BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • VETERINARY MEDICAL BOARD
1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2978
P (916) 515-5220 | Toll-Free (866) 229-0170 | www.vmb.ca.gov

VETERINARY MEDICAL BOARD
MULTIDISCIPLINARY ADVISORY COMMITTEE
MEETING MINUTES
OCTOBER 18, 2022

The Multidisciplinary Advisory Committee (Committee) of the Veterinary Medical Board (Board) met via a teleconference/WebEx Event on **Tuesday, October 18, 2022,** with the following location available for Committee and public member participation:

Department of Consumer Affairs
1625 North Market Blvd., Hearing Room
Sacramento, CA 95834

10:00 a.m., Tuesday, October 18, 2022

Webcast Link:

https://youtu.be/lErcvuIJmbU

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

Webcast: 00:00:12

Committee Chair, Richard Sullivan, DVM, called the meeting to order at 10:00 a.m. Executive Officer, Jessica Sieferman, called roll; seven members of the Committee were present, and a quorum was established. Jamie Peyton, DVM, was absent. Dr. Sullivan informed the Committee that due to the workload at the university and looking after the health of family members, Dr. Peyton had to resign from the Committee. Dr. Sullivan thanked Dr. Peyton for her contributions to the Committee and the Board.

Members Present

Richard Sullivan, DVM, Chair
Leah Shufelt, Registered Veterinary Technician (RVT), Vice-Chair
Christina Bradbury, DVM, Board Liaison
Kevin Lazarcheff, DVM
Jennifer Loredo, RVT, Board Liaison
Dianne Sequoia, DVM
Marie Ussery, RVT

Staff Present

Jessica Sieferman, Executive Officer
Matt McKinney, Enforcement Manager
Timothy Rodda, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager

Rob Stephanopoulos, Enforcement Manager
Jacqueline French, Enforcement Analyst
Kimberly Gorski, Senior Enforcement Analyst
Jeffrey Olguin, Lead Administrative & Policy 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

Lori Aldrete
Dan Baxter, Executive Director, California Veterinary Medical Association (CVMA)
Jeff Blea, DVM
Ben Bodea, Executive Officer, California Acupuncture Board
David Bouilly, Moderator, DCA, SOLID
Steve Boyer
Sean Brady, DVM, California Department of Food and Agriculture (CDFA)
Loren Breen
Brian Clifford, Senior Planning and Implementation Officer, DCA, Executive Office
Alex Cristescu, Information Officer, DCA, Office of Public Affairs
Nicole Dickerson, RVT, CVMA
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association (CaRVTA)
Brian Evans
Jennifer Hawkins, DVM, Southern California Veterinary Medical Association (SCVMA)
Anita Levy Hudson, RVT, CaRVTA
Richard Johnson, DVM, Creative Vet Services
Crystal Kieley, RVT, Vet Tech Nursing Academy (VTNA)
Michael Manno, DVM
Grant Miller, DVM, CVMA
Kristi Pawlowski, RVT
Jeff Pollard, DVM

2. Public Comment on Items Not on the Agenda

Webcast: 00:01:14

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

3. Review and Approval of July 19, 2022 Committee Meeting Minutes

Meeting Materials

Webcast: 00:02:20

Dr. Sullivan presented this item.

- Motion: Ms. Ussery moved and Dr. Bradbury seconded the motion to adopt the minutes.

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

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

- Vote: The motion carried 7-0.

4. Update and Discussion Regarding Assembly Bill (AB) 1282 (Bloom, Chapter 752, Statutes of 2021) Veterinary Medicine: Animal Blood Banks; and California Department of Food and Agriculture's (CDFA) California Animal Blood Banking Guidance Resource Document

Meeting Materials

Webcast: 00:04:58

Ms. Sieferman and Sean Brady, DVM, CDFA, provided background and updated information related to the Blood Banking Guidance Resource Document required by AB 1282.

Dr. Brady and Ms. Sieferman answered questions from Committee members.

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

5. Update from Equine Practice Subcommittee – *Richard Sullivan, DVM, and Marie Ussery, RVT*

Meeting Materials

Webcast: 00:24:15

Ms. Ussery provided the report, which is available in the meeting materials. Ms. Ussery added that the Subcommittee met with University of California, Davis (UC Davis) representatives to discuss what they are teaching students regarding recordkeeping requirements and how that fits with current regulations. The Subcommittee looks forward to continued collaboration with CVMA, the California Horse Racing Board (CHRB), UC Davis, and other stakeholders to continue to work through these issues.

Dr. Sullivan answered questions from Dr. Bradbury.

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

6. Update, Discussion, and Potential Recommendation to the Board on Proposed Regulatory Amendments to California Code of Regulations (CCR), Title 16, Sections 2036.5, 2090, 2091, 2092, and 2094 Regarding Veterinary Drug Compounding Subcommittee – *Richard Sullivan, DVM, and Marie Ussery, RVT*

Meeting Materials

Webcast: 00:33:50

Dr. Sullivan presented this item and described the regulatory proposal, included in the meeting materials, discussed further below.

Proposed Amendments to CCR, Title 16, Section 2036.5

Meeting Materials

Webcast: 00:37:15

Dr. Sullivan explained the purpose of adding subsections (c) and (d) to allow Veterinary Assistant Controlled Substance Permit holders, in an animal hospital setting, to perform drug compounding either in bulk or non-bulk under the supervision of a licensed veterinarian, or in the case of non-bulk under the direct supervision of an RVT.

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

Proposed Amendments to CCR, Title 16, Section 2090

Meeting Materials

Webcast: 00:39:18

Dr. Sullivan explained the proposed amendments, included in the meeting materials, and noted a change on page 8 under subsection (e) "Immediate use" to remove the word "on" and replace it with "to". The language will state:

> (e) "Immediate use" means administration of a sterile compounded drug preparation to an animal patient within four hours from the time the drug preparation was compounded.

Dr. Lazarcheff inquired where the four-hour limit [in subsection (e)] was from and whether it was a standard term.

Dr. Sullivan responded that the original term was referenced in California Board of Pharmacy regulations. However, the U.S. Pharmacopeia (USP) has used the term "immediate use" in their updated guidelines. The USP accommodated veterinarians a little bit with this term; previously, the term was phrased "within one hour of the

preparation," and they were asked to give veterinarians some more leeway. The USP is still in the process of defining it as "within four hours;" Dr. Sullivan did not believe the USP guidelines have been totally approved yet. Dr. Sullivan explained the regulatory proposal would be a way to circumvent some of the drug compounding paperwork requirements. Under the proposed term of immediate use, veterinarians would not have as strict of recordkeeping requirements.

Ms. Welch added that the point is efficiency and streamlining the documentation process so animals can get the care they need, and to address the lack of staff in veterinary premises. The proposed amendment is intended to help the veterinary staff get the required drug compounding documentation down in a faster manner. She noted the "immediate use" documentation requirements would be discussed in the next section.

Following discussion of proposed amendments to CCR, title 16, section 2092, subsections (f) and (h) in section 2090 on page 7 were struck.

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

Proposed Amendments to CCR, Title 16, Section 2091

Meeting Materials

Webcast: 00:44:16

Dr. Sullivan described the proposed amendments, included in the meeting materials.

Dr. Sullivan answered a question from Dr. Sequoia seeking clarification of "historical documentation" in subsection (d)(2).

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

Proposed Amendments to CCR, Title 16, Section 2092

Meeting Materials

Webcast: 00:49:02

Dr. Sullivan presented this item and explained the sample Master Formula Form prepared by Ms. Ussery that was not included in the meeting materials as it would not be provided to practitioners until the proposed regulatory amendments were made effective. Dr. Sullivan discussed the proposed amendments, included in the meeting materials, and Dr. Sullivan and Ms. Ussery responded to Committee member questions.

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

- Grant Miller, DVM, CVMA, stated that this language was much clearer than the previous version and was headed in the right direction. He appreciated Dr. Bradbury's comments because they demonstrated that every practitioner who reads the regulation may see it differently; therefore, he felt that the guidance document would be pivotal to the success of the implementation. He added the guidance document, which is in the next section, was very good. He noted that it would probably need to be updated to reflect some of the more recent changes in these proposed regulations, but overall, he thought the document was getting to a better place in making this something attainable. He appreciated the Board's proactivity in creating a Master Formula Form, but it was not necessary in this regulation. He stated the regulation could state a master formula document may be maintained to include the items listed. Then, if the Committee wished, the guidance could offer a form; but the Committee may want to consider whether or not there needed to be a "Master Formula Form" in regulations. He did not mind it being there, but it probably was not necessary. He agreed that the Unique Formula Code may be unnecessary, and when he thought about this whole process, he recalled the Committee was not actually creating something new here – the Committee was trying to get around something that was already happening every day, but that practices were not using a unique formula code. He stated [practitioners] are probably writing [the information] on the bottle. So, he thought the Committee could probably go back more towards that. Dr. Miller provided an example of how a practice may be practicing now, because no one has an unlabeled bottle; the veterinarians are writing something on the bottles. He noted that perhaps the Master Formula Code or the Unique Formula Code were not necessary. He added that the veterinarians can just write the name and ingredients on there and make that work, so maybe this will get discussed in the labeling section, but it was a huge improvement and much easier to understand.

Dr. Sullivan said the word "may" is there, which indicated [the Master Formula Form] was not mandatory.

Ms. Welch noted that under subsection (d), if there is not a Master Formula Form, then the compounded drug preparation must be documented in the animal patient medical record and include the required items from paragraphs (2) through (7). There would be some documentation required for the compounded drug preparation.

Dr. Sullivan stated that was not the intent of subsection (d), but that is where they wound up.

Dr. Bradbury believed the Unique Formula Code would be more confusing than helpful in the end.

- Nancy Ehrlich, RVT, CaRVTA, inquired that if there was no section (b) Master Formula Form maintained, the licensee would have to [document the information in paragraphs] (2) through (7) in the patient record. She questioned why paragraphs (3) and (6) needed to be in the record.

Dr. Sullivan stated that the word "may" is an example of something that they can use; but if they have some other way of having the recipe for these compounded products, then it does not have to be in the medical record. He stated the reason for subsection (d) was, for example, if a compounded preparation was made only once, the licensee would not have to go through all the steps of the Master Formula Form. The licensee could put it in the medical record.

Ms. Ehrlich noted that, as written, if the Master Formula Form was not used, then everything must be included in the patient record, including the equipment to be used.

Dr. Sullivan responded affirmatively if the formula was going to be used one time; there will need to be an explanation of how the preparation was compounded.

Ms. Ehrlich inquired if licensees were going to have to explain atropine is mixed in a syringe.

Dr. Sullivan noted this was a requirement of the USP. If the Board does not establish its own guidelines, then that is what would be required.

Ms. Ehrlich stated she was concerned on the impact it will have to veterinary medicine as it is costing a lot more and the clients are getting upset. She asserted that this is going to increase the cost of administering drugs and prescribing drugs astronomically, and she thought it was going to be a detriment to the veterinary profession and recommended striking requirements in [paragraphs] (3) and (6). She added the information is not necessary for the patient record as there is irrelevant information being required.

Dr. Bradbury stated the example was one specific example, and there are many that are being sent home and compounded. As Dr. Miller mentioned previously, this is a current requirement. She noted there is a recipe to follow that must be documented.

Ms. Ehrlich noted that the regulations require the equipment to be used and the specific compounding steps.

Dr. Bradbury noted those are important steps, as some items may need mixing in a specific order. She added those things need to be written instructions for the person doing the compounding.

Ms. Ehrlich opined that nobody is going to be doing this.

- Dr. Miller stated for clarification relating to drawing up two sedatives in a single syringe for a patient, there is a special consideration in subsection (e), which

the Committee had yet to discuss. He noted that subsection (e) stated that if something is done for immediate use of some sterile, injectable IV products, they can essentially do an abridged version in the record that states that the name, strength, and quantity of those solutions needs to be recorded, which the profession is already doing now. He reminded everyone that this effort by the Board is of great service to the veterinary profession because if it were up to other boards, this would not occur at all. He added that it took CVMA years to do a statutory change to get the right to compound within their veterinary practices, to meet their patients' needs, and this Board is following its mandate pursuant to that statute to create regulations to make that happen. He felt that these regulations have come a long way. He stated the regulations are difficult, but it is correct that a lot of the requirements were already being done by the licensees, and he would encourage the [Committee] to remember that it was not creating something new here, it was just trying to harness what it was already doing, and he thought the Board is getting really close. He believed the Unique Formula Code maybe is going to end up working against [practitioners] and creating more confusion. He believed that licensees could write on the vials; it would not be perfect, but he thought that was what is probably already going on in the practice, so he thought that deserved a little more consideration.

Ms. Welch, the Committee, and Ms. Sieferman discussed the items brought up by the public and revised portions of the regulation.

- Dr. Miller stated the reason the language is there is because the Board is trying to follow the spirit of the USP monographs. However, the issue was that veterinarians essentially do what is called simple compounding. The veterinarians are not using bulk ingredients, and they are not doing a lot of complicated work on this. He stated it was essentially taking two FDA approved products and putting them in one syringe or adding something to IV fluids, or taking two creams, and putting them together in one container. For that very simple compounding, equipment is really not necessary, but the language is an attempt to stick with the spirit of what compounding is in a general sense, so that the Board is not criticized for not playing by the rules created. He agreed and thought that for 90% of the time, licensees are using a syringe as their equipment. He did not think that practitioners are going to inherently understand what the equipment part means, but he thought a guidance document can really help to discern, especially the samples that are provided in the Master Formula Document. He thinks it can go a long way to help people understand that it really is not rocket science; it is writing down what is happening. He noted that it might be worth it to just keep it there just to try to stay in the spirit of what USP mentions as a best practice.

The Committee, Ms. Sieferman, and Ms. Welch discussed the items brought up by the public and revised portions of the regulation.

The Committee took a brief break and continued discussing the items brought up by the public, and revised portions of the regulation.

- Dr. Miller thought that when the Board is creating a Master Formula Form, it is binding itself to a legal responsibility that it does not need. He stated it was great to have [a master formula form] in the guidance, but immediately what is going to come up is OAL is going to review the form to determine if it is legally acceptable. He noted that the form did not match the definition, which states it is a list of all drug preparations that is not reflective on the form; the form is not a list. It is an individual document, so that would have to be addressed. He asserted that a Master Formula Form is not necessary. Dr. Miller suggested the Committee can just state "the licensee has to maintain a document that has the following information…" in the guidance. He stated it would be great if the Committee would like to provide them a sample. In addition, he stated if there is an item titled a Master Formula Form, in capital letters, people are going to assume that it is a paper document. He said that one of the first questions that will come up is can this be electronically maintained. He agreed with the line of thinking, and he did not think it was necessary to have a Master Formula Form as a specific item referenced in regulations. He thought it was great if the Committee wanted to do that as guidance, but it was not necessary here. He stated he had seen boards get into trouble with this in the past by creating specific forms that they reference in the regulations. Dr. Miller stated that this can create problems as the world changes while the regulations are bound and require a specific item.

Ms. Sieferman, the Committee, and Ms. Welch discussed the items brought up by the public and revised portions of the regulation.

After Committee discussion and public comment, the proposed regulatory amendments to section 2092 were revised as follows:

- In subsection (b), strike the phrase "For each compounded drug preparation," because it would have required a master formula document to be prepared for each compounded drug preparation, rather than making it an optional document, as intended in the proposed amendments.

- In subsection (b), after "maintained," delete "on a Master Formula Form," because the Committee determined that form is unnecessary, and insert the phrase "to identify drug preparations compounded at the veterinary premises" to clarify why a master formula document would be maintained for drug preparations that are compounded at the veterinary premises.

- In subsection (b), paragraph (1), strike "Unique Formula Code," because if it is not necessary for office stock, the requirement would be cumbersome and/or confusing, and move to paragraph (1) "Equipment to be used" from paragraph (3).

- In subsection (c), strike "Master Formula Form," add "master" and retain "formula document" for consistency with changes to subsection (b).

- In subsection (d), change “Master Formula Form” to “master formula document” for consistency with changes to subsection (b), add the phrase “pursuant to subsection (b)” for clarity, renumber the required information to be documented from subsection (b) as paragraphs (2) through (6) in accordance with revisions to subsection (b)(1) through (7), and remove the requirement to document in the animal patient’s medical record the equipment to be used because that documentation is unnecessary and irrelevant in the animal patient’s medical record.

- In subsection (e), before “ingredient(s),” insert “name, strength, and quantity of the” to clarify the documentation required for the ingredients added to the sterile solution.

- In subsection (f), retain existing paragraph (4).

- In subsection (f), strike proposed paragraph (4), as the name and strength are already required under existing paragraph (4), and the Unique Formula Code is being stricken from the proposal.

Dr. Sullivan requested public comment on the revisions made to section 2092. There were no public comments made on this item.

Proposed Amendments to CCR, Title 16, Section 2094

Meeting Materials

Webcast: 01:55:50

Dr. Sullivan explained the proposed revisions to the regulatory proposal, included in the meeting materials. Taking into account the revisions made by the Committee to section 2092, Dr. Sullivan proposed additional revisions to section 2094 to conform the sections, as follows:

- In subsection (b), paragraph (1), strike “Unique Formula Code,” and maintain the existing text in the current regulation.

The Committee discussed whether subsection (b)(3) should be deleted as shown in the meeting materials but taking into account the Committee’s determination to remove the Master Formula Form. Ms. Welch recommended maintaining the existing text in subsection (b)(3) and, before the proposal is presented to the Board, researching the rationale for including the lot number or control number assigned by the preparer on the label as described in the Initial Statement of Reasons for the current regulation. The proposed regulation was revised as follows:

- In subsection (b), paragraph (3), maintain the existing text in the current regulation.

Dr. Sullivan requested public comment on the revisions made to section 2094. There were no public comments made on this item.

- Motion: Dr. Bradbury moved and Dr. Sequoia seconded a motion to recommend to the Board the regulatory proposal to amend California Code of Regulations, title 16, sections 2036.5, 2090, 2091, 2092, and 2094 related to veterinary drug compounding and all of the changes approved during this meeting.

Dr. Sullivan requested public comment on the motion. There were no public comments made on the motion.

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

- Vote: The motion carried 7-0.

7. Discussion and Potential Recommendation to the Board on Proposed Revisions to Guidance on Veterinary Drug Compounding Regarding Drug Consultation – *Richard Sullivan, DVM, and Marie Ussery, RVT*

Meeting Materials

Webcast: 02:21:50

Dr. Sullivan and Ms. Ussery presented this item and answered questions.

Dr. Sullivan requested public comment on the item. The Committee received the following public comment:

- Grant Miller CVMA inquired after looking at page four of the guidance document, under animal patient medical record documentation, and comparing it to [16 CCR] section 2092(f), if there would be reconciliation. He asked if the directions for storage and administration have been struck from [subsection] (f)(3) in [16 CCR] section 2092. He requested that due to the changes that were made at this meeting, to make sure those changes match and are reflected because he thinks the guidance document is very good.

Dr. Sullivan responded that the Committee will do that, and it will be reviewed by the Board.

Ms. Welch clarified that what is available under agenda item 6 are the proposed amendments to the existing regulations, which will have to go through the whole process and be enacted before the Committee will make any further changes to the Guidance Document to reflect the regulatory amendments. She added it will take time, but the Guidance Document reflects the existing regulations.

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

- Vote: The motion carried 7-0.

8. Update from Complaint Process Audit Subcommittee –*Christina Bradbury, DVM, and Dianne Sequoia, DVM*

Meeting Materials

Webcast: 02:30:17

Drs. Bradbury and Sequoia presented this item and answered questions.

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

9. Update from Inspections Subcommittee – *Jennifer Loredo, RVT, and Dianne Sequoia, DVM*

Meeting Materials

Webcast: 02:50:39

Ms. Loredo presented this report, included in the meeting materials. The Subcommittee and Ms. Sieferman requested feedback from the Committee regarding performing announced routine inspections. The Committee agreed announced inspections are beneficial. Inspections performed due to [complaints alleging] violations of the Practice Act or probation issues would continue to be unannounced. Dr. Bradbury was interested in the possibility of seeking a full-time veterinarian to perform these inspections. Ms. Sieferman advised they could look into this possibility and report back to the Committee. Ms. Loredo noted the benefit of using contracted inspectors who are currently practicing and have a keener eye to pick up on things that a retired licensee performing inspections may not. Ms. Rodriguez provided feedback received from the Board's inspectors on whether scheduled inspections would be beneficial.

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

- Grant Miller, CVMA, stated he had an inspection that was preplanned because his base of operations is his home, and the inspection went really well and was very informative. He stated the inspector managed to find one expired bottle of Vitamin B in the bottom of his acupuncture kit. He stated it seemed as though it was an easy way to do it, and he asked the inspector when she wanted to come and he based the inspection around her schedule. He stated she came out, so he thought that was a really good idea. Regarding the idea of researching a full-time in-house person, he stated that there was no reason why an RVT cannot do this, as RVTs probably spend more time running these practices than a lot of veterinarians. He added that a lot of [RVTs] have practice management training. He stated when he gets calls for regulatory compliance, he estimated that 75% of the time, he is speaking to a staff member or an RVT who is calling on behalf of the doctor. Dr. Miller added that if the Board is trying to budget this function, he thought RVTs probably would work at a lower price point than a veterinarian

would. He thought that the travel budget would be quite extensive for that and might have to be carefully looked at, especially given gas prices and all those things. He added that he did not see the need for having a veterinarian do it; it can be done by an RVT.

Ms. Sieferman noted that the Board does have five RVTs performing this function, but the Board will be ramping up its recruitment for RVTs. She also announced the need for subject matter experts who are holistic practitioners familiar with holistic medicine.

10. Update and Discussion Regarding the Board's Access to Care Task Force

Webcast: 03:16:18

Dr. Sullivan reported that on December 6, 2022, Dr. Sullivan, Board member Jaymie Noland, DVM, and Jessica Sieferman met to discuss what the MDC was directed to do by the Board at its July 2022 meeting. Dr. Sullivan reviewed the Access to Care Task Force objective to determine action the Board can take to increase access to veterinary care for consumers and their animals, and noted the Task Force has met three times this past year.

Dr. Sullivan noted CVMA's access to care committee, of which Dr. Noland is part of, and which has done considerable research in this area, including identifying multiple layers involved in this topic as it relates to underserved areas. Dr. Sullivan also noted Dr. Noland's comment to him, quoting CVMA's letter to the Board that "Veterinarians alone cannot solve the problems that stand as barriers to veterinary care for so many pet owners. Because the health of the pet is linked to the health of the family, the problem of access to veterinary care should be considered a public health and social service issue. Collaborative steps must be taken to help underserved families access veterinary care for their pets to ensure communal health and welfare. Collaboration of government agencies, private nonprofit groups, pet owners, and the veterinary profession are key to addressing this issue."

Dr. Sullivan listed the charges to the MDC as follows:

1. Look at the regulatory policies that may be forcing veterinarians to think that the gold standard is the only level at which they can practice, which many clients cannot afford. This includes defining what is "spectrum of care" and how to safely practice without running into problems with the Practice Act. It may also include developing protocols for wellness exams that an RVT may do under the supervision of a veterinarian.

2. Develop outreach programs to the profession about how to use spectrum of care and how to properly record it in the medical record.

3. Develop Q&As on the Board's website to explain this issue, as an outreach program.

4. Make sure this understanding is part of the training of the Board's expert witnesses.

5. Review the Board's regulations to see if there are other areas that make spectrum of care easier, such as CCR, title 16, 2032.3, Recordkeeping.

Dr. Sullivan advised that it has been stated that CCR, title 16, section 2032.3 is very prescriptive compared to regulations in other states and regulations of other medical professions within California. As reported earlier, this also was a concern of the CHRB.

Dr. Sullivan reported that CVMA will be asked to present to the Committee, at the January 2023 meeting, on their RVT wellness appointment program. Dr. Sullivan stated that such a wellness appointment program needs to be discussed. He continued that there are a lot of discussions around the country related to additional tasks that a licensed technician may do to increase revenue for the practice, which will allow the business to be much more efficient, and would allow an increase in salaries for technicians. These discussions are based around mid-level practitioners; some of these include the workforce pool of licensed technicians, and others do not. Dr. Sullivan will be appointing a subcommittee on this issue and have an updated report at the January 2023 meeting.

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

11. Election of 2022 Committee Officers

Webcast: 03:22:35

Ms. Ussery nominated Ms. Shufelt as the Committee's 2023 Chair. Ms. Shufelt accepted the nomination.

- Motion: Ms. Ussery moved and Ms. Loredo seconded a motion to appoint Leah Shufelt as the 2023 Committee Chair.

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

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

- Vote: The motion carried 7-0.

Dr. Bradbury nominated Dr. Sullivan as the Committee's 2023 Vice Chair. Dr. Sullivan accepted the nomination.

- Motion: Dr. Bradbury moved and Ms. Shufelt seconded a motion to appoint Dr. Richard Sullivan as the 2023 Committee Vice-Chair.

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

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

- Vote: The motion carried 7-0.

12. Future Agenda Items and Meeting Dates

Meeting Materials

Webcast: 03:27:06

Ms. Sieferman presented this item, included in the meeting materials, and listed the following proposed future meeting dates as follows:

- January 24, 2023
- April 18, 2023
- July 18, 2023
- October 17, 2023

Ms. Sieferman noted the long list of Committee assignments, and added access to veterinary care to the list of assignments. Dr. Sullivan requested to be added to the Cannabis Guidelines Subcommittee, and Dr. Bradbury was added as the Committee member for the CDFA Community Animal Blood Banking Guidance.

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

13. Adjournment

Dr. Sullivan adjourned the meeting at 2:21 p.m.