog in to the practice; the wife works. Her credit card is on file, the practice charges the credit card which is incidental; it does not make any difference. The husband is the one who always brought the dog in and that is the person who the veterinarian knows, who has a relationship with who has communicated about the condition of the animal, and the wife comes in states she is the owner. As a veterinarian, he would state he has never seen her in his life; he does not know who she is and the person who he has worked with on this animal, who he has fulfilled the VCPR requirement, which is (a)(1) and (3) is the man that he has been working with; the man is his client.

[Ms. Siefertman](#) responded in that scenario when you are working with the husband the whole time, husband would be the one identifying themselves as the owner.



- [Dr. Miller](#) responded yes.

[Ms. Siefertman](#) opined if it is stated the individual who presented or identified themselves as the owner, then you have that.

- [Dr. Miller](#) responded there is going to be more than one person. He stated she thinks she is the owner. He added, the action is what they are doing.

[Ms. Welch](#) asked Dr. Miller if he was objecting to establishing a new VCPR with the wife because he already established a VCPR for this animal with the husband.

- [Dr. Miller](#) asked how you can [establish a VCPR] if there is an ownership dispute where she wants the records, does not want him to have the records, and wants you to stop treating the animal for what he says. He added if they are both telling you they are the owner, and he is now obligated, based on their declaration that they are the owner, to call them his client. He opined we are further down a rabbit hole. He stated what you want to be able to do, is identify that the client is the person who authorized the animal to be treated and they are the person who has presented the animal. He added, they may designate an "agent" to do that on their behalf, but they are the person who has legally said they would like the veterinarian to look at this animal and they would like to communicate with the veterinarian a treatment plan.

[Ms. Welch](#) responded but if there is somebody else acting as an "agent," they could present the animal and tell the veterinarian they want them to treat the animal; there is no authority.

- [Dr. Miller](#) responded that the example is just somebody being dishonest. He added that is not the same as a trainer saying, they are the trainer of this animal, which most veterinarians know that the trainer does not own the animal. He added, we know that this animal is in training with them so, at least on the equine side, that is satisfied just by the nature of what this practice is. He added, if somebody comes in and they are dishonest, you are never going to legislate to the lowest common denominator. He continued, it has to be looked at where there is always going to be somebody who tries to circumvent the law, who finds a way around the law, but he opined the law should reflect what is actually happening. He stated the trouble with the declaration of you being an "owner " means ten people could come in and say they are the owner of the animal, and now they are your client, and he may never have seen them before. He added the person he has worked with, is the person who brought the animal in all the time, and if that person stated they are going to have a dog walker bring the dog in today, then that person is the designated agent.

[Ms. Welch](#) responded alternatively it could be the dog walker who brings the dog to the veterinarian, and the owner has no legal interest right now.

- [Dr. Miller](#) agreed with Ms. Welch's response. He stated the tort there is the person who is misrepresented themselves as the client. He added that is a crime that person committed, which is civil in nature; that is them wronging the client and that is an unique challenge in veterinary medicine because they are the only one that have this unique VCPR. He claimed in human medicine there is no client; it is a unique situation. He opined we really have to think about it; we are the only ones who do this that we are the only ones who have this scenario. He continued, in this situation, in the real world, it is a lot trickier to try to figure it out.
- [Ms. Lutz](#) stated that happens frequently, and she would like more than what Jessica [Siefertman] and what [Dr. Miller] said, who identifies as the owner. She stated when she lectures, she tells people get the name of the owner; do not just get whoever brings the animal in; do not automatically fill out that client form with whoever because you want to know who actually is responsible for this animal. She added, you need to start doing that because it is not just a civil thing. She claimed she deals with administrative things all the time that have to do with who was responsible. She provided an example of a mother wanting the dog euthanized, father wants to keep the dog alive, and the kid is in the room are crying. She stated she gets these all the time so. She opined having some clarification of "owner" is better than none because just leaving it as owner is such a non-legal term that it just opens itself to everything. She reiterated, at least there will be some effort made, and the vets can say to people they need to know who is identifying themselves as the owner.
- [Dr. Miller](#) stated it will be intensively problematic. He added it should be more that the client should be defined by what they do and what their role is in establishing the VCPR. He opined there is room to define and to have a designated agent in there. He admitted that if somebody misrepresents themselves as a client, it is a problem, but that is not a problem that is going to be solved within the arm of administrative law. He believed there is a better opportunity for it, and does think there is value to defining the client in the VCPR; but does not know if calling them the "owner" is going to work in all cases.

[Ms. Ussery](#) responded would it be too vague to define "client" as the person persons or organization with legal interest in the animal.

[Ms. Welch](#) responded that she was not sure what "legal interest" would mean in that phrase because there could be contractual obligations and authority, and that is a legal interest in the animal, such as the trainer could have a legal interest in the animal because they are employed to provide care on some level to the animal. She thought term was a bit vague.

[Dr. Bradbury](#) responded to Dr. Miller that she had a similar situation in her career multiple times. She felt and assumed that the veterinarian had to have the owner make the decisions. She was surprised when she had this

discrepancy in couples, or when individuals share custody of an animal, but in those situations, she had to work through those in a unique way. She added, it is the person who has been bringing the animal to the veterinarian, and the veterinarian has to try and get them to put the other person on the record. She added it is tricky and it might help to have a definition because then the Board might be more likely to receive clear data from the people presenting the animals. She felt it will be almost impossible to legislate around every possible scenario.

- [Dr. Miller](#) responded that was a great point and thanked Dr. Bradbury for bringing the scenario up. He stated when you work through those individual scenarios, right now, the law is neither for or against you, which gives the latitude to be able to work through those scenarios based on the understanding of the VCPR. He stated if we change this definition now, you will take a civil matter between two people and extend a consequence and administering a lot of veterinarians because you will be affirmatively saying that the "client" is now the "owner."

[Dr. Bradbury](#) responded but not if it is worded as the way the Committee is stating because it would state the person who is representing themselves, identifying as the owner, that is the person who presented the animal and said they are the owner. She added, if another individual states they co-own the animal, then the veterinarian will need to get permission from both people. She opined this is better because it can state this person who is representing as that, and the veterinarian is sorry but that is how this is.

- [Dr. Miller](#) responded that is a good point but can we make sure in the future, that they understand it in the same way that we did. He asked if we could alter the definition to indicate that at the time services are procured, the client is the person who represents themselves as the owner or who identifies as the owner. He expressed concern someone could come in after the fact, as soon as they decided to get divorced and say they are the owner. He stated they are not the "client" per the definition because at the time the animal was presented to him, it was presented by this other individual. He asked if the Committee could keep it in a real time setting, so rather than at any time in the timeline somebody can come in and identify themselves as the owner. He asked it be defined as at the time services are provided.

[Ms. Sieferman](#) responded she has "client" is an individual(s) who has represented to the veterinarian that they are the owner of the animal patient and has authorized the veterinarian to assume responsibility for medical judgments regarding the health of the animal at the time services are provided.

Ms. Welch asked if the authorization language was needed.

- [Dr. Miller](#) asked for the reading one more time.

#### **Webcast Links:**

Agenda Items 4.A. (Proposed Amendments to BPC section 4825.1(g)–(i)) – 5.  
(<https://youtu.be/jdbq5sDuPSw>)

**\*Proposed Amendments to BPC Section 4825.1(g)–(i)**

[Meeting Materials](#)

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

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. The following public comments were made on this item:

- [Brittany Benesi](#) stated, on behalf of the ASPCA, with regard to the proposal's definition of telemedicine and the existing VCPR requirements, telemedicine benefits a wide range of people, including anxious pets, large animals, and those living in remote locations. She added that establishing in statute the regulations that keep veterinarians practicing veterinary medicine or prescribing medication, unless they have recently examined the animal, is a difficult and often unnecessary obstacle for many pet owners, especially at a time when there is a significant shortage and would stall one of the most promising tools in the access to care toolkit, as access to care is a hardship for many pet owners. She stated in 2020, the chief economist for the AVMA estimated that over 50 million pets, approximately one third, do not see a vet at least once a year. She added, a national study also showed that 40% of low-income owners, who re-home their pets, reported that access to affordable vet care would have helped them keep their pet during the tightest restrictions of the COVID-19 pandemic. She stated telemedicine was essential to ensuring pets access to health care, and the use of veterinary telehealth showed its potential to significantly improve animal welfare across the geographic and economic spectrums. She claimed the proposed legislation will put into law stringent limitations on the use of telemedicine and reduce veterinary access for all clients, who have difficulty whether due to age, disability, animal behavior, or geographic location and making it to an in-person, physical examination, to establish a VCPR, will be putting energy and resources toward a law that will curtail promising tools at a time when they should be exploring every pathway to improving access to care. She stated this will further hinder veterinary access for Californians. She respectfully asked that the Committee reconsidered this proposed legislation in its current form and refrain from recommending it to the Board.
- [Barbara Schmitz](#), San Francisco SPCA, stated their organization is 155 years old. She added, they are a sheltering organization, but they do have a significant percentage of staff who also are veterinary staff that care for and treat their shelter animals, as well as providing clinics to help members of the community with their animals. She added, like other shelters and other communities across the state, they are impacted by a shortage of veterinary

professionals. She stated they are navigating through it as best they can. She claimed the shortage is at a crisis level, and it is worsening. She added, the impacts on shelters across the state are significant and the impacts on community members across the state are significant. She provided a couple of illustrations, the first was that they have been working for several years with partnering organization shelters in what she considers the veterinary desert in California. She claimed those shelters have significant needs; they take a van down to shelters on a weekly basis and ask what they need and invariably fill the van with dogs and other animals that they do not have space for. She stated they bring them back to their shelter, provide any behavioral needs, veterinary care, spay, neuter, and then adopt out those animals. She claimed those shelters are bursting at the seams, and it traces back to a shortage of that access last year. She stated they transported 2,500 animals in this manner. She added, they are happy to work with their partners, but they need bigger solutions, and so when she looked at the telemedicine provisions in this bill proposal, she wanted to emphasize that this is taking us in the wrong direction. She opined telemedicine is one of several tools that should be used to help the people in our state who are hurting, to help the animals in our state who are hurting, and to help the veterinarians in our state who are hurting. She was distressed also because it felt that until this point, there has been no meaningful input and stakeholder input on the telemedicine provisions. She stated, it appeared that this bill package already had been pitched to lawmakers, and she wondered what the meaning of their ability to provide input now. She requested to put the telemedicine piece on hold. She opined it is the wrong direction right now. She asked that the Committee focus on the public need that is out there, and please help find solutions instead of erecting barriers in this way.

[Ms. Siefertman](#) responded that all of the provisions in this legislative proposal related to the telemedicine and telehealth definitions were approved through the Board last year. She stated the items went through the Committee, and then the Board, which provided ample opportunity for comment. She continued, these are not additional related to the telemedicine and the definitions of teleconsultation and the four definitions in (g), (h), (i), and (j) are all provisions that the Board had already heard and adopted. She added these are not what the equine subcommittee was proposing. She stated the items are part of the package, and for transparency, the Committee and Board had reviewed these multiple times and had provided the public with multiple opportunities for public comment.

[Ms. Welch](#) noted the meeting memo stated that the Board reviewed and approved the telemedicine language at the Board's July 22–23, 2021 meeting. She added that was a year and a half ago, with multiple opportunities for public comment. She stated that perhaps the groups who are raising concerns could provide some more specific concerns at some point. She stated that keeping in mind that to administer, prescribe, or dispense a medication requires an examination of the animal, which currently cannot be done under federal law

through telemedicine, this proposal complies with federal law while [clarifying] the use of telehealth avenues.

### **Proposed Addition of BPC Section 4826.01(a)–(a)(3)**

#### [Meeting Materials](#)

Webcast: [01:21:57](#)

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on this item.

### **Proposed Addition of BPC Section 4826.01(b)–(g)**

#### [Meeting Materials](#)

Webcast: [01:25:57](#)

[Ms. Shufelt](#) requested public comment on this item. There were no public comments made on this item.

### **Proposed Addition of BPC Section 4826.6**

#### [Meeting Materials](#)

Webcast: [01:29:06](#)

[Ms. Shufelt](#) requested public comment on this item. The following public comment was made on this item:

- [Dr. McClellan](#) thanked the Committee and stated these matters are not what he usually spends his time doing. He apologized in advance that he may be unprepared for some of this, but recent events in the equine world caused him the need to take more interest. He stated there are many times when veterinarians will render opinions on a horse without ever seeing the horse. He clarified this would be based on received materials, x-rays, and whatnot. He wanted to make sure that that subset of activities is covered in what is termed "telemedicine" because we are rendering decisions and judgments on horses. He noted particularly in buying and selling because, in large part, the digital world has made all of these things, such as videos of horses and x-rays, available by digital means, so it is easy to access. He stated if this is being considered as appropriate, he opined it would be very important to him, as the Committee is talking about telemedicine type of work.

### **Proposed Addition of BPC Section 4829.1**

#### [Meeting Materials](#)

Webcast: [01:36:21](#)

[Ms. Shufelt](#) requested public comment on this item. The following public comments were made on this item:

- [Ms. Schmitz](#), San Francisco SPCA, stated she wanted her comments made at the beginning of the telemedicine [section] apply here and let those concerns remain. She wanted to make sure to refresh her comments, substantively, and also procedurally with this particular part of the package, and reiterated they do have concerns.

### **Proposed Amendments to BPC Section 4875.1**

#### **Meeting Materials**

Webcast: [01:38:54](#)

Webcast: [01:40:44](#)

Dr. Sullivan noted that if the VCPR legislative proposal is enacted, the Subcommittee would recommend a Section 100 rulemaking to repeal the regulatory VCPR regulations (CCR, title 16, sections 2032.1, 2032.15, and 2032.25) and make conforming amendments to CCR, title 16, section 2038.5.

[Ms. Shufelt](#) requested public comment on this item. There were no public comments made on this item.

*\*Agenda items for this meeting were taken out of order, and the Committee moved from a partial discussion of [Agenda Item 4.A.](#) to Agenda Item 4.B. The Committee returned to this item after Agenda Item 5. The order of business conducted herein follows the publicly noticed Committee meeting Agenda.*

The Committee made the following revisions to BPC section 4825.1 as follows (proposed additions are in [underline blue text](#)) (Webcast Part 2: <https://youtu.be/C8N9DLS6loY>):

### **\*Proposed Amendments to Business and Professions Code (BPC) Section 4825.1(a)–(f)**

[...]

(c) "Client" means [the individual\(s\) who has represented to the veterinarian that they are the owner of the animal patient at the time services are provided.](#) (Webcast Part 2: [00:57:51](#))

[...]

(e) "Herd" refers to any group of [two or more](#) animals of the same species and located at the same geographical location. (Webcast Part 1: [00:54:30](#))

[...]

- [Motion](#): Christina Bradbury, DVM, moved and Richard Sullivan, DVM, seconded a motion to recommend to the Board submission of the legislative proposal as amended to the California State Legislature to amend sections 4825.1 of Article 2 and 4875.1 of Article 4, and add sections 4826.01, 4826.6, and 4829.1 to Article 2, Chapter 11, Division 2 of the Business and Professions Code.

[Ms. Shufelt](#) requested public comment before the Committee acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 6-0. Kevin Lazarcheff, DVM, was absent.

**B. \*Recommendation to the Board on California Horse Racing Board Regulatory Proposal to Amend California Code of Regulations (CCR), Title 4, Section 1867**

[Meeting Materials](#)

Webcast: [01:43:33](#)

Ms. Ussery presented this item and the meeting materials.

[Ms. Shufelt](#) requested public comment on this item. The following public comment was made on this item:

- [Ms. Ehrlich](#) asked about compounding under CCR, title 4, section 1867(b), where it states the drug is compounded by a California licensed veterinarian or a California licensed pharmacy. She stated RVTs are allowed to compound and inquired if there was some reason why they were left out of this.

[Dr. Sullivan](#) responded that the Committee was a bit cautious on what it was stating since it is the CHRB's regulations and not the Board's, but he did not think that it preempted an RVT from compounding in equine settings. He believed the rules the Board had in regulation on this were fine.

- [Motion](#): Christina Bradbury, DVM, moved and Richard Sullivan, DVM, seconded a motion to recommend to the Board to send the letter to CHRB providing comments on the CCR, title 4, section 1867 rulemaking during the 45-day comment period on the rulemaking.

[Ms. Shufelt](#) requested public comment before the Committee acted on the motion. There were no public comments made on the motion.

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



- [Vote](#): The motion carried 7-0.
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 – Leah Shufelt, RVT, and Richard Sullivan, DVM**

[Meeting Materials](#)

Dr. Sullivan presented this item and the meeting materials.

**Proposed Amendments to CCR, Title 16, Section 2032.1(a) – (d)**

[Meeting Materials](#)

Webcast: [01:53:51](#)

[Ms. Shufelt](#) requested public comment on this item. There were no public comments made on this item.

**Proposed Amendments to CCR, Title 16, Section 2032.1(e) – (e)(2)(F)**

[Meeting Materials](#)

Webcast: [01:59:39](#)

[Ms. Shufelt](#) requested public comment on this item. The following public comment was made on this item:

- [Anita Levy Hudson](#), RVT, CaRVTA, stated she was excited by this proposal as an option for clients and patients. She could see the benefits to this. She added she initially had a question about any kind of heartworm tests before administration, but that she could see that was also kind of covered in here, so she closed with a comment that this was an exciting proposal. She was really interested to see how this goes.

**Proposed Amendments to CCR, Title 16, Section 2032.1(e)(3) – (e)(3)(B)**

[Meeting Materials](#)

Webcast: [02:06:43](#)

[Ms. Shufelt](#) requested public comment on this item. The following public comment was made on this item:

- [Ms. Ehrlich](#) asked if this was a document that the RVT and the veterinarian have to sign. She inquired if it was for each individual office call, or was it a one-time deal for the veterinarian on that particular RVT until the veterinarian withdraws it.

The Committee discussed and revised this item as follows (proposed additions are in underline blue text; proposed deletions are in ~~red-strikethrough-text~~) to CCR, title 16, section 2032.1. Veterinarian-Client-Patient Relationship:

[...]

(e)(3)(B) The R.V.T. is only authorized to act as the agent of the supervisor to establish ~~the~~-veterinarian-client-patient relationshipss 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.

[...]

#### **Proposed Amendments to CCR, Title 16, Section 2032.1(e)(4)**

##### Meeting Materials

Webcast: [02:14:39](#)

[Ms. Shufelt](#) requested public comment on this item. The following public comment was made on this item:

- [Dr. Miller](#) stated that CVMA met this past weekend in Sacramento with its leadership. He noted they had their House of Delegates and Board meeting. He explained the House of Delegates is composed of approximately 65 veterinarians and RVTs from around the state. He was very pleased to report that they had overwhelming support for this measure and went on record with a motion to voice their support, even though it was not need. He noted that there was one question that was made in relation to [proposed amendment to CCR, title 16, section] 2032.1(e)(4) regarding the disclosure of the supervisor's name and license number. He stated the veterinarian's question was, is it necessary to disclose the license number of the veterinarian to the consumer. He asked whether it could state that "this is an RVT, who is acting on behalf of Dr. Sullivan today or Dr. Bradbury," and if that would be sufficient, because the license number is not something that people might know or memorize. He added, it is a five digit number and that could be kind of burdensome and cumbersome and probably not very useful to the client, especially since the veterinarian's license is prominently posted just outside the exam room in the lobby.

[Dr. Sullivan](#) responded he assumed that posting the license, which is required and includes the number, would satisfy this.

[Ms. Shufelt](#) thought the word "provides" is how it can define "provide," "potentially," or "disclose."

[Ms. Welch](#) thought that if the individuals are providing something, they are delivering. She stated perhaps the information being delivered is the name and license number of the RVT's supervising veterinarian is posted here, otherwise it is an oral or written requirement, so they could just look at their sheet; the veterinarian who is their supervisor is "Dr. Joe Smith," this is his license number. She added it should not be that big of a deal, but it is consumer protection through disclosure. She questioned whether in every veterinary premises, is a temporary veterinarian hanging a copy of their license outside of every room, so that there is easy access to the consumer. She thought the proposed disclosure language was the most protective way to do it, because the RVT is acting in place of the supervising veterinarian, and it is a small amount of information, which could be provided on a vaccination card or instructions following administration of the prophylactic treatment. She added it is a delivery of information, not just randomly posted somewhere that the consumer is not otherwise aware of.

[Ms. Shufelt](#) asked Ms. Welch if this could be done on the discharge summary with the actual number written there. She added if the RVTs states they are working on behalf of the doctor today, he is their supervising veterinarian, the number will be provided for the patient. She said therefore, it could be provided orally or written at the end of the appointment.

[Ms. Welch](#) responded no. She noted on page 9, paragraph 4, begins "Prior to the examination of, or administration of;" the RVT discloses orally or in writing; that could be in the form of vaccination instructions because arguably these are specific appointments for specific treatment, so when the appointment is made, the RVT has an idea of what is going to be administered. That was the whole efficiency purpose of this proposal. She added when the client comes in and brings in the animal prior to examining or administering, the RVT already has a sense of what the appointment is about; they could hand over this written document that has the veterinarian's name and license number and disclose at that time that they are acting as the "agent" of the supervising veterinarian and that is about letting the client make their own decisions for the animal. For disclosing, a statement such as "I am going to be examining, and I am administering under my supervisor. Here is his name and number," so it would not be in discharge instructions, it would be in information delivered, orally or handed over in writing, prior to performing the examination or administration.

[Dr. Bradbury](#) responded she did not have a problem with the license number being on there. She wondered, in this setting, how much that is going to add to consumer protection. She added, the consumer can, if they were interested or concerned, look up a licensee online just based on their name. She was a little surprised by it; however, she is okay with it being there. She does not feel that strongly either way, but she did not see how that is going to change consumer protection.

[Dr. Sullivan](#) thought what it does is emphasizes to the client that the RVT is stating this is the setting on which they can work; it brings it right out up front. He

added, it is a requirement he thought could be passive. He noted after listening to these comments, he thinks it is telling the client up front that the RVT is working on behalf of this veterinarian. He stated the client can then respond “no, I want to see the veterinarian” rather than afterwards.

[Ms. Sieferman](#) responded to Dr. Bradbury’s comment about looking up the individual by name, consumers can, but oftentimes there will be the same last name of doctors, and so the consumer might not know which one was the right individual.

[Ms. Welch](#) responded the next sentence in that paragraph [page 10, fourth line] is that after such disclosure, then the client has to consent.

- [Dr. Miller](#) stated that in looking at it again, he believes most veterinary practices will tend towards written authorization because they do not want to have to do a lot of the dialogue. He added they would rather have a form to noting “I am an agent of this veterinarian,” here is their information, we would like you to sign or initial here to acknowledge your consent. He added that it seemed easy. He continued, if the veterinarian is doing their written protocol properly, part of that written protocol should be the inclusion of this disclosure. He suggested in the written protocol that the RVT would be following, they could write their license numbers. He opined that there could be a reasonable implementation of the license number, and it makes sense. He noted when people say people’s names, they say, “this is Dr. Bradbury.” He added, how somebody spells your name audibly may differ, but the number is definitive. He noted what he was conveying were the thoughts of our leadership, but on second thought, he said it makes sense to have a number there because that is definitive. He clarified, 15546 cannot be really misinterpreted, versus a name that can be misspelled. He opined 90% of practices would go to a written authorization for this, which the CVMA could assist with a sample form.
- [Ms. Lutz](#) agreed with the license number. She stated there are cultures where they use the first name or the last name, or they change the first name and there would be a name that somebody goes by all the time that they might write down, and we struggle to find those people on the website. She recommended that the license number is added to avoid having to have complaints to the Board that say something to the effect that “my cat had a vaccine reaction, and I was seen by this RVT and that was Dr. so-and-so,” and you cannot figure out who that is. She explained that was why the number is important.
- [Ms. Ehrlich](#) finds this requirement of reporting the doctors or the supervisor’s name and number, to be very odd. She stated veterinarians walk into exam rooms every day and say, “Hi, I am Dr. Jones” but they do not give their license number. She asked why do we have to give the license number when we are giving a vaccination under the supervision of a veterinarian. She added, we do all kinds of things under the supervision of a

veterinarian such as taking the animal from the exam room and bring it back to the treatment room. She strongly disagreed with the requirement. She stated veterinarians do not walk into the room saying this is their license number. She asked why the RVT needed to do this. She noted if the client has a problem, they can find the veterinarian's license number on the wall and look it up online. She added, when you look somebody up online, it gives you their address as well as their name, so you would know if it was the veterinarian working in your community. She opined this is absurd, and clients are not going to pay attention. She noted it says you can do this orally. She asked if people would be writing down the doctor's name and number while the RVT is telling them. She claimed this really makes no sense.

- [Ms. Hudson](#) asked why this would be required. Her impression was to give some comfort to the client that this is an actual directive from a credentialed person. She believed it would be more beneficial for the RVT to provide their license number. She noted when a person walks into a practice the client does not know the difference, generally, between an assistant and an RVT. She asked if we are looking to instill confidence in the consumer and protections. She suggested we think about having the RVT license be provided either in addition or instead of.

[Dr. Sullivan](#) responded the Board is entering a new phase of tasks for an RVT which is establishing, under certain conditions, the VCPR. He noted the VCPR, by law, can only be done by a veterinarian. He stated we must have supervision, and we have to disclose it. He opined it is necessary and important for public protection. He continued, it is not cumbersome, and it is not insulting anyone. He added it is trying to expand this area, and he is not aware of any place in the country doing this, so the Board is being cautious.

- [Ms. Ehrlich](#) reminded everyone that according to new regulation, everybody has to wear a name tag with their license number on it starting January 1<sup>st</sup>. She stated RVTs will walk in the room with a name tag showing their license number. She noted if she was upset with what happened in that exam room, she would be wanting to report that RVT—not the doctor who supervised the person and who was not in the room when this happened. She opined the Committee needed to take that into account.

[Ms. Sieferman](#) clarified the Committee was discussing the new statute that went into effect January 1, 2022 but was not enforced until its effective date of January 1, 2023. She noted it was part of the Board's Sunset Bill that was effective January 1, 2022, but that it specifically does not include veterinarians. She responded to a prior comment about requiring RVTs provide that information. She noted information for the RVT would be on the name tag, so they will have the name, registration type, and registration number, and the veterinarians do not.

[Ms. Welch](#) responded that providing the name of the RVT is great, but also the consumer needs to know who is responsible for the RVT. If the administration is improper or the animal is harmed, the consumer will have the RVT's information. She added the consumer should also be provided the information of the veterinarian who is responsible for the RVT – that is what the requirement is about. She continued, if this is documented, such as the Committee was discussing today, it becomes part of the medical record as well, so it will be easier for the veterinarian, staff, and the Board to identify who was responsible for the RVT. She added it will be easier for the consumer to communicate directly with the supervising veterinarian because they will already have their information. She stated the consumer can complain, which is effective to protect the animals and for future visits. She stated she did not see any downside here for not disclosing the supervising veterinarian's information.

### **Proposed Amendments to CCR, Title 16, Section 2032.1(e)(5)**

#### [Meeting Materials](#)

Webcast: [02:33:29](#)

[Ms. Shufelt](#) requested public comment on this item. There were no public comments made on this item.

### **Proposed Amendments to CCR, Title 16, Sections 2032.1(f), 2034(e)(2), and 2036(b)(6)**

#### [Meeting Materials](#)

Webcast: [02:35:01](#)

[Ms. Shufelt](#) requested public comment on this item. The following public comment was made on this item:

- [Ms. Ehrlich](#) said she had a question about [proposed CCR, title 16, section 2036(b)(6)] on [page 12](#), administer preventative or prophylactic vaccines under RVT job tasks. She asked if putting it here meant that unregistered assistants cannot do this. She noted other job tasks are limited only to RVTs. She asked if this is the only job task that unregistered assistants or veterinary assistants can administer vaccinations under the direct supervision of a veterinarian. She noted they cannot create the VCPR. She asked if this required some sort of statement.

[Ms. Welch](#) responded that [CCR, title 16, section] 2036.5 lists the animal hospital health care tasks for permit holders and veterinary assistants (VAs), and subsection (a) prohibits permit holders and VAs from performing any of the functions that RVTs do. She added that under [CCR, title 16, section] 2036, subsections (a) through (c), the Committee was proposing to add this new VCPR authority under subsection (b). She added that permit holders and VAs

could not perform this but also it is under subsection (b) because it will require the direct supervision of the veterinarian.

[Dr. Bradbury](#) believed because it is referring to [CCR, title 16, section] 2032.1(e) which is clarifying it is not just the administration of vaccines, but it is establishing the VCPR, so that is how that is making that clear.

- [Motion](#): Richard Sullivan, DVM, moved and Marie Ussery, RVT, seconded the motion to recommend the Board approve the proposed regulatory changes, as amended, 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 period and no hearing is requested, adopt the proposed regulatory changes.

[Ms. Shufelt](#) requested public comment before the Committee acted on the motion. The following public comment was made on the motion:

- [Ms. Hudson](#) stated that as she listened and thought about the discussion from the consumer protection standpoint, she felt the RVT license should be disclosed somewhere in the documentation. She stated from a client protection standpoint, how would they know. She asked if there would be documentation or some other information in the waiting room to inform them. She opined it was a good change, but it was significant, and she wondered how this might apply in that direction.

[Ms. Shufelt](#) believed when discussing this being an RVT only task and RVTs having to have their license number as stated in part 6, it prohibited veterinary assistants from being able to create the VCPR on behalf of the veterinarian. She clarified only RVTs would be able to do this job task, not veterinary assistants.

[Dr. Sullivan](#) opined it is as strong as the Committee could make it. He added, if a practitioner is not abiding by this, he was sure they are not abiding by a lot of other things and would soon get on the Board's radar. He thought it could not be spelled out any more clearly.

[Ms. Welch](#) asked Dr. Sullivan if he thought that the RVT name and registration numbers should be disclosed in the same way. She thought that the client would have that information because of the name tags. She did not think they necessarily needed to reiterate that orally, but it could be in writing. She stated it was up to the Committee, and she was following up with the question.

[Dr. Sullivan](#) did not think so. He thought the veterinarian information was important because the veterinarian is not in the room, but he thought the name tag would serve a great purpose here.

[Ms. Shufelt](#) responded she guessed the veterinarian chooses to have the RVT's information passed on to the client—that can be done. She added it was a little less

prescriptive to allow the name tag to be stated out loud, if that was what the doctor would like to have happen. She did not know that it would add any further protection.

[Dr. Sequoia](#) asked if there was any provision on the name tags made for the [Americans with Disabilities Act] ADA for people who have low vision to make sure the animal owners have the information.

[Ms. Shufelt](#) responded there is an 18-point font minimum requirement on the name tags for that reason, but otherwise she did not think there was anything in those provisions for ADA accommodations.

[Dr. Bradbury](#) responded she loved the thoughts behind that. She thought the Committee was trying to make this less cumbersome, and it was a huge regulatory package, and the Subcommittee had done so much work on it. She added that is great, and she thought that the consumer could ask for that information specifically, if they were even thinking about or worried about the name and license number. She could not see it; she thought the consumer could easily ask for it, so she thought that they would. She added it would not be precluded from their ability to obtain that information, and she was sure they could still see that; it is there if they needed it.

Ms. Shufelt called for the vote on the motion. Ms. Siefertman took a roll call vote on the motion.

- [Vote](#): The motion carried 7-0.

### **Webcast Links:**

Agenda Items 4.A. (cont.) and 6.–12. (<https://youtu.be/C8N9DLS6loY>)

### **6. Update, Discussion, and Potential Recommendations from Complaint Process Audit Subcommittee – *Christina Bradbury, DVM, and Dianne Sequoia, DVM***

[Meeting Materials](#)

Webcast: [01:02:35](#)

Dr. Bradbury and Ms. Siefertman provided background, including subject matter expert training, case reviews, reviewing enforcement processes, and hiring intern positions.

Dr. Bradbury and Ms. Siefertman answered questions from Committee members.

### **A. Recommendation Regarding Legislative Proposal to Amend Business and Professions Code Section 4875.3**

[Meeting Materials](#)



- [Motion](#): Richard Sullivan, DVM, moved and Marie Ussery, RVT, seconded a motion to recommend to the Board the legislative proposal to amend Business and Professions Code section 4875.3 related to expert reviews.

[Ms. Shufelt](#) requested public comment before the Committee acted on the motion. The following public comment was made on this item:

- [Ms. Lutz](#) thanked the Board's staff and called them amazing. She informed Ms. Sieferman that they love working with them and they [Board staff] are so responsive. She claimed things have changed so much that they are very grateful. She stated that 32 hours a month seemed a little bit skimpy to her. She added that is only 8 hours a week. She stated she would like to see subject matter experts with a little more under their belt as far as cases that they have reviewed and not sort of just dabbling in veterinary medicine, and then jumping right into doing reviews. She suggested at least 40 hours a month and maybe even more.

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

- [Vote](#): The motion carried 7-0.

## **B. Recommendation to Add Subject Matter Expert Criteria to the Administrative Procedure Manual**

### [Meeting Materials](#)

Webcast: [01:11:20](#)

Dr. Bradbury provided an update and rationale for the updating of the Administrative Procedure Manual.

Dr. Bradbury, Ms. Sieferman, and Ms. Welch answered questions from Committee members.

- [Motion](#): Richard Sullivan, DVM, moved and Dianne Sequoia, DVM, seconded a motion to recommend to the Board the proposal to amend the Administrative Procedures Manual relating to expert criteria as amended.

[Ms. Shufelt](#) requested public comment before the Committee acted on the motion. The following public comments were made on the motion:

- [Ms. Lutz](#) stated that she thought 32 hours a month was a little slim.
- [Dr. Miller](#) stated on the second bullet, the Proposal is at least five years of clinical experience in the area of expertise. He asked if the Committee would consider altering that to state "At least five years clinical experience in the immediately preceding seven years" in the area of expertise. He stated the justification for the seven years was that he was amazed at how quickly practice

changes and develops. He added just in equine medicine in the past few years, there has been an explosion of intra-articular, new therapies—everything from autogenous therapies, to polyacrylamides, to genetically engineered collagen and elastin cross fibers. He stated that the practice becomes almost unrecognizable based on the technological advances, and so to say that the person has had five years of clinical experience, if that experience was 10 years ago, he would argue that person really does not have the justification to opine on a case today. He requested the Committee consider possibly making that a time-sensitive requirement. He added that the comment on the phone from Dr. Smith had mentioned something about, in the area of expertise, he would just try to alter it to say in in the area on which they are opining, so if it is an equine case, that has to be equine experience, or if it is track, it has to be track experience.

- [Marcia Smith](#), DVM, stated she retired last year after 39 years of practice. She added her area of practice was small animal medicine, internal medicine. She expressed concerns regarding the second bullet, and, although she agreed somewhat with [Dr. Miller's] comments, she thought leaving the phrase in the area of expertise then demands that somebody will have to decide whether the subject matter expert is an expert or not. She provided an example that if it is a case that involves a dog, who has had an acute kidney injury, and the complaint involves whether the care was appropriate or not, then does the subject matter expert have to be a small animal clinician, perhaps a canine clinician, or perhaps a nephrology expert. She thought that the phrase leads to almost a requirement that somebody make the decision, and who is that somebody to be. She thought the phrase should be eliminated. She also raised concerns about the fourth bullet, partly because she had a general disagreement with unenforceable rules. She noted it is easy to tell if somebody is a currently licensed California veterinarian, whether they have had disciplinary actions, whether they have practiced for five years or 20, but not so easy to determine how many hours per week they practice. In addition, although she agreed with Ms. Lutz that 32 hours a month may be inadequate for somebody to serve as a subject matter expert, particularly if they have only had five years of practice, she stated that a DVM with say 20 years of practice at over 160 hours a week [sic] will still be qualified to review cases for many years after quitting practice. She would like to see that change to out of practice for no more than "X number of years" rather than currently at some number of hours.
- [Ms. Lutz](#) stated it was not appropriate for a boarded specialist to be reviewing cases of a generalist because she has run into that before, and it is very problematic because they do have a different standard of care.

[Drs. Bradbury](#) and Sullivan responded to public comment. Dr. Bradbury asked for Dr. Miller to state his suggestion again.

- [Dr. Miller](#) responded at least five years of clinical practice experience in the immediately preceding "blank" years in the practice area on which the SME is opining.

[Ms. Welch](#) responded to public comment.

- [Dr. Miller](#) responded you are allowing more latitude by giving them five years within the previous seven. He added, for the last couple years they may not have done it, but he would contend that you can take a couple years off and still be really pretty current with things. He thought if you take 10 years, you have no idea what is going on in that practice area. He asked Ms. Welch for her thoughts about that. He clarified rather than the immediately preceding five, give them a window to have at least practiced in, for example, avian medicine during five years during the last seven or eight years immediately preceding application. He stated, in the last 10 years, the expert would have to at least done five years of avian practice.

[Ms. Welch](#) responded to public comment.

- [Dr. Miller](#) responded that rather than expertise, they would be talking about what area of practice are you asking them to opine. He added a side comment on the fourth bullet regarding the 32 hours. He stated he only practices four days a month, and he would feel very comfortable as an expert on a case because he works four to maybe six days a month. He stated he feels pretty current; he is doing all of his [continuing education (CE)]. He added, when he talks to his fellow colleagues about CE, there is no feeling like he is losing any information or that he is not current on things. He opined the 32 hours reflects pretty reasonable amount.

[Ms. Siefertman](#) and Ms. Welch responded to public comment.

- [Mr. Baxter](#) suggested striking past in the second bullet where it states “have clinical experience in five of the past seven years immediately preceding”, because immediately preceding is saying the same thing. He thought it is redundant to say past, and then immediately preceding.

The [Committee](#) discussed and revised the proposed text in the meeting materials as follows (proposed additions are in [underline blue text](#); proposed deletions are in [red strikethrough text](#)):

### **Subject Matter Expert Criteria**

In order to serve as a subject matter expert (SME) for the Board, a SME ~~must~~[shall satisfy all of the following](#):

- Possess a ~~valid and~~ current, [active, and unrestricted Board-issued veterinarian California Veterinary License](#) ~~and~~;
- ~~At least five years clinical experience in the area of expertise and~~; [Have clinical experience in five of the seven years immediately preceding the SME application in the practice type in which the SME is opining](#);

- ~~No~~Not have past or current enforcement or disciplinary actions taken against their California veterinarian license; and;
- ~~Practicing~~Practice veterinary medicine as defined in Business and Professions Code section §4826, subdivisions (b) through (e), for a minimum of 32 hours aper month. ~~and;~~
- ~~In the event of conflict of interest, must recuse themselves from the review and;~~
- ~~Must not misrepresent their credentials, qualifications, experience, or background.~~

SMEs shall comply with all conflict of interest and confidentiality requirements discussed herein and, in the event of any perceived or actual conflict of interest, shall recuse themselves from the case review.

SMEs shall not misrepresent their credentials, qualifications, experience, or background.

After discussion, the motion was revised.

- Motion: Richard Sullivan, DVM, moved and Dianne Sequoia, DVM, seconded a motion to recommend to the Board the proposal to amend the Administrative Procedures Manual relating to expert criteria with the friendly amendments.

Ms. Shufelt requested public comment before the Committee acted on the motion. There were no public comments made on this item.

Ms. Shufelt called for the vote on the motion. Ms. Siefertman took a roll call vote on the motion.

- Vote: The motion carried 7-0.

## **7. Update, Discussion, and Potential Recommendation Regarding Access to Care**

Webcast: [01:48:33](#)

### **A. Recommendation Regarding Spectrum of Care Frequently Asked Questions**

Ms. Shufelt stated the frequently asked questions were still being drafted, so this item was skipped.

## **8. Update, Discussion, and Potential Recommendation to Add to the Board's Frequently Asked Questions Regarding Veterinarian-Client-Patient Relationship**

## [Meeting Materials](#)

Webcast: [01:48:47](#)

Dr. Sullivan presented this item and the meeting materials and answered questions.

- [Motion](#): Richard Sullivan, DVM, moved and Christina Bradbury, DVM, seconded the motion to recommend to the Board the addition of new Question 7 to the Frequently Asked Questions regarding the Veterinarian-Client Patient Relationship (VCPR).

[Ms. Shufelt](#) requested public comment before the Committee acted on the motion. The following public comments were made on the motion:

- [Ms. Lutz](#) clarified she gets this question all the time. She stated their theory is that it is the same location because it is owned by the same people, and the records are all together. She stated she has told them they are wrong. She continued to have people call her stating that their general counsel said, "it was okay; it is all the same." She understood that was their theory, so she thought there would be continued discussion on this because the corporations all get together and chat.

[Dr. Sullivan](#) responded but they are separate premises, and the Board has to be careful because when it started down this road, pharmacy law states another clinic cannot fill a prescription. He stated the Board has made some exemptions along the way for emergency use, so that is the law the Board is trying to follow.

- [Ms. Lutz](#) stated she told them they were wrong, but she continues to get those same questions.

Ms. Shufelt called for the vote on the motion. Ms. Siefertman took a roll call vote on the motion.

- [Vote](#): The motion carried 6-0. Kevin Lazarcheff, DVM, was absent.

### **9. Update and Discussion Regarding Requirements of Assembly Bill 1885 (Kalra, Chapter 389, Statutes of 2022) to Develop Guidelines for Veterinarian Recommendation of Cannabis Use Within the Veterinarian-Client-Patient Relationship – *Christina Bradbury, DVM, and Richard Sullivan, DVM***

## [Meeting Materials](#)

Webcast: [01:57:00](#)

Dr. Sullivan presented this item and the meeting materials. He noted a change on the last paragraph of the page, which referenced industrial hemp is not tested or regulated in the same manner as cannabis, should be removed as that AB 45, signed in October 2021, required CBD to be tested by third party laboratories.

The Committee discussed and revised this item as follows (proposed additions are in underline blue text; proposed deletions are in ~~red strikethrough text~~):

[...]

Thus, if a veterinarian administers, dispenses, furnishes, recommends, or discusses the use of industrial hemp in an animal patient, the veterinarian would not be subject to the statutory provisions regarding cannabis but would be subject to the provisions of the Veterinary Medicine Practice Act applicable to diagnosing, prescribing, or administering a drug, medicine, appliance, application, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals. In addition, a veterinarian who manufactures, markets, or sells drugs not approved by the FDA is in violation of federal law. ~~Industrial hemp is not tested or regulated in the same manner as cannabis, so t~~he veterinarian should use caution when administering, dispensing, or furnishing, recommending, or discussing industrial hemp and ensure the product to be used is industrial hemp and not cannabis and should only do so after the industrial hemp product has been approved by the FDA for use in animals.

[...]

The Committee discussed the issue with removing the language above and tabled this item for future discussion.

Ms. Shufelt requested public comment on the item. The following public comments were made on this item:

- Dr. Miller responded regarding the current guidelines regarding industrial hemp, is the one that everyone is reading because CBD companies are marketing to veterinarians. He stated they are telling them that it is not THC, so therefore it is legal, which is not correct; it is misbranded. He added that the current guidelines end with a veterinarian who manufactures, markets, or sells drugs not approved by the FDA, is in violation of federal law. He added, the next sentence is in contention, industrial hemp is not tested or regulated in the same manner, so a veterinarian should use caution. He thought the Board should use caution in putting that whole sentence in there because these drugs are misbranded by federal law, and therefore it is illegal to incorporate them into veterinary practice. He added the statement to use caution suggested that there could be another possibility. He stated it is not possible for veterinarians to be utilizing these drugs until they are FDA approved. He clarified unless he is misunderstanding, they are misbranded drugs, so why would a sentence be added to advise veterinarians to use caution. He noted the current guidelines state that they are illegal, and that is where it stops.

Dr. Sullivan responded because they are out there, and licensees are being asked all the time about the use.

- [Dr. Miller](#) suggested that the amended language suggests there is some possibility by which they can be used. He stated he does not see that possibility under [the Animal Medicinal Drug Use Clarification Act] AMDUCA; they are not compounded; they are misbranded.

[Ms. Siefertman](#) responded and referenced the guidelines on the Board's website.

- [Dr. Miller](#) responded if the statement is amended, it should state that by definition in federal law, these are misbranded drugs, which is a violation of federal law, and stop it there.

[Dr. Bradbury](#) added that it is a violation of federal law to use cannabis.

- [Dr. Miller](#) believed the entire thing should be considered.

[Ms. Welch](#) responded she understood the point being made that there is treatment – it was a violation at the federal level, but somehow authorized under state level as treatment.

- [Dr. Miller](#) added that recommendation is different than administering, dispensing, or incorporating it into practice. He stated that this statement provides that administer, dispense, furnish, which means provide, are different than recommendation. He felt that these drugs are misbranded, which did not mean they are bad, just not FDA approved. He thought there was an opportunity to reword, change a definition, or add a definition of misbranded, and then indicate why these drugs are misbranded under federal law. He stated then there would be no other mandate in these guidelines to state anything else. He stated this was courtesy language, which was important because so many people misunderstand what CBD is versus THC or cannabis. He appreciated the discussion was in the guidelines, but thought the Board was over obligating itself in that statement of “you should use caution.”

[Dr. Sullivan](#) responded to public comment and suggested tabling this item until the next meeting.

The following public comments for Item 9 were made during the public discussion on Item 10:

- [Gary Richter](#), DVM, Veterinary Cannabis Society (VCS), stated he knew that the Committee had already decided to table the discussion about cannabis, but he wanted to stress the fact that the Committee had a product neutral, non-profit comprised of some of the best cannabis experts in animal health in the world at its disposal, and VCS would love to have a conversation to help clear the waters. He stated there was clearly a lot of misunderstanding and a lot of verbiage that needed to be straightened out, so he asked that the Board please reach out to VCS. He stated they are a resource for the Board so that they can get this right and help the profession, help patients, and help animal owners.

- [Charles Lozow](#), VCS, stated when Dr. Sullivan started to discuss AB 45, and the last paragraph on the attachment page 5 regarding industrial hemp, things got very confusing. He stated he had sat in the meeting since 10 a.m. to listen to the entire hearing for this section, and he was very thankful for the Committee to take the time to table this, because changes should not be made on the fly, and there should be time for reflection. He stated the VCS Advocacy Committee was comprised of the former Committee Chair, Jeff Pollard, DVM, Jeff Powers, Chairman of the [American Veterinary Medical Association] AVMA, Council of Biologic and Therapeutic Agents, Andy Fleming, DVM and Chair of the former president of the New York State Veterinary Medical Society, Dr. Richter, and himself, a lawyer of 30 years admitted in California and New York who had been involved in this space since 2015. He continued that the issues were discussed in February of 2018, he thought, in front of Dr. Sullivan and Bonnie Lutz, and this was a very important area. He added that VCS had a lot of comments and suggestions. He stated VCS saw this memorandum for one business day, which was yesterday because it was published on the 21st. He strongly supported rescheduling this to give a window of time where VCS could submit written comments, because this was a complex area as evidenced by the confusion. He did not believe, and he thought VCS did not believe, that industrial hemp should even be mentioned here. He stated the mandate of the legislation was [AB] 1885. He added that VCS was here to help, and they would submit a letter with bibliography of current medical research to help the Committee get these guidelines in place. He added there was time because the legislative mandate requires the guidelines to be posted by January 1, 2024.

**10. Update and Discussion Regarding Rulemaking Proposal to Amend CCR, Title 16, Sections 2064, 2065, 2065.1, 2065.2, 2065.6, 2065.7, 2065.8, and 2066, Regarding Registered Veterinary Technician (RVT) School Approval and RVT Student Exemption – Leah Shufelt, RVT, and Jennifer Loreda, RVT**

[Meeting Materials](#)

Webcast: [02:16:35](#)

Ms. Shufelt presented this item at the meeting materials.

[Ms. Shufelt](#) requested public comment on this item. There were no public comments made on this item.

**11. Future Agenda Items and Meeting Dates**

[Meeting Materials](#)

Webcast: [02:24:55](#)

Ms. Shufelt presented this item and the meeting materials, which listed the following proposed future meeting dates as follows:

- April 18, 2023



- July 18, 2023
- October 17, 2023

[Ms. Shufelt](#) requested public comment on this item. There were no public comments made on this item.

## **12. Adjournment**

Ms. Shufelt adjourned the meeting at 4:53 p.m.