



# MEMORANDUM

<b>DATE</b>	May 22, 2023
<b>TO</b>	Veterinary Medical Board (Board)
<b>FROM</b>	Jessica Sieferman, Executive Officer (EO)
<b>SUBJECT</b>	<b>5. Update, Discussion, and Possible Action on 2023 Legislation Impacting the Board, DCA, and/or the Veterinary Profession</b>

Legislation is amended, statuses are updated, and analyses are added frequently; thus, hyperlinks, identified in [blue, underlined text](#), are provided throughout this document to ensure Board members and the public have access to the most up-to-date information. The information below was based on legislation, statuses, and analyses (if any) publicly available on May 22, 2023.

## A. Priority Legislation for Board Consideration

### 1. **Assembly Bill (AB) [1399](#) (Friedman, 2023) Veterinary medicine: veterinarian-client-patient relationship and veterinary telemedicine**

**Status:** Assembly Floor

**Analysis:** 05/12/23- Assembly Floor Analysis

05/08/23- Assembly Appropriations Committee

04/14/23- Assembly Business and Professions Committee

**Summary:** Similar to existing regulation, this bill would prohibit the practice of veterinary medicine outside the context of a veterinarian-client-patient relationship (VCPR), as defined, except as specified. However, unlike existing law, this bill would allow the VCPR to be established using real-time video communication instead of a physical, hands-on examination. Once the VCPR is established, this bill would authorize a licensee to practice veterinary telemedicine, as defined.

The bill would require a veterinarian who practices veterinary telemedicine, among other things, to employ sound professional judgment to determine whether using veterinary telemedicine is an appropriate method for delivering medical advice or treatment to the patient, provide quality of care consistent with prevailing veterinary medical practice, and be able to refer the client to a veterinarian who may be able to see the patient in person upon the request of the client. The bill would also define the term “client” for purposes of the act and make other conforming changes.

In addition, similar to the COVID-19 waivers, the VCPR would not be tied to a specific condition.

**Staff Comments:** During the April 2023 Board meeting, the Board voted to oppose AB 1399, authorize the Board's Executive Committee and Executive Officer (EO) to engage in conversations with the bill's Author and stakeholders regarding concerns raised during the meeting, and hold an off-calendar meeting to further discuss the bill. The Board's opposition letter is attached for reference.

On May 3, 2023, the Board's Executive Committee, EO, and legal counsel discussed the Board's concerns with Assembly Member Friedman's staff and bill sponsors (American Society for the Prevention of Cruelty to Animals (ASPCA) and San Diego Humane Society). After the meeting, the bill's sponsors provided the following breakdown of their understanding of the Board's concerns (in *italics*) and their responses to those concerns:

- *Will pets go their entire life without seeing a veterinarian if a telehealth VCPR is allowed?*
  - According to the American Veterinary Medical Association, approximately 1 out of 3 pets already does not receive regular veterinary care. This is an existing problem that we believe, and [consumer survey data](#) indicates, veterinary telehealth will help to address.
  - According to the [Access to Veterinary Care Project](#), many counties across California have low access to veterinary care. The state has a Veterinary Care Accessibility Score of 47 out of 100 – essentially a failing grade in access to veterinary care. Many California residents, including seniors, working families, and people who live in areas with few or no veterinarians, face financial, geographical, and logistical obstacles to accessing veterinary care for their pets. Veterinary telehealth offers a lifeline to these owners and their pets.
  - A September 2020 study found that [75 million pets](#) in the U.S. could be without veterinary care by 2030 if we do not update our approach to providing these services.
  - State law requires dogs over four months of age in California to be vaccinated for rabies by a veterinarian, and some cities and counties require cats to be vaccinated against rabies. These vaccinations will still require an in-person visit, and if an owner who is not currently accessing vaccines has access to telehealth, they can be referred to an in-person vet for low-cost vaccination.
  - Broadly, we trust veterinarians to recommend or require an in-person exam when deemed necessary, and we trust owners to attempt to access the best care available when needed.
  
- *How can we ensure appropriate treatment and care?*

- Licensed California veterinarians can be trusted to decide when they can safely and effectively diagnose and treat a pet using telehealth and when to ask the client to bring the pet into a clinic for an exam. Veterinarians train for many years, are highly regulated, and guard their licenses carefully. Veterinarians will continue to ask pet owners to take pets to a clinic for physical examination as needed for many situations.
  - In all 50 states, physicians safely and effectively utilize telehealth visits with new patients, including babies and other nonverbal people.
  - Results from other states and provinces with laws similar to what's being proposed in AB 1399 demonstrate the ability to reach more animals without any evidence of reduced standards of care. Additionally, in response to statements made during the April 20th, 2023 meeting, we'd like to offer that during COVID, states that waived the in-person requirement included, at minimum, Washington, Arizona (leading to their new state law), Hawaii, Michigan, Oregon, West Virginia, Kentucky, Colorado, Ohio, Montana (by omission), Florida, South Carolina, Vermont, and Maine. The modality does not dictate the result, the commitment of the veterinarian to his or her judgment does.
- *How can we ensure adequate consumer protections?*
    - We recognize the importance of informed consent by clients when utilizing veterinary telehealth, as seen in AB 1399 under 4826.6 (c). We appreciate the suggestion that including a statement regarding early detection limitations when using telehealth may be appropriate and look forward to reviewing proposed language or working with you to craft it.
  - *Can we align AB 1399 and the Board's definitions of "client"?*
    - We recognize the Board's desire to align the definition of "client" in statute with their recently proposed definition, as offered in the Board's January 2023 legislative proposal, while also addressing the ability for an animal's owner to authorize an agent. We are open to and interested in reviewing proposed language that addresses both of these desires.
  - *How can we ensure a patient will have access to local veterinary care if needed?*
    - We recognize the importance that a veterinarian practicing telehealth be able to refer a client to a local practitioner, be it themselves or another veterinary hospital, when needed. AB 1399's current language, 4826.6 (d)(4), requires that a veterinarian practicing telehealth, "Be able to refer the client to a veterinarian who may be able to see the patient in person upon the request of

the client.” If the Board has additional thoughts on improving this provision, we welcome the input.

- *How does the ability to prescribe treatment via telehealth under AB 1399 relate to federal regulations regarding in-person VCPR requirements?*
  - Federal law requires a veterinarian client patient relationship (VCPR) for the use of pharmaceuticals in veterinary medicine only if the prescription applies to:
    - Extra-Label Drug Use, which is the use of a drug in an animal in a manner that is not in accordance with the approved labeling (21 CFR § 530.1), and
    - Veterinary Feed Directives for the use of drugs used in or on animal feed (21 CFR § 558.6).
  - The federal regulations relating to extra-label drug use and veterinary feed directives stipulate that a valid VCPR “can exist only when the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of examination of the animal(s), and/or by medically appropriate and timely visits to the premises where the animal(s) are kept” [21 CFR § 530.3(i)(3)].
  - In applying this definition to its regulations, the FDA has [been clear](#) that it defers to state definitions of VCPR.

The Executive Committee would like the Board to review and discuss the sponsors’ responses during the May 24 meeting and share any additional feedback to relay to the Author’s office and sponsors.

**2. Senate Bill (SB) [372](#) (Menjivar, 2023) Department of Consumer Affairs: licensee and registrant records: name and gender changes**

**[Status:](#)** Senate Floor

**[Analysis:](#)** 05/20/23 - Senate Floor Analyses

04/28/23 - Senate Appropriations Committee

04/14/23 - Senate Judiciary Committee

03/24/23 - Senate Business, Professions and Economic Development Committee

03/23/23 - Senate Business, Professions and Economic Development Committee

**Summary:** This bill would require a board to update a licensee’s or registrant’s records, including records contained within an online license verification system, to include the licensee’s or registrant’s updated legal name or gender if the board receives government-issued documentation, as described, from the licensee or registrant demonstrating that the licensee or registrant’s legal name or gender has been changed. The bill would require the board to remove the licensee’s or registrant’s former name or gender from

its online license verification system and treat this information as confidential. The board would be required to establish a process to allow a person to request and obtain this information, as prescribed. The bill would require the board, if requested by a licensee or registrant, to reissue specified documents conferred upon, or issued to, the licensee or registrant with their updated legal name or gender. The bill would prohibit a board from charging a higher fee for reissuing a document with a corrected or updated legal name or gender than the fee it charges for reissuing a document with other corrected or updated information.

**Staff Comments:** During the Board's April meeting, the Board did not take a formal position on SB 372, but it approved a motion to send a letter of concern, include issues raised in [this memo](#), and request the bill allow consumers to access all disciplinary history on a licensee, regardless of whether the consumer knows the licensee's current or prior name.

Prior to drafting the letter of concern, the Board's EO met with the Author's office to seek clarification on the Author's intent and implementation expectations and shared the Board's concerns. The Board's EO subsequently met with the Department of Consumer Affairs (DCA), Legislative Affairs Division and other DCA Boards that shared similar concerns and discussed ways to provide general feedback to address most of the concerns without having the Author's office meet with all DCA boards and/or receive multiple different letters with various proposed (and potentially conflicting) solutions. After the meeting, DCA disseminated proposed amendments based on the feedback provided from the participating Boards. Those amendments are attached for consideration.

The Board is asked to review the proposed amendments and discuss whether these will address the previous concerns and whether the Board would like to provide any additional feedback.

**3. SB [373](#) (Menjivar, 2023) Board of Behavioral Sciences, Board of Psychology, and Medical Board of California: licensees' and registrants' addresses**

**Status:** Assembly Business and Professions Committee

**Analysis:** 05/04/23 - Senate Floor

04/14/23 - Senate Judiciary Committee

04/06/23 - Senate Business, Professions and Economic  
Development Committee

**Summary:** Existing law requires the Board of Behavioral Sciences and Board of Psychology, among other boards (including the Veterinary Medical Board), to post information regarding the status and address of record of every license issued by those boards on the board's internet website.

This bill, with certain exceptions, would prohibit the Board of Behavioral Sciences and the Board of Psychology from disclosing on the internet the full address of record of certain licensees and registrants, but would authorize the disclosure of the city, state, county, and ZIP Code of the address of record of those licensees and registrants. The bill also would, with certain exceptions, prohibit the Medical Board of California from disclosing on its director or internet website the full address of record of licensees who practice psychiatry, but would authorize the disclosure of the city, state, county, and ZIP Code of those licensees.

**Staff Comments:** During the April meeting, the Board's EO briefly discussed SB 373 intent and the fact that the bill stemmed from safety concerns for licensees of the impacted Boards. Since then, the California Veterinary Medical Association (CVMA) requested the Author's office include the Veterinary Medical Board with the other listed Boards due to the same safety concerns raised by the bill's sponsors. According to CVMA, the Author's office is willing to include the Board, but wanted to first ensure the Board would not oppose the bill if it was included.

The Board is not being asked for a formal position. However, the Board is asked to review the bill and discuss whether adding the Board to the bill would raise any concerns and/or opposition.

**3. SB 669 (Cortese, 2023) Veterinarians: veterinarian-client-patient relationship**

**Status:** Assembly – Pending Referral to Business and Professions Committee  
**Analysis:** 05/10/23 - Senate Floor  
04/21/23 - Senate Business, Professions and Economic Development Committee

**Summary:** This bill would authorize a veterinarian to allow a registered veterinary technician to act as an agent of the veterinarian for the purpose of establishing the VCPR to administer preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or parasites by satisfying specified criteria.

**Staff Comments:** During the April meeting, the Board approved a motion to oppose unless amended to resolve the Board's concerns, including the insertions (1) for establishing the VCPR in [BPC section 4826.6,] subdivision (b), (2) new definitions, and (3) treatment of viruses and bacteria, and delegate to the Board's Executive Committee and EO authority to engage in discussions with the Author's office and stakeholders to resolve the Board's concerns. The Board's position letter is attached for reference.

SB 669 was subsequently amended on April 27, 2023 and resolved some of the Board's concerns.

On May 16, the Board's Executive Committee, EO, and legal counsel met with the Author's office and bill sponsor (Sacramento SPCA) to discuss concerns and potential amendments proposed by stakeholders (attached). The Author's office seemed amenable to the majority of the edits, except for the requirement for veterinarians to review documentation. The sponsor's concern with the Board's request is discussed in the attached May 17, 2023 letter to the Board.

**Attachments:**

1. AB 1399 Board Opposition Letter
2. DCA Proposed Amendments to SB 372
3. SB 669 Board Oppose Unless Amended Letter
4. SB 669 Proposed Amendments from Stakeholders
5. Sacramento SPCA May 17, 2023 Letter





April 24, 2023

The Honorable Laura Friedman  
California State Assembly  
1021 O Street, Suite 5740  
Sacramento, CA 95814

Re: Assembly Bill (AB) 1399 (Friedman, 2023) – OPPOSE

Dear Assemblymember Friedman:

The Veterinary Medical Board (Board) regulates the largest population of veterinarians and registered veterinary technicians in the nation. Its mission is to protect consumers and animals by regulating licensees, promoting professional standards, and diligently enforcing the Veterinary Medicine Practice Act (Practice Act). Public protection is the Board's highest priority in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public is paramount.

After discussing AB 1399 during its April 20, 2023 meeting, the Board took an oppose position.

Unlike human patients who can speak for themselves or human infants who cry out when something is wrong, animal patients instinctively hide pain. Often, by the time animal owners recognize something is wrong, the animal had been ill and/or in pain for a long time. Well-intended animal owners may miss certain signs or symptoms that veterinarians are trained to recognize through a hands-on physical examination and additional testing that cannot be accomplished solely through video and client communication. There are many instances when a patient presents to a veterinarian for one problem, like an ear infection, and early detection of another serious health issue, such as a heart murmur, enlarged lymph nodes, or an abdominal mass, are found on the physical exam. These health issues could not be detected via video exam. Eliminating the initial in-person physical examination may lead to incorrect or delayed diagnoses and treatment, which could cause harm or serious injury to the animal patient.

The Board believes telemedicine plays a vital role in delivering timely care to patients. The Board also recognizes that there is confusion among the veterinary profession about when telemedicine, telehealth, telerriage, and teleconsultation services can be used. Under current law, California licensed veterinarians can and do practice veterinary medicine through telemedicine. The Board approved a legislative proposal, attached, to clarify how veterinary professionals can provide these services, while ensuring veterinarians comply with federal and state requirements to perform an examination on an animal patient prior to prescribing, administering, dispensing, or furnishing a drug. However, the Board strongly believes, and federal law supports, the



The Honorable Laura Friedman

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veterinary-client-patient-relationship must be established through an in-person physical examination.

Yet, AB 1399 would allow a veterinarian to create a veterinarian-client-patient relationship by using real-time video communication, without requiring the veterinarian to perform an in-person examination throughout a patient's entire lifetime. This bill also would authorize a veterinarian to prescribe treatment based upon the client's representations of the animal patient's symptoms and whatever visual information the veterinarian can glean from the real-time video communication with the client. This may result in missed conditions of the animal patient that otherwise would inform the veterinarian's diagnosis and subsequent treatment of the animal patient, resulting in harm to the animal patient.

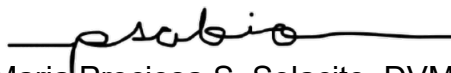
Additionally, if AB 1399 is enacted, consumers would likely assume that a telemedicine video physical exam is equivalent to an in-person exam, when, in fact, they are not.

For these reasons, the Board opposes AB 1399. The Board's Executive Committee and Executive Officer hope to engage in conversations with you and stakeholders of the bill to find an appropriate solution to the lack of clarity of the use of telehealth services while protecting animal patients.

Sincerely,



Christina Bradbury, DVM, President  
Veterinary Medical Board



Maria Preciosa S. Solacito, DVM, Vice-President  
Veterinary Medical Board

Encl.

VETERINARY MEDICAL BOARD  
LEGISLATIVE PROPOSAL  
VETERINARIAN-CLIENT-PATIENT RELATIONSHIP AND  
ELECTRONIC VETERINARY SERVICES

Additions are indicated in single underline.

Deletions are indicated in ~~single strikethrough~~.

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 as follows:

**4825.1.** These definitions shall govern the construction of this chapter as it applies to veterinary medicine.

(a) “Animal” means any member of the animal kingdom other than humans, and includes fowl, fish, and reptiles, wild or domestic, whether living or dead.

(b) “Diagnosis” means the act or process of identifying or determining the health status of an animal through examination and the opinion derived from that examination.

~~(b) “Animal” means any member of the animal kingdom other than humans, and includes fowl, fish, and reptiles, wild or domestic, whether living or dead.~~

(c) “Client” means the individual(s) who represents to the veterinarian that they are the owner(s) of the animal patient at the time the services are provided.

(ed) “Food animal” means any animal that is raised for the production of an edible product intended for consumption by humans. The edible product includes, but is not limited to, milk, meat, and eggs. Food animal includes, but is not limited to, cattle (beef or dairy), swine, sheep, poultry, fish, and amphibian species.

(e) “Herd” refers to any group of two or more of the same species and located at the same geographical location.

(df) “Livestock” includes all animals, poultry, aquatic and amphibian species that are raised, kept, or used for profit. It does not include those species that are usually kept as pets such as dogs, cats, and pet birds, or companion animals, including equines.

(g) “Teleconsultation” means the use of electronic technology or media, including interactive audio and/or video, for communication between a California-licensed veterinarian who has established the veterinarian-client-patient relationship for the animal patient(s), and a licensed veterinarian or other person whose expertise, in the opinion of the California-licensed veterinarian, would benefit the patient(s), but who does not have a veterinarian-client-patient relationship for the patient(s), does not have direct communication with the client or client’s agent, and does not have ultimate authority over the care or primary diagnosis of the animal patient(s).

(h) "Telehealth" means the use of electronic technology or media, including interactive audio and/or video, to deliver general veterinary health information and education to the potential or existing client or client's agent.

(i) "Telemedicine" means the use of electronic technology or media, including interactive audio and/or video, by a California-licensed veterinarian to practice veterinary medicine provided within an established veterinarian-client-patient relationship for the patient(s).

(j) "Triage" means the use of electronic technology or media, including interactive audio and/or video, to diagnose and treat a medical emergency as defined under Section 4840.5, until the animal patient(s) can be transported to, and/or seen by, a veterinarian.

**4826.01.** (a) A veterinarian shall not prescribe, dispense, or administer a drug, medicine, application, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals unless a veterinarian-client-patient relationship exists or as otherwise permitted by law. A veterinarian-client-patient relationship exists if:

(1) The client has authorized the veterinarian to assume responsibility for medical judgments regarding the health of an animal;

(2) The veterinarian possesses sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the animal's medical condition; and

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

(b) A veterinarian possesses sufficient knowledge of the animal for purposes of paragraph (2) of subdivision (a) if the veterinarian has recently seen, or is personally acquainted with, the care of the animal by:

(1) Examining the animal; or

(2) If the animal is a member of a herd that is being treated prophylactically to prevent diseases or treated as a group for routine husbandry procedures, making medically appropriate and timely visits to the premises on which the herd is kept.

(c) For purposes of paragraphs (1) and (3) of subdivision (a), the client may authorize an agent to act on the client's behalf.

(d) For purposes of paragraph (3) of subdivision (a), a veterinarian-client-patient relationship may continue to exist in the absence of client communication when all of the following are met:

(1) A veterinarian-client-patient relationship was established with an original veterinarian, and another designated veterinarian serves in the absence of the original veterinarian at the same location where the medical records are kept.

(2) The designated veterinarian has assumed responsibility for making medical judgments regarding the health of the animal patient(s).

(3) The designated veterinarian has sufficient knowledge of the animal patient(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal patient(s) through one of the following:

(A) Being personally acquainted with the care of the animal patient(s) by virtue of an examination of the animal(s).

(B) If the animal patient is a member of a herd, making medically appropriate and timely visits to the premises where the animal(s) is kept.

(C) Consulting with the original veterinarian who established the veterinarian-client-patient relationship.

(4) The designated veterinarian has continued the medical, treatment, diagnostic and/or therapeutic plan that was set forth and documented in the medical record by the original veterinarian.

(5) If the medical, treatment, diagnostic and/or therapeutic plan differs from that which was communicated to the client by the original veterinarian, then the designated veterinarian has attempted to communicate the necessary changes with the client in a timely manner.

(e) A veterinarian-client-patient relationship may not be established solely by telephone or electronic means.

(f) This section shall not apply where the animal patient is a wild animal, an animal whose owner is unknown, or a rabies vaccination is prophylactically administered to the animal to prevent disease or loss of life.

(g) This section shall not apply to a veterinarian prescribing, dispensing, or furnishing a refill of drugs for use on an animal patient in the absence of the originally prescribing veterinarian, who had established the veterinarian-client-patient relationship, if either of the following applies:

(1) The drugs were prescribed, dispensed, or furnished on an emergency basis for a traveling patient only as necessary to maintain the health of the animal patient until the animal patient can return to the originally prescribing veterinarian. Prior to providing a prescription refill pursuant to this paragraph, the veterinarian shall make a reasonable effort to contact the originally prescribing veterinarian, and document the communication, or the attempt to contact the originally prescribing veterinarian, in the animal patient's medical record.

(2) The veterinarian serves at the same location as the originally prescribing veterinarian, who was unavailable to authorize the refill, and the veterinarian authorizing the refill fulfills all of the following:

(A) Possessed and reviewed the animal patient's records.

(B) Ordered the refill of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

(C) Entered the prescription refill in the animal patient's medical records.

(D) In the veterinarian's professional judgment, determined that failure to refill the prescription might have interrupted the animal patient's ongoing care and might have had an adverse effect on the animal patient's well-being.

**4826.6. (a) Telemedicine may be used by a California-licensed veterinarian to further evaluate the animal patient(s)' progress, and diagnose and treat the medical condition for which the veterinarian-client-patient relationship has been established.**

(b) Telehealth may be used as follows:

(1) By a California-licensed veterinarian and may include a general or preliminary diagnosis of the general health of the animal patient using a virtual examination of the animal patient(s), but shall not include treatment of whatever nature for any condition.

(2) By a registered veterinary technician or veterinary assistant supervised by a California-licensed veterinarian to determine the seriousness of a medical situation and advise the potential or existing client or client's representative agent of the urgency of an in-person examination of the animal patient(s), but shall not include a diagnosis or treatment of any condition.

(c) Triage shall only be used for life-threatening cases. In an emergency, as defined under Section 4840.5, triage may be used as follows:

(1) By a California-licensed veterinarian to diagnose and treat the animal patient(s), until the animal patient(s) can be seen by, or transported to, a veterinarian.

(2) By a registered veterinary technician as provided under Section 4840.5.

(d) Teleconsultation may be used by a California-licensed veterinarian to obtain advice or assistance on an animal patient(s)' medical condition.

**4829.1. (a) A drug shall not be prescribed for a duration inconsistent with the medical condition of the animal(s) or type of drug prescribed. The veterinarian shall not prescribe a drug for a duration longer than one year from the date the veterinarian examined the animal(s) and prescribed the drug.**

(b) As used in this section, “drug” shall mean any controlled substance, as defined by Section 4021, and any dangerous drug, as defined by Section 4022.

**4875.1.** (a) In order to ensure that its resources are maximized for the protection of the public, the board shall prioritize its investigative and prosecutorial resources to ensure that veterinarians and registered veterinary technicians representing the greatest threat of harm are identified and disciplined expeditiously. Cases involving any of the following allegations shall be handled on a priority basis, as follows, with the highest priority being given to cases in paragraph (1):

(1) Negligence or incompetence that involves death or serious bodily injury to an animal patient, such that the veterinarian or registered veterinary technician represents a danger to the public.

(2) Cruelty to animals.

(3) A conviction or convictions for a criminal charge or charges or being subject to a felony criminal proceeding without consideration of the outcome of the proceeding.

(4) Practicing veterinary medicine while under the influence of drugs or alcohol.

(5) Drug or alcohol abuse by a veterinarian or registered veterinary technician involving death or serious bodily injury to an animal patient or to the public.

(6) Self-prescribing of any dangerous drug, as defined in Section 4022, or any controlled substance, as defined in Section 4021.

(7) Repeated acts of excessive prescribing, furnishing, or administering of controlled substances, as defined in Section 4021, or repeated acts of prescribing, dispensing, or furnishing of controlled substances, as defined in Section 4021, without having first established a veterinarian-client-patient relationship pursuant to Section ~~4826.012032.1~~ of Title 16 of the California Code of Regulations.

(8) Extreme departures from minimum sanitary conditions such that there is a threat to an animal patient or the public and animal health and safety, only if the case has already been subject to Section 494 and board action.

(b) The board may prioritize cases involving an allegation of conduct that is not described in subdivision (a). Those cases prioritized shall not be assigned a priority equal to or higher than the priorities established in subdivision (a).

(c) The board shall annually report and make publicly available the number of disciplinary actions that are taken in each priority category specified in subdivisions (a) and (b).

The people of the State of California do enact as follows:

SECTION 1. Section 27.5 is added to the Business and Professions Code, to read:

27.5. (a) (1) Notwithstanding any other law, if a board receives government-issued documentation, as described in subdivision (b), from a licensee or registrant demonstrating that the licensee's or registrant's legal name or gender has been changed, the ~~board~~ board, upon request by the licensee or registrant, shall update the individual's records, license ~~by replacing references to the former name or gender on the license, as applicable, with references to the current name or~~

**Commented [MR1]:** Suggest adding this to clarify what the expected update entails.

(2) (A) If the board operates an online license verification system, ~~it upon request by a licensee or registrant whose name or gender was updated pursuant to paragraph (1), the board shall remove~~ replace references to the licensee's or registrant's former name with the individual's current name ~~on from the publicly viewable information displayed on the internet about the licensee the licensee's or registrant's former name upon receipt of government issued documentation, as described in subdivision (b).~~ The licensee's or registrant's former name ~~and or gender, as applicable, shall be deemed confidential, not be published online.~~

**Commented [MR2]:** We suggest striking this since it's already captured in the preceding clause that requires updates to licenses, and it's duplicative of paragraph (2)(A), which already requires the board to change the information posted online.

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(B) ~~Notwithstanding any other law, for licensees or registrants subject to subparagraph (A) who were previously subject to enforcement action, the board shall not post publicly available enforcement records online, but shall instead post online a statement directing members of the public to contact the board for more information about the licensee's or registrant's prior enforcement action.~~

**Commented [MR3]:** We suggest deleting subparagraphs (B) and (C) from the prior amends because the the Public Records Act already provides an adequate process for purposes of requesting and providing publicly-available enforcement records.

~~(B) The board shall establish a process for process, including setting up a phone line, related to providing a licensee's or registrant's current name or providing publicly available enforcement action record records linked to a former name upon receipt of a request that is related to an enforcement action against the licensee or registrant or a search of a licensee by a previous name relating to a licensee or registrant. The process shall ensure that the request is completed within 10 business days. This subparagraph shall be implemented in compliance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code). This subparagraph shall not make any prior enforcement action confidential, but rather will allow a user to see if a licensee or registrant with an updated name has a disciplinary action but will require them to follow the process in order to obtain documents related to a licensee or registrant with a previous name.~~

Under our proposed revised subparagraph (B), the public would see a statement on the website prompting them to contact the board for information about enforcement records. If they contact the Board and ask for publicly-available enforcement records, the Board is already obligated under the Public Records Act to respond to their request within 10 calendar days and produce public records.

~~(C) In establishing a process to provide a licensee's or registrant's former name and gender, the board shall consider respect for the licensee's or registrant's privacy and safety.~~

We also specifically suggest omitting in former subparagraph (B) both the 10 business day response requirement and the reference to the Public Records Act because (1) the 10 business day response requirement is not consistent with the PRA's response requirement--the PRA requires boards to respond to records requests within a shorter 10 calendar day period--and (2) there's no need to specify separately that the boards need to respond to PRA requests since that's already a requirement of the PRA.

(3) If requested by the licensee or registrant, the board shall reissue any ~~documents conferred upon the licensee or registrant with the licensee's or registrant's updated legal name or gender. licenses created by the board and conferred upon the licensee or registrant by the board.~~ A board shall not charge a higher fee for reissuing a document with a ~~corrected or an~~ updated legal name or gender than the fee it regularly charges for reissuing a document with other ~~corrected or~~ updated information.

We also suggest omitting subparagraph (C) for the additional reason that it is not necessary since there is no need for a specific process here. And it will instead establish a vague standard that is not clear in terms of what it means or how the boards would comply with it. It's also unnecessary since the documents would not be posted online and instead, the public would have to call and request them. For these reasons, we recommend striking.

(b) (1) The documentation identified in either of the following subparagraphs is required to demonstrate a legal name change of a licensee or registrant:

(A) A certified court order issued pursuant to a proceeding authorized by subdivision (b) of Section 1277 of the Code of Civil Procedure, and a copy of the certificate issued by the Secretary of State's Safe at Home program reflecting the licensee's or registrant's updated name.



(B) A certified court order issued pursuant to a proceeding authorized by Section 1277.5 of the Code of Civil Procedure or Article 7 (commencing with Section 103425) of Chapter 11 of Part 1 of Division 102 of the Health and Safety Code reflecting the licensee’s or registrant’s updated name.

(2) Any of the following documentations is sufficient of a licensee or registrant sufficient to demonstrate a legal name or gender change of a licensee or registrant includes, but is not limited to, any of the following:

- (1) State-issued driver’s license or identification card.
- (2) Birth certificate.
- (3) Passport.
- (4) Social security card.
- (5) Court order indicating a name change or a gender change.

(c) This section does not require a board to modify records that were not created by the board or that the licensee or registrant has not requested for modification or reissuance.

SEC. 2. The Legislature finds and declares that Section 1 of this act, which adds Section 27.5 to the Business and Professions Code, imposes a limitation on the public’s right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to protect the privacy rights and safety of individuals, it is necessary that this act limit the public’s right of access to that information.

**Commented [MR4]:** We suggest rewording along these lines, so that it’s clear this is an exclusive list of docs. By saying “includes, but is not limited to, any of the following,” we open up the possibility of disputes about what other documentation is sufficient. This revision eliminates those disputes.

**Commented [MR5]:** We suggest adding this to specify and narrow the circumstances under which this special name change process will be applied.

We recommend narrowing the types of name changes to those involved in gender identity changes, domestic violence, stalking, sexual assault, or human trafficking. Otherwise, all types of name changes, including marriage, divorce, or personal preference changes, will need to be accommodated under this bill, and for individuals with a disciplinary past, they will be able to take advantage of this law by changing a part of their name and then requesting that a board remove their disciplinary records from the internet. Since that’s clearly not the intent of this law, we recommend narrowing the circumstances under which this section applies.

Along these lines, we recommend that license name changes be accompanied by the requisite court order issued pursuant to the applicable code section, while also allowing gender changes to be documented with any of the items in the list. We also recommend for name changes under Code of Civil Procedures 1277(b)—confidential domestic violence, stalking, sexual assault, or human trafficking name changes—that the boards also receive the certificate issued by the Secretary of State’s Office demonstrating that the name was confidentially changed by the Superior Court. This is because the new name will not be listed in the court order granting the name change.



April 24, 2023

The Honorable Dave Cortese  
 California State Senate  
 1021 O Street, Suite 6630  
 Sacramento, CA 95814

Re: Senate Bill (SB) 669 (Cortese, 2023) – OPPOSE, UNLESS AMENDED

Dear Senator Cortese:

The Veterinary Medical Board (Board) regulates the largest population of veterinarians and registered veterinary technicians in the nation. Its mission is to protect consumers and animals by regulating licensees, promoting professional standards, and diligently enforcing the Veterinary Medicine Practice Act (Practice Act). Public protection is the Board’s highest priority in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public is paramount.

After discussing numerous concerns with the latest provisions of SB 669 during its April 20, 2023 meeting, the Board took an oppose, unless amended position. The Board appreciated the intent of the March 21 version of the bill, as it significantly mirrored proposed regulations approved by the Board at its January 2023 Board meeting. Unfortunately, the April 18, 2023 amendments have raised significant consumer protection concerns for the Board. Among other concerns, the April 18, 2023 version inserted new provisions for establishing the Veterinarian-Client-Patient-Relationship (VCPR) and definitions that conflict with current regulations, and would allow registered veterinary technicians to treat viruses and bacteria.

Due to the recent amendments to the bill, the Board regrettably opposes SB 669, unless amended. However, the Board’s Executive Committee and Executive Officer hope to engage in conversations with you and stakeholders of the bill to find an appropriate solution to these concerns while protecting animal patients.

Sincerely,

Christina Bradbury, DVM, President  
 Veterinary Medical Board

Maria Preciosa S. Solacito, DVM, Vice-President  
 Veterinary Medical Board

cc: Senate Business, Professions and Economic Development Committee

Potential SB 669 Amendments  
for Veterinary Medical Board Consideration

SEC. 2. Section 4826.7 is added to the Business and Professions Code, to read:  
4826.7.(a) For purposes of this section, “veterinarian” means a California licensed veterinarian and “registered veterinary technician means a California licensed registered veterinary technician.”

(b) A veterinarian may authorize a registered veterinary technician to act as an agent of the veterinarian for the purpose of establishing the veterinarian-client-patient relationship to administer preventive or prophylactic vaccines or medications for the control or eradication of ~~apparent or anticipated internal or external~~ parasites, if all of the following conditions are met:

(1) In a registered veterinary premises ~~the~~ registered veterinary technician administers preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites ~~in a registered veterinary premises~~ when the veterinarian is physically present at the registered veterinary premises.

(2) If working at a location other than a registered veterinary premises, the registered veterinary technician administers preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites when the veterinarian is in the general vicinity in the general vicinity or available by telephone and is quickly and easily available. The registered veterinary technician shall have equipment and drugs necessary to provide immediate emergency care at a level commensurate with the provision of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

(3) The registered veterinary technician examines the animal patient and administers preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites, in accordance with written protocols and procedures established by the veterinarian, which shall include, at a minimum, all of the following:

(A) Obtaining the animal patient’s history from the client in order to reasonably ensure that the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites ~~is~~ appropriate.

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

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

(D) Criteria that would disqualify the animal patient from receiving the preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

(E) Vaccination protocols for each animal species for which preventive or prophylactic vaccines are administered, that include, at a minimum, handling and administration of

vaccines in accordance with manufacturer label recommendations and what to do in the event of an adverse reaction or other emergency.

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

(G) Documentation of all of the following animal patient information:

- (i) Name or initials of the person responsible for entries.
- (ii) Name, address, and phone number of the client.
- (iii) Name or identity of the animal, herd, or flock.
- (iv) Except for herds or flocks, age, sex, breed, species, and color of the animal.
- (v) Beginning and ending dates of custody of the animal, if applicable.
- (vi) A history or pertinent information as it pertains to each animal, herd, or flock's medical status.
- (vii) Data, including that obtained by instrumentation, from the physical examination.
- (viii) Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.
- (ix) Diagnosis or assessment before performing a treatment or procedure.
- (x) If relevant, a prognosis of the animal's condition.
- (xi) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.

(4) The veterinarian and the registered veterinary technician sign and date a statement containing an assumption of risk by the veterinarian for all acts of the registered veterinary technician related to examining the animal patient and administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites, ~~short of except for~~ willful acts of animal cruelty, gross negligence, or gross unprofessional conduct ~~on behalf of performed by~~ the registered veterinary technician.

(5) (a) The veterinarian and the registered veterinary technician sign and date a statement containing authorization for the registered veterinary technician to act as the agent of the veterinarian only to establish the veterinarian-client-patient relationship only 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 (3), and only until the date the veterinarian terminates supervision or authorization for the registered veterinary technician to act as the agent of the veterinarian.-

(b) Prior to examination of, or administration of any preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites to the animal patient, the registered veterinary technician discloses orally or in writing to the client that the registered veterinary technician is acting as an agent of the veterinarian for purposes of administering to the animal patient preventive or prophylactic vaccines or medications, as applicable, and provides the veterinarian's name and license number to the client. After such disclosure is provided, the registered veterinary technician shall obtain the oral or written authorization of the client to proceed with the registered veterinary technician's examination of the animal patient and

administration of the specified vaccine or medication. Such client authorization shall be recorded by the registered veterinary technician in the animal patient's medical record.

(c) Prior to prescribing or dispensing the preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites, the veterinarian shall review the documentation required pursuant to subparagraph (G) of paragraph (3) of subdivision (b).

(de) Documentation relating to satisfaction of the requirements of subdivision ~~(e)~~(b)(4) and (5) shall be retained by the veterinarian for the duration of the registered veterinary technician's supervision and until three years from the date of the termination of the supervisory relationship with the registered veterinary technician.

(ed) Documentation relating to satisfaction of the requirements of Part (G), paragraph (3) of subdivision (b) shall be retained by the veterinarian for a minimum of three years after the animal's last visit.



# GIVING MORE THAN SHELTER

May 17, 2023

Veterinary Medical Board  
1747 North Market Blvd., Suite 230  
Sacramento, CA 95834-2987

RECEIVED  
MAY 19 2023  
VMB/RVTC



Board Members:

Thank you for understanding the issues California's low-income and underserved people face when trying to access basic preventative care for their animals.

I am heartened by both the work of the VMB and of the CVMA in finding ways to overcome this challenge amid the growing national shortage of veterinarians, which is forecast to get worse in the next 7 years.

As an organization that provides veterinary care to more than 40,000 animals year, and as the sponsor of SB669, the Sacramento SPCA appreciates the work your organization has done around expanding the scope of California's registered veterinarian technicians' work in order to increase access for low-income individuals.

However, verbiage you want added to the bill would prevent your goal and our hopes from becoming reality.

*"Prior to prescribing or dispensing the preventive the veterinarian shall review the documentation."*

...

We are so close to being able to make a meaningful difference in access to veterinary care and decreasing the real risk of a public health crisis from a rabies outbreak.

We are all in agreement that:

- 1.e California is facing a critical shortage of veterinarians.e
- 2.e Veterinary appointments are hard to obtain.e
- 3.e The increased expense of supplies, personnel and facilities has caused a spike in the cost of veterinary care.e
- 4.e Increasing the scope of what RVTs can do with and without direct supervision is one path that can increase accessibility and lower consumer costs.e
- 5.e One of the paths is to increase the scope of what RVTs can do.e
- 6.e California's RVTs already possess the knowledge, skills, training, and ability to act as an agent to establish a Veterinary Client Patient Relationship and to administer the rabies vaccine.e

By requiring RVTs to have their supervising veterinarian check their work, you negate the force multiplier effect of having RVTs handle these routine vaccinations while the veterinarians focus on medical issues that require their expertise and experience.

It really is as simple as this: If you only have access to one small-animal vet in your community, or county, or in your region, do you want them to attend to sick and injured animals, perform surgeries and save lives, or do you want them to oversee rabies shots?



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Tax Id: 94-1312343

Sincerely,

Kenn Altine  
CEO

**SSPCA.ORG**