



## VETERINARY MEDICAL BOARD MEETING MINUTES APRIL 19–20, 2023

The Veterinary Medical Board (Board) met via teleconference/WebEx Events on **Wednesday, April 19**, and **Thursday, April 20, 2023**, with the following location available for Board and public member participation:

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

**10:00 a.m., Wednesday, April 19, 2023**

### Webcast Links:

Agenda Items 1., 2., 4. through 5.B., and 10. (<https://youtu.be/BHqymk1ZBbY>)  
Agenda Items 3., 8.A.2. through 8.A.5., and 15. (<https://youtu.be/JxBP2C1EobA>)  
Agenda Items 5.C. through 8.A.1., and 9. (<https://youtu.be/kcsx9RHq69k>)  
Agenda Items 8.A.6. through 8.B., 11., 12., and 16. through 24.  
(<https://youtu.be/Rer-TeGG5TM>)

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

Webcast: [00:00:18](#)

Board President, Christina Bradbury, DVM, called the meeting to order at 10:00 a.m. Executive Officer, Jessica Sieferman, called roll; all eight members of the Board were present, and a quorum was established.

#### Members Present

Christina Bradbury, DVM, President  
Maria Preciosa S. Solacito, DVM, Vice President  
Kathy Bowler  
Barrie Grant, DVM  
Jennifer Loreda, RVT  
Jaymie Noland, DVM  
Dianne Prado  
Maria Salazar Sperber

#### Student Liaisons Present

Amanda Ayers, University of California, Davis (UC, Davis)  
Holly Masterson, UC, Davis  
Alexandra Ponkey, Western University of Health Sciences

### 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  
Rachel Adversalo, Enforcement Analyst  
Nellie Forget, Enforcement Analyst  
Brandie Gutierrez, Licensing Technician  
Brett Jarvis, Enforcement Analyst  
Amber Kruse, Senior Enforcement Analyst (Hospital Inspection)  
Rachel McKowen, Enforcement Technician  
Jeffrey Olguin, Lead Administrative & Policy Analyst  
Kim Phillips-Francis, Enforcement Analyst  
Bryce Salasky, Enforcement Analyst  
Daniel Strike, Enforcement Analyst  
Jeffrey Weiler, Senior Enforcement Analyst (Probation Monitor)  
Kristy Schiedge, Regulatory Counsel, Attorney IV,  
Department of Consumer Affairs (DCA), Legal Affairs Division  
Tara Welch, Board Counsel, Attorney IV, DCA, Legal Affairs Division

### Guests Present

Al Aldrete, DVM  
Lori Aldrete  
Elle Anzalone, LMFT  
Karen Atlas, President, Animal Physical Therapy Coalition (APTC)  
G.V. Ayers, Lobbyist, Gentle Rivers Consulting, LLC, contract lobbyist for APTC  
Brooklynn Baldock  
Naomi Barnes  
Dan Baxter, Executive Director, California Veterinary Medical Association (CVMA)  
Brittany Benesi, American Society for the Prevention of Cruelty to Animals (ASPCA)  
Mark Cushing  
Talia d'Amato  
Nicole Dickerson  
Allan Drusys, DVM  
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association  
(CaRVTA)  
Dan Famini  
Melissa Gear, Deputy Director, DCA, Board and Bureau Relations  
Graysen Gilbraith Biensch  
Nancy Grittman, American Association of Veterinary State Boards (AAVSB)  
Megan Harmon  
Anita Levy Hudson, RVT  
Paige Jenkins  
Katie Lawlor  
Michael Manno, DVM

Edie Marshall  
Brady McCarthy  
Grant Miller, DVM, CVMA  
Jeff Pollard, DVM  
Jenevieve Price  
Angelique Reynoso  
Amy Rice, RVT  
Julie Robinson, RVT, BS, PHRca  
Barbara Schmitz, San Francisco Society for the Prevention of Cruelty to Animals  
(SF SPCA)  
Tim Shu, DVM  
Leah Shufelt, RVT  
Jacki Smith  
C. Sparrow  
Joe Spector  
Richard Sullivan, DVM  
Beth Venit, AAVSB  
Heather Walker, RVT, CVT  
Pamela Wittenberg  
Micaela Young, DVM

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

Webcast: [00:00:40](#)

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

- [Brooklynn Baldock](#) stated she graduated from Ross on January 31, and she inquired about the application process. She stated her application was submitted on March 5, and she had not heard back in regard to it despite emailing and calling every single day since March 27. She stated she called one to two times a day, and she had not been able to get in contact with anybody regarding her application, was concerned since she did not know whether or not a month and a half turnaround time is expected during this time of year. She was getting worried, since there would be a wave of new applicants coming in May and June with students graduating, that her application would get lost in the new wave. She stated her current job offer was contingent on her getting her license soon. She added she had a detailed timeline of everything and according to tracking numbers and information she has received from the Board, her fingerprints are confirmed and approved, her degree conferred, and transcripts have also been received in-person by the Board as well. She claimed she had not been able to get in contact with anybody, despite calling and leaving voicemails every day for the last month.

[Ms. Siefertman](#) responded that the Board's team will look into it right now and get in contact with her.

### 3. †\*Review and Approval of January 25-26, 2022 Board Meeting Minutes

#### [Meeting Materials](#)

Webcast: [00:05:42](#)

[Ms. Bowler](#) noted minor grammatical errors, and some awkward wording in the SF SPCA discussion.

The Board decided to table the agenda item until the next day. However, it allowed for public comment for individuals who were unable to attend the second day of the meeting.

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

\*Agenda items for this meeting were taken out of order, and the Board moved to [Agenda Item 4](#). The order of business conducted herein follows the publicly noticed Board meeting Agenda.

#### **Webcast Links:**

Agenda Items 3. and 8.A.2. through 8.A.5. (<https://youtu.be/JxBP2C1EobA>)

Webcast: [00:36:34](#)

Ms. Bowler requested the Board relisten to the following areas to ensure the correct information was said:

- On page 15, eighth line, "...the level of overwhelm..."
- On page 16, eighth line "...but d the bill..."

Dr. Noland requested the following revision:

- On page 5, sixth paragraph, should state "Dr. Brady" and not "Dr. Bradbury"

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

- [Motion](#): Kathy Bowler moved and Jaymie Noland, DVM, seconded a motion to approve the minutes as amended and review the language for correct information.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 8-0.

[Note: Staff reviewed the January 2023 meeting webcast, and no changes were needed to page 15 of the January 2023 meeting minutes.]

#### **4. Report and Update from Department of Consumer Affairs (DCA)**

Webcast: [00:08:18](#)

Melissa Gear, Deputy Director, Board and Bureau Relations, DCA, provided the report and update from DCA.

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

- [Nancy Ehrlich](#), CaRVTA, inquired if the virtual meetings were being discontinued after this meeting until January 2024. She asked if it would mean that the Board would no longer have the option of virtual or in-person attenders until January.

[Ms. Siefertman](#) clarified that the Board could continue to do hybrid meetings. She noted any public location where a member is participating remotely would have to be publicly noticed on the Board's agenda.

#### **5. Review, Discussion, and Possible Action on Multidisciplinary Advisory Committee (MDC)**

##### **A. Overview of April 18, 2023 MDC Meeting**

Webcast: [00:18:09](#)

Ms. Shufelt presented this item and the meeting materials.

##### **B. Recommendation on Proposal to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 2030, 2030.05, 2030.1, 2030.2, and 2030.3 and Adopt Section 2030.15, Regarding Minimum Standards for Alternate Veterinary Premises**

[Meeting Materials](#)

Webcast: [00:23:42](#)

Dr. Sullivan presented this item and the meeting materials. For each section presented, Dr. Sullivan referred the Board members to the proposed text that was approved by the Multidisciplinary Advisory Committee (MDC) and the background memo in the meeting materials, which describes the proposed changes and the rationale for each proposed change.

Dr. Sullivan read the discussion section of the memo into the record to provide the members with the background and explanation for each change and to

provide an overview of the rulemaking requirements in the Administrative Procedure Act (APA). He recommended the members follow along with the presentation beginning on page 3 of the memorandum in the meeting materials. Dr. Sullivan noted that the memorandum was developed to assist with the Board's preparation of the Initial Statement of Reasons.

A copy of the proposed text was shared on screen during the meeting. Dr. Bradbury asked whether this version was the same as the one provided on-line on the Board's website. Ms. Siefertman indicated that it was not the same, and therefore this version was being provided at this meeting since it was the one approved by the MDC.

### **Proposed Amendments to CCR, Title 16, Section 2030**

[Meeting Materials](#)

Webcast: [00:25:55](#)

Dr. Sullivan presented this item. He summarized the proposed changes for this item by referencing the changes noted in the proposed regulatory text (as provided at the meeting) and as explained in the memorandum in the meeting materials. Dr. Sullivan asked if there were any questions from the members.

In reviewing the proposed amendments to the title of this section, Dr. Noland asked if the hyphen had been fixed in the title as recommended by Board Counsel; staff confirmed that it had been corrected.

### **Proposed Amendments to CCR, Title 16, Section 2030(a)(1) through (a)(6)**

[Meeting Materials](#)

Webcast: [00:27:40](#)

Dr. Sullivan presented this item and continued to summarize the proposed changes to this section consistent with the memorandum provided in the meeting materials.

### **Proposed Amendments to CCR, Title 16, Section 2030(a)(7) and (a)(8)**

[Meeting Materials](#)

Webcast: [00:28:40](#)

Dr. Sullivan presented this item and directed Board members to the corresponding sections in the memorandum as he summarized the explanations in that memo from the meeting materials.

### **Proposed Amendments to CCR, Title 16, Section 2030(a)(9)–(a)(20)**

[Meeting Materials](#)

Webcast: [00:29:06](#)

Dr. Sullivan presented this item and directed Board members to the corresponding sections in the memorandum as he summarized the explanations in that memo from the meeting materials.

### **Proposed Amendments to CCR, Title 16, Section 2030(b)**

[Meeting Materials](#)

Webcast: [00:30:42](#)

Dr. Sullivan presented this item. He noted that this proposal remains relatively unchanged except for the repeal of a reference to standards that are no longer relevant.

### **Proposed Amendments to CCR, Title 16, Section 2030.05**

[Meeting Materials](#)

Webcast: [00:30:58](#)

Dr. Sullivan presented this item and noted that the proposed changes to this section involved technical changes to existing text.

### **Proposed Amendments to CCR, Title 16, Section 2030.1**

[Meeting Materials](#)

Webcast: [00:31:07](#)

Dr. Sullivan presented this item and noted that has a change in definition that makes it clearer that the fixed premise is a “building,” and adds “or exotic” to the household animals’ description for this type of premise. He further noted that subsection (a) adds all of section 2030 and paragraph (b) is relatively unchanged except for changing the word “carcass” to “body.”

### **Proposed Amendments to CCR, Title 16, Section 2030.15**

[Meeting Materials](#)

Webcast: [00:31:36](#)

Dr. Sullivan presented this item and noted that this is a new section with the same definition as previously approved in a draft and states that paragraph 10 of section 2030 is exempt from this veterinary premise type; this item is related to temperature and ventilation control requirements. It was also noted that the word “fixed” was added to this section relating to “Large Animal Fixed Veterinary Premises,” which is an important distinction, as those standards listed in this section would only apply to fixed veterinary premises.

## **Proposed Amendments to CCR, Title 16, Section 2030.2**

### [Meeting Materials](#)

Webcast: [00:32:27](#)

[Dr. Sullivan](#) presented this item. Dr. Sullivan summarized the explanation of the changes from the memorandum and indicated that the proposal would combine all types of mobile veterinary premises, which include all types of veterinary vehicles that serve as a veterinary premises. Dr. Sullivan noted that new paragraph subsection (a) is more inclusive as to what information must be provided to the client as to contact information, hours of operation, and information for after hour emergency care.

Dr. Noland asked why proposed changes to Section 2030 had a 20-point font size requirement (for the text of the required sign that is on or adjacent to the primary entrance to the building) and the reasoning as compared to the change proposed in this section to require an 18-point font type for written material handed to the client, which seems like a very large size font for handouts. Dr. Sullivan explained that the 20-point font was for the entrance to the premise and the 18-point font was for the written handout and there was a concern for people who maybe couldn't read the smaller font type.

Ms. Schieldge further explained that the distinguishing factor is that the 20-point font requirement is for a sign posted on the exterior of the building, on or directly adjacent to the primary entrance of a premise. This particular disclosure involves printed materials and the proposal would help make sure that for disability reasons, those who might be visually impaired would have access and would be able to read the disclosure. Generally, the agreement from the MDC was that 18-point font was sufficiently large enough for those populations and for all the general public to be able to read the materials and get the information. Her recommendation would be to not lower font size on any kind of written disclosures that affect health and safety and patient care. Dr. Noland thanked everyone for the explanations and indicated that she would like to propose an increase in the 20-point font size requirement as it is pretty small for a sign on a building. She suggested the Board go bigger for a posted sign in front of a building. This issue was revisited towards the end of the discussion of this proposal (see below).

## **Proposed Amendments to CCR, Title 16, Section 2030.2(b) and (c)**

### [Meeting Materials](#)

Webcast: [00:38:48](#)

Dr. Sullivan presented this item and summarized the explanation of the changes from the memorandum.

Dr. Sullivan, Ms. Schieldge, and Ms. Welch answered questions on this item.



The Board discussed “common domestic or exotic household animals,” and that the standard under CCR, title 16, section 2030.2(b) would only apply to retaining those animals for at least 14 days prior to disposal; the standard would not apply to large animals.

Ms. Welch asked Ms. Schieldge for her interpretation regarding whether the language in subsection (b) needed further revision to state that retention of the “body” means only a common domestic or household animal, so there is no confusion that it might apply to larger animals. Ms. Schieldge indicated that the Board could add the phrase “of the common domestic or household animal” after the word “body” but she believed it was sufficiently clear that the retention requirement only pertains to this type of small animal patient due to the introductory phrase, which limits application to “common domestic or household animals” and so if the service is not being provided to a common domestic or household large animals. The Board could restate that phrase in the sentence as indicated to reinforce the standard, but Ms. Schieldge felt it was straightforward as written. Ms. Bowler indicated that the operative word is “and” and therefore Ms. Siefertman did not see it as unclear from an enforcement perspective

Dr. Grant had a concern that the body be in a designated freezer, separate from other items (e.g. food), and also indicated that the size of an animal could be a problem. Staff indicated that this issue may be addressed in other sections of the law (This issue was discussed further in more detail below).

Ms. Schieldge reminded the members that this is an existing standard, and that the current proposal would be to only add new text that would specify that the storage requirements are applicable only to premises where veterinary services are provided “within or from a mobile veterinary premises to common domestic or exotic household animals.” She asked if staff have had problems with enforcing this existing freezer requirement. Ms. Siefertman indicated that there have not been problems with enforcing the existing standard.

Dr. Sullivan explained that the existing text was adopted because small animal practices were having trouble with people requesting a body be kept for an indefinite period of time. Therefore, the concern is not about abuse by the veterinarian but to provide a distinct time that they have to keep the animal as a standard of care for the consumer. He provided an example where a client requested that he store a body, which he ended up retaining for over a year.

Ms. Noland asked whether this terminology for “common domestic or exotic household animals” is in existing regulations. Ms. Schieldge explained that common domestic household is in existing regulation, but the recommendation was to get away from the use of “small” animal services since it was capable of multiple interpretations and the subcommittee had suggested “exotic” since small animal services cover more than the common domestic services. Ms. Noland questioned whether the use of the term “exotic” was necessary.

[The Board](#) further discussed if there was a need to define exotic household animals. In addition, the Board also noted that the references discussed were also referenced in CCR, title 16, section 2030.1 and in existing law in 2030.2. Ms. Schieldge noted that adding “exotic household animal” was a recommendation from the Subcommittee to clarify the definition of small animal. Dr. Bradbury noted that out-of-state individuals moving to California may not understand California’s term of exotic household animal and recommended that the Board retain the existing terminology as it maintains consistency and has worked well over time for the Board to cover services to various types of (commonly understood in the profession) domestic animals. Other members expressed agreement with removing the reference to “exotic” in the proposed regulatory language throughout the proposal.

[Ms. Schieldge](#) responded it could be removed and explained in the Initial Statement of Reasons that the use of that term was an alternative that was considered, but it was removed because the Board believed that based on today’s standards that some animals that were previously considered exotic are now considered domestic household animals. She added the Board could make the argument that animals such as, pocket pets, certain birds, and reptiles would still be considered common domestic animals, so the term “exotic household animal” did not need to be included in the text.

[The Board](#) discussed and revised this item as follows (proposed additions are in ~~red strikethrough text~~) to CCR, title 16, sections 2030.1 and 2030.2 referencing exotic animals:

[...]

**§ 2030.1. Minimum Standards – Small Animal Fixed Veterinary Premises.**

For purposes of these ~~rules and regulations~~, a “small animal fixed veterinary premises” shall mean a ~~fixed veterinary premises which concentrates in providing building where~~ veterinary services are being provided to common domestic ~~or exotic~~ household ~~pets~~ animals. ~~In addition to the requirements in section 2030,~~ A small animal fixed veterinary premises shall provide meet the following minimum standards:

[...]

**§ 2030.2. Minimum Standards – Small Animal Mobile ClinicVeterinary Premises.**

[...]

(eb) When veterinary services are provided within or from a mobile veterinary premises to common domestic ~~or exotic~~ household animals and the client has not given the veterinarian authorization to dispose of ~~his or her~~ their

deceased animal, the veterinarian shall be required to retain the carcass/body in a freezer for at least 14 days prior to disposal.

(c) A mobile veterinary premises within which veterinary services are provided to common domestic ~~or exotic~~ household animals shall have a continuous supply of hot and cold running water and meet all minimum standards in section 2030, except for paragraphs (3) and (8) of subsection (a) of that section.

(d) A mobile veterinary premises from which veterinary services are provided to common domestic ~~or exotic~~ household animals at the location where the animals are housed by the client (commonly referred to as "house calls") shall meet all minimum standards in section 2030, except for paragraphs (3), (4), (8), and (10) of subsection (a) of that section.

[...]

The Board 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 2030.2:

[...]

(e) A mobile veterinary premises from which veterinary services are provided to equines, and/or food animals and livestock as defined in subdivisions (c) and (d) of section 4825.1 of the code at the location where the animals are housed by the client (commonly referred to as "house calls" or "farm calls"), shall meet all minimum standards in section 2030, except for paragraphs (3), (4), (8), (10), ~~and (15)~~, and (20) of subsection (a) of that section.

[...]

In the discussion, the Board also discussed possibly removing the requirement for indoor lighting for large animal mobile premises, where the services are provided from, but not within, the premise but rather at outside locations.

Ms. Schiedge raised concerns with the argument that having adequate indoor lighting should be eliminated as a standard for this type of premise. She advised that it might be a hard argument to make that having adequate lighting when operating indoors is not a minimum standard.

In discussions with Ms. Welch, Ms Noland noted that the purpose of the lighting is for animal and human safety and that there were mobile units that do large animal imaging and treatments that might have a trailer associated with it, so the lighting on the trailer might be important, but not always.

Dr. Bradbury asked for public comment and invited Dr. Miller, who participated on the working group for the sub-committee for the MDC, to comment on this issue.

- [Dr. Miller](#) stated that Ms. Schieldge is correct and that when discussing the issue of lighting, the Board is talking about a registered veterinary premises; it is not talking about the location where the service is provided. He stated it is about the registered veterinary premises that is linked to the premises permit. He took himself as an example, he works out of his home and puts all his equipment in a car. He then travels to the locations where the practice is taking place, but in his home where the veterinary premises is registered, the surfaces that he works on, must be clean and sanitary. He added the lighting must be adequate so that when he is sorting medication and arranging everything, he must be able to see what is going on. He noted if an inspector shows up to his house, where he has a registered premises, the inspector is going to look at the lighting and inquire if it is adequate for purposes of safety within his registered veterinary premises. He noted the context of the conversation in the last 20 minutes has been the places that [veterinarians] provide the service, but that is not what [the regulation is] talking about. [The regulation is] talking about registered veterinary premises that includes the inside of his car, so the lighting inside his car must be adequate for what he is doing. He continued and provided some examples.
- On the Board member recommendation for adding exemptions the requirement in Section 2030(a) to have all floors, doors, table tops, countertops and window coverings be nonporous for mobile premises “from which veterinary services are provided to equines, and/or food animals and livestock,” he agreed with adding the exemption to that section [CCR, title 16, section 2030, subsection (a), paragraph (20)]. This is the case because veterinarians are not actually performing procedures inside their car or performing procedures in their home. He added that it states in paragraph (1) (in Section 2030(a)) that everything has to be clean and sanitary at all times, so if an inspector were to come in and state there are wood tabletops in the house that are all stained and dirty, that is going to be a problem. He continued the Board inspector could go under paragraph (1) (for that violation) and state, “we are finding this registered veterinary practice to be unclean and unsanitary and there may have to be a change in that regard,” so that was the context of the conversation.

[Dr. Noland](#) responded she agreed with Dr. Miller. She did not have a problem with the lighting as it makes sense. She noted with the non-porous surfaces requirements goes back to how is the Board going to assess that. She questioned if mobile premises would have to open their storage facilities in their homes for an inspection.

- [Dr. Miller](#) responded yes, that has always been the case.

[Dr. Noland](#) asked if that meant that every porous surface in the room that the drugs are stored in must be non-porous. She stated that is where she had a problem with paragraph (20) (of Section 2030(a)).

- [Dr. Miller](#) stated he tended to agree. He thought the advisory committee probably overlooked paragraph (20). He stated it got really complicated trying to go back and forth between standards and; he tended to agree on paragraph (20) (of Section 2030(a)), but he felt the conversation relating to the lighting is moving away from what is the registered veterinary premises to where the veterinarian is providing services, and that was not the context of the conversation.

[Dr. Noland](#) stated she was fine with that; it was only paragraph (20) she was struggling with.

[Dr. Bradbury](#) stated she was good with the lighting and inquired if the Board was good with exempting large animal mobile premises from paragraph (20).

[Ms. Siefertman](#) stated her understanding that Dr. Noland was referring to adding paragraph (20) to [CCR, title 16, section 2030.2,] subsection (e).

[Ms. Schieldge](#) asked the Board if a similar exemption should be added to subsection (d) for small animal house calls since the same rationale for excluding them from the requirement would exist.

[Dr. Bradbury](#) responded yes.

The Board discussed and revised this item as follows and includes all prior proposed changes (proposed additions are in [underline blue text](#); proposed deletions are in ~~red strikethrough text~~) to CCR, title 16, section 2030.2:

[...]

(d) A mobile veterinary premises from which veterinary services are provided to common domestic ~~or exotic~~ household animals at the location where the animals are housed by the client (commonly referred to as "house calls") shall meet all minimum standards in section 2030, except for paragraphs (3), (4), (8), ~~and (10)~~, [and \(20\)](#) of subsection (a) of that section.

(e) A mobile veterinary premises from which veterinary services are provided to equines, and/or food animals and livestock as defined in subdivisions (c) and (d) of section 4825.1 of the code at the location where the animals are housed by the client (commonly referred to as "house calls" or "farm calls"), shall meet all minimum standards in section 2030, except for paragraphs (3), (4), (8), (10), ~~and (15)~~, [and \(20\)](#) of subsection (a) of that section.

### **Proposed Amendments to CCR, Title 16, Section 2030.3**

[Meeting Materials](#)

Webcast: [01:17:05](#)

Dr. Sullivan presented this item and the meeting materials and summarized the explanation of the changes from the memorandum.

Board members raised questions regarding whether this regulation would address prior concerns with using “clinic” terminology and about exempting not-for-profit and non-profit entities that only offer vaccination services from being charged a fee from the Board for a premises registration. It was noted the proposed regulations are not related to the fees, but to the requirements of a vaccination premises to obtain and maintain a vaccination premises permit. It was noted that the fee issue could be added to the Board’s Sunset Review bill.

Ms. Schieldge indicated the premises language (in Section 2030.3) would remove the “clinic” reference and tie the definition to the type of services being provided at the premise as opposed to using the word “clinic.” The overall purpose of the proposal is to set minimum standards for all premises across all the different locations where veterinary services are being provided. This new language would address concerns the Board had raised in previous meetings, including, to address consistency in the provision of services across all premises. The goal would be to not have animal patients getting a different standard of care just because they’re in a different location.

On the question raised by Dr. Grant earlier regarding freezer requirements, Ms. Sieferman indicated that staff had researched and found 8 CCR section 3368(b) “(b) Prohibited Areas. Food and beverages shall not be stored or consumed in a toilet room or in an area where they may be contaminated by any toxic material.” The Board also has current requirements for practice in BPC section 4854 “All premises where veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced, and all instruments, apparatus and apparel used in connection with those practices, shall be kept clean and sanitary at all times, and shall conform to those minimum standards established by the board.” She indicated that the Board could refer the matter back to the MDC if the Board felt that further clarification is needed on the question of freezer maintenance requirements.

Dr. Sullivan also indicated that he didn’t know of any small animal practice that doesn’t have a freezer and that a mobile practitioner oftentimes is connected with a fixed facility if they’re going to provide that service. He added that further clarification was not a bad idea.

The following revised language incorporates the changes the Board and MDC made to the originally recommended text from the MDC Advisory Sub-Committee (proposed additions are in underline; proposed deletions are in ~~red strikethrough text~~) to CCR, title 16, sections 2030.1 and 2030.2:

[...]

**§ 2030.1. Minimum Standards – Small Animal Fixed Veterinary Premises.**

For purposes of these rules and regulations, a “small animal fixed veterinary premises” shall mean a ~~fixed veterinary premises which concentrates in providing building where veterinary services are being provided to common domestic~~ ~~or exotic~~ household ~~pets~~ animals. ~~In addition to the requirements in section 2030, A~~ small animal fixed veterinary premises shall provide meet the following minimum standards:

[...]

**§ 2030.2. Minimum Standards – Small Animal Mobile Clinic Veterinary Premises.**

[...]

(~~e~~) When veterinary services are provided within or from a mobile veterinary premises to common domestic or exotic household animals and the client has not given the veterinarian authorization to dispose of his or her their deceased animal, the veterinarian shall be required to retain the carcass body in a freezer for at least 14 days prior to disposal.

(c) A mobile veterinary premises within which veterinary services are provided to common domestic or exotic household animals shall have a continuous supply of hot and cold running water and meet all minimum standards in section 2030, except for paragraphs (3) and (8) of subsection (a) of that section.

(d) A mobile veterinary premises from which veterinary services are provided to common domestic or exotic household animals at the location where the animals are housed by the client (commonly referred to as “house calls”) shall meet all minimum standards in section 2030, except for paragraphs (3), (4), (8), and (10), and (20) of subsection (a) of that section.

(e) A mobile veterinary premises from which veterinary services are provided to equines, and/or food animals and livestock as defined in subdivisions (c) and (d) of section 4825.1 of the code at the location where the animals are housed by the client (commonly referred to as “house calls” or “farm calls”), shall meet all minimum standards in section 2030, except for paragraphs (3), (4), (8), (10), and (15), and (20) of subsection (a) of that section.

[...]

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

- Motion: Jaymie Noland, DVM, moved and Kathy Bowler seconded a motion to approve the following changes to the proposed text that was recommended by the Multidisciplinary Advisory Committee to (1) remove the words “or exotic” from sections 2030.1 and 2030.2 and (2) add the exemption for subsection (a)(20) for the minimum standards for section 2030 at proposed subsections (d) and (e) of section 2030.2.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 8-0.

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

- [Motion](#): Kathy Bowler moved and Maria Salazar Sperber seconded a motion to (1) approve the proposed regulatory text as amended at this meeting, (2) direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested, and (3) if no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations as noticed for California Code of Regulations, title 16, sections 2030, 2030.05, 2030.1, 2030.15, 2030.2, and 2030.3.

[Dr. Bradbury](#) requested public comment on the motion. The following public comment was made on the motion:

- [Dr. Miller](#) inquired if the Board was okay with the 20-point font disclosure.

[Dr. Noland](#) responded the 18- and 20-point font are almost identical. She struggled a little bit with the necessity of it, but in the spirit of moving forward, it seemed fine. She noted that it did not make sense to her to have one 18-point font and another 20-point font. She felt both fonts should be the same size.

[Ms. Schieldge](#) responded 20-point is a common font size for sign. She noted the Board could go larger, but the Board is supposed to pick the least restrictive alternative to implement standards. She noted the font size of 20 would be the font size that most people would easily be able to comply with little cost. She noted that if the Board wants to revisit this issue, an option would be if there are no public comments, it could be brought back to the Board for reconsideration after the public comment period closes. Otherwise, another option would be to only bring it back if there were no adverse comments.

[Dr. Noland](#) responded as a veterinarian, it would be easier for her to remember one font size instead of two since they are so similar.

- [Dr. Miller](#) stated, in the context of the discussion, the Board was trying to balance what [the Office of Administrative Law's] OAL's requirement to have every single word have meaning and then also balance what is currently understood by the veterinary profession. He noted there were 4,000 registered



veterinary premises that suddenly would have to change the work front of their building posting, and that is not going to be a very easy lift for the profession. He stated there had been a debate about the fact that 18-point font, if it is held in hand, seemed reasonable for even people who have a vision impairment. He added, but what would be reasonable if a consumer was standing in front of a door or standing at a door and looking next to the door. He noted it was settled on 20 [point font] because it was felt it would probably be already in compliance with the veterinary premises that have had to have visible and readable notices per the current law; that was the context of the conversation. He noted if there was concern that a 20-point font is not readable to the public, then he preferred that the Board address the issue now because it has been 10 years in the making. He would like to get this through.

The [Board](#) discussed viewing the font in different sizes but determined that there was no need to change the font size as the information required on the outdoor signage was minimal and the disclosures should fit on one page on the written handout.

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

- [Vote](#): The motion carried 8-0.

#### **Webcast Link:**

Agenda Items 5.C.–9. (<https://youtu.be/kcsx9RHq69k>)

#### **C. Recommendation on Proposed *Guidelines for Veterinarian Discussion and Recommendation of Cannabis Within the Veterinarian-Client-Patient Relationship***

[Meeting Materials](#)

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

Dr. Sullivan provided background information on the agenda item.

#### **Introduction**

[Meeting Materials](#)

Webcast: [00:03:10](#)

Dr. Sullivan presented this item and the meeting materials.

#### **Background**

[Meeting Materials](#)

Webcast: [00:03:40](#)

Dr. Sullivan presented this item and the meeting materials.

## **Guidelines**

### [Meeting Materials](#)

Webcast: [00:04:35](#)

Dr. Sullivan presented this item and the meeting materials. Dr. Sullivan, Ms. Sieferman, and Ms. Welch answered questions, including recommendations to adding language related to dosage.

## **Conflict of Interest, Advertising, and Industrial Hemp**

### [Meeting Materials](#)

Webcast: [00:16:20](#)

Dr. Sullivan presented this item and the meeting materials.

## **Definitions, Abbreviations, Acronyms**

### [Meeting Materials](#)

Webcast: [00:18:12](#)

Dr. Sullivan presented this item and the meeting materials.

After the report, the [Board](#) revised the following item (proposed additions are in [underline blue text](#); proposed deletions are in ~~red strikethrough text~~) to the *Guidelines for Veterinary Discussion and Recommendation of Cannabis within the Veterinarian-Client-Patient Relationship* under the **Background** and **Patient Evaluation and Record Keeping** sections:

### **Background**

[...]

~~The bill prohibits~~Following enactment of these bills, the VMB is prohibited from disciplining, or denying, revoking, or suspending the license of, a licensed veterinarian solely for discussing or recommending the use of cannabis on an animal for potential therapeutic effect or health supplementation, medicinal purposes, absent negligence or incompetence. ~~The bill also prohibits a veterinarian from dispensing or administering cannabis or cannabis products. The bill does not pertain to industrial hemp.~~ In addition, the California Department of Cannabis Control (DCC) is required to create regulations for animal product standards by July 1, 2025. ~~Until the California Department of Cannabis Control DCC promulgates animal product standards, cannabis products cannot be marketed or sold for use on, or consumption by, animals.~~

[...]

## Patient Evaluation and Record Keeping

[...]

[The DCC is required to create regulations for animal product standards by July 1, 2025.](#) Until the ~~California Department of Cannabis Control~~ [DCC](#) promulgates animal product standards, cannabis products cannot be marketed or sold for use on, or consumption by, animals.

[...]

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

- [Motion](#): Jaymie Noland, DVM, moved and Christina Bradbury, DVM, seconded a motion to adopt the proposed *Guidelines for Veterinarian Discussion and Recommendation of Cannabis Within the Veterinarian-Client Patient Relationship* as amended and post them on the Board's website.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. The following public comment was made on the motion:

- [Dan Baxter](#), CVMA, proofread the guidelines and suggested the following change to the definition of industrial hemp to change the word "plan" to "plant."

The revised this item as follows (proposed additions are in [underline blue text](#)) to the *Guidelines for Veterinary Discussion and Recommendation of Cannabis within the Veterinarian-Client-Patient Relationship* under the **Introduction** section:

[...]

Industrial hemp or hemp means an agricultural product, whether growing or not, that is limited to types of the plant Cannabis sativa L. and any part of that plant, including the seeds of the plant and all derivatives, extracts, the resin extracted from any part of the plant, cannabinoids, isomers, acids, salts, and salts of isomers, with a delta-9 tetrahydrocannabinol (THC) concentration of no more than 0.3 percent on a dry weight basis. (Cal. Health & Saf. Code, § 11018.5, subd. (a).)

[...]

[Dr. Noland](#) and Dr. Bradbury accepted the amendment to the motion to include Mr. Baxter's suggestion.

Public comment continued on this item.

- [Tim Shu](#), founder of the Pet Cannabis Coalition Cannabis Coalition, led the efforts to pass AB 1885. He stated the Coalition liked to share its recommendations for the regulatory process for this bill. Research shows that

cannabis can alleviate symptoms and pets dealing with pain anxiety, inflammation, nausea, seizures, and cancer. He stated the regulatory process for AB 1885 is an important final step in getting pet cannabis right in California. As primary components of this legislation, he stated we understand the importance of considering the perspectives of stakeholders, including those in veterinary medicine as such, the Coalition recommend the following regarding the implementation and regulatory process of AB 1885: first the Coalition are at the limit of THC and cannabis products intended for animal consumption, followed with the limits placed on THC in cannabis products for humans. He claimed according to scientific research along with their eight years of experience in this field and working with various species and multiple veterinarians around the world, THC possesses medical properties and imposing stricter limitations on its availability will result in increased costs for pet owners whose pet benefit from the anti-cancer and pain-relieving properties of THC. Pets vary in size and THC limits on pet cannabis products could reduce the therapeutic value of cannabis product for large pets such as 200 pounds Irish Wolfhounds. Second, the Coalition advised the Board against requiring veterinarians to have any additional training to recommend cannabis because only veterinarians and the VMB should decide what education is part of a DVM. Lastly, the Coalition recommended the VMB consult with the CVMA on the implementation of AB 1885. He noted, the CVMA is a trusted organization in the field of veterinary medicine and their expertise should be utilized to ensure the successfully implementation of this legislation. He stated himself and his colleagues around the world have seen the remarkable benefits in utilizing cannabis in numerous veterinary species. He added there is much more that remains to be discovered about cannabis and the endocannabinoid system. He concluded that these are truly exciting times for veterinary medicine and the Coalition believes that these recommendations will help ensure the safety and wellbeing of animals benefiting from cannabis products, while also protecting the interest of veterinarians and the veterinary medicine industry.

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

- [Vote](#): The motion carried 8-0.

**D. Recommendation on Legislative Proposal to Amend Business and Professions Code (BPC) Sections 4841.1, 4841.4, 4841.5, and 4842, and Repeal Sections 4842.1 and 4843 Regarding Registered Veterinary Technician (RVT) School Program Approvals and RVT School Program Students**

[Meeting Materials](#)

Webcast: [00:29:25](#)

Ms. Shufelt presented this item and the meeting materials.

[Ms. Welch](#) noted that BPC section 4826.5 is the statute that authorizes drug compounding by veterinarians and RVTs; it would need to be amended as well. She stated that since it was not agendaized for discussion at the April 18, 2023 MDC meeting, it would have to be agendaized with potential amendments to that section to correspond with the proposed amendments in [BPC section] 4841.1, but it would also be part of these changes.

The following revised language incorporates all changes the MDC discussed (proposed additions are in underline blue text; proposed deletions are in ~~red strikethrough-text~~) to BPC sections 4841.1, 4841.5, and 4842:

**§ 4841.1. Applicability of Article; Adoption of Regulations.**

[...]

(a) ~~This article shall not apply to students in the clinical portion of their final year of study in a ~~board-approved~~ California veterinary technology program who perform the job tasks for registered veterinary technicians as part of their educational experience, including students both on and off campus acting under the direct supervision of a California licensed veterinarian in good standing, as defined in paragraph (1) of subdivision (b) of Section 4848~~ except that such students shall only administer controlled substances and perform drug compounding under immediate supervision of a registered veterinary technician or California licensed veterinarian. For purposes of this section, "immediate supervision" means supervision by a person who is within audible and visual range of both the animal patient and the person being supervised.

[...]

**§ 4841.5. Eligibility for Registration.**

[...]

(a) Graduation from, at minimum, a two-year curriculum in veterinary technology, in a college or other postsecondary institution accredited by the American Veterinary Medical Association ~~approved by the board~~, or the equivalent thereof, as determined by the board. In the case of a private postsecondary institution, the institution shall also be approved by the Bureau for Private Postsecondary Education. Proof of graduation shall be ~~submitted directly to the board~~ by confirmed through electronic means or direct submission from the college, other postsecondary institution, or American Association of Veterinary State Boards.

[...]

(c) Education equivalency certified by the American Association of Veterinary State Boards Program for the Assessment of Veterinary Education Equivalence for Veterinary Technicians. The certificate of education equivalence shall be

~~submitted directly to the board by~~ confirmed through electronic means or direct submission from the American Association of Veterinary State Boards.

(d) An applicant who does not qualify for registration eligibility under subdivisions (a) through (c) and has a valid license, certificate, or registration as a veterinary technician in another state, district, or territory of the United States or Canada, may establish eligibility to obtain registration by submitting proof of all of the following:

(1) An active and unrestricted license, certificate, or registration issued by another state, district, or territory of the United States or Canada to practice as a veterinary technician that is not subject to any current or pending disciplinary action, such as revocation, suspension, or probation. License, certificate, or registration verification, including any disciplinary or enforcement history, shall be confirmed through electronic means or direct submission from the licensing entity.

(2) Successful completion of at least 4,416 hours, ~~completed in no less than 24 months,~~ of directed clinical practice, under the direct supervision of a veterinarian licensed in another state, district, or territory of the United States or Canada.

[...]

#### **§ 4842. Denial of Application.**

[...]

“The board may deny an registered veterinary technician application ~~to take a written and practical examination for registration as a registered veterinary technician~~ if the applicant has done any of the following:”

[...]

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

- Motion: Kathy Bowler moved and Jennifer Loreda, RVT, seconded the motion to approve the legislative proposal to amend BPC sections 4841.1, 4841.4, 4841.5, and 4842, and repeal sections 4842.1 and 4843 regarding RVT registration requirements and RVT school or degree program approvals as presented at this meeting.

Dr. Bradbury requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- Vote: The motion carried 8-0.

## E. MDC Pending Assignments

Webcast: [00:38:53](#)

Ms. Shufelt presented this item, the meeting materials, and answered Board questions. She noted the passing of Dr. Lane Johnson. She also thanked Ms. Loredo for her nine years of service to the Board. Ms. Shufelt and Ms. Siefertman answered questions from the Board.

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

- [Heather Walker](#), RVT, CVT, inquired about the credentials or education of the complaint consultants.

[Ms. Siefertman](#) responded that the Board recently at the January [2023] meeting updated its Administrative Procedure Manual for subject matter experts to possess a valid and current California veterinarian license, at least five years' clinical practice in the area of expertise, no past or current enforcement or disciplinary actions practicing veterinary medicine as defined in [BPC section] 4826, and in the event of conflict of interest, they have to recuse themselves and must not misrepresent their credentials, qualifications, experience, or background.

## 6. Interviews, Discussion, and Possible Appointment to Fill Vacant MDC Public Member Position

[Meeting Materials](#)

Webcast: [00:45:11](#)

The Board conducted interviews to fill the public member position on the MDC. Prior to the meeting, the Board's Executive Committee selected the following candidate for the Board's consideration:

- [Kathy Bowler](#)

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

- [Motion](#): Jaymie Noland, DVM, moved and Maria Salazar Sperber seconded the motion to appoint Ms. Bowler to the MDC to serve the remaining term until June 30, 2024, and serve the full public member term from July 1, 2024, through June 30, 2026.

Ms. Siefertman noted that the term should end on June 30, 2027, and not June 30, 2026.

The motion was amended as follows:

- [Motion](#): Jaymie Noland, DVM, moved and Maria Salazar Sperber seconded the amended motion to appoint Ms. Bowler to the MDC to serve the remaining term until June 30, 2024, and serve the full public member term from July 1, 2024, through June 30, 2027.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. The following public comment was made on the motion:

- [Ms. Walker](#) inquired if Ms. Bowler was familiar with all the rules in the veterinary field and their roles.

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

- [Vote](#): The motion carried 7-0-1; Ms. Bowler abstained.

## **7. Interviews, Discussion, and Possible Appointments to Fill Vacant Wellness Evaluation Committee (WEC) Veterinarian and Public Member Positions**

### [Meeting Materials](#)

Webcast: [00:56:56](#)

The Board conducted interviews to fill the veterinarian member position on the MDC. Prior to the meeting, the Board's Executive Committee selected the following top three veterinarian candidates for the Board's consideration:

- [Andrew Dibbern](#), DVM, JD, MLS, Veterinarian License: [18479](#)
- [Allan Drusys](#), DVM, MVPH Management, Veterinarian License: [8330](#)
- [Jenevieve Price](#), DVM, Veterinarian License: [18393](#)

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

- [Motion](#): Maria Preciosa S. Solacito, DVM, moved and Kathy Bowler, seconded a motion to appoint Andrew Dibbern, DVM, to the WEC to serve the remaining veterinarian member term until June 30, 2023, and serve the full veterinarian member term from July 1, 2023, through June 30, 2027.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. The following public comment was made on the motion.

- [Dr. Grant](#) inquired if it would be possible if the Board went around and voted for two names each and then get the top two accumulative votes.

[Dr. Solacito](#) and Ms. Bowler withdrew their motion.

Each Board member selected their top two candidates.



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

- [Motion](#): Jennifer Loreda, RVT, moved and Christina Bradbury, DVM, seconded a motion to reappoint Allan Drusys, DVM, to the WEC.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 8-0.

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

- [Motion](#): Kathy Bowler moved and Jennifer Loreda, RVT, seconded a motion to appoint Andrew Dibbern, DVM, to the WEC to serve the remaining veterinarian member term until June 30, 2023, and serve the full veterinarian member term from July 1, 2023, through June 30, 2027.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 5-3. Barrie Grant, DVM, Jaymie Noland, DVM, and Maria Salazar Sperber opposed.

The Board conducted interviews to fill the public member position on the MDC. Prior to the meeting, the Board's Executive Committee selected the following top three candidates for the Board's consideration:

- [Elle Anzalone](#), MSC, LADAAC, LMFT
- [Justin Johnson](#)
- Catherine Mignon Lawlor, Psy.D., M.I.A., withdrew her candidacy.

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

- [Motion](#): Kathy Bowler moved and Maria Salazar Sperber, seconded a motion to appoint for the two openings for the public members of the WEC, Elle Anzalone and Justin Johnson to serve the public member terms until June 30, 2023, and serve the full public member terms from July 1, 2023, through June 30, 2027.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 8-0.

\*Agenda items for this meeting were taken out of order, and the Board moved to [Agenda Item 9](#). The order of business conducted herein follows the publicly noticed Board meeting Agenda.

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

[Meeting Materials](#)

Webcast: [02:15:30](#)

### A. Priority Legislation for Board Consideration

- (1) \*[Assembly Bill \(AB\) 814](#) (Lowenthal, 2023) **Veterinary Medicine: animal physical rehabilitation**

[Meeting Materials](#)

Webcast: [02:15:30](#)

Ms. Sieferman presented this item, the meeting materials, and answered Board questions.

Board members raised their concerns over the dual license authority and the implementation of the bill, and the concerns that animal physical rehabilitation (APR) appears to be practicing veterinary medicine.

Ms. Sieferman noted that a fee analysis would be needed to address budgetary issues that would occur with the adoption of the new license type.

Ms. Bowler inquired if there had ever been two DCA Boards that would collaborate with one another on a license.

Ms. Sieferman responded that she was not aware of any dual authority licenses between two DCA boards.

Dr. Grant also expressed concerns on whether the bill allowed physical therapists to perform acupuncture.

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

- [Motion](#): Christina Bradbury, DVM, moved and Barrie Grant, DVM, seconded a motion to oppose the bill.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. The following public comment was made on the motion:

- [G.V. Ayers](#), Lobbyist, Gentle Rivers Consulting, LLC, contract lobbyist for the Animal Physical Therapy Coalition, stated he was closely involved with this bill. He appreciated the opportunity to speak to the Board and appreciated the summary in the memo. He thought the description of the bill well done. He talked about how the technical issues could be resolved as best as they can. He stated that there was an opportunity here and obviously there was some concern about the training that these animal physical therapists receive. He noted, first of all, they are licensed physical therapists (PTs) under the Physical Therapy Board of California (PTBC). They receive training at institutions, which offer this type of training; it is RACE-approved, which he stated the Board is familiar with and the Board deals with as far as education issues as well. He noted there are more things that need to be developed or can be developed as far as perhaps in the bill, perhaps in the regulation. As far as the two boards working together, the PTBC and the Vet[erinary] Med[ical] Board, the Coalition would understand that any regulations that would be adopted are really going to be by the Veterinary Medical Board; that the PTBC would consult or the Vet[erinary Medical] Board could consult with them as far as any PT issues there, but it is really the Vet[erinary Medical] Board that would be doing that because, as the Board identified in its recent regulation, animal physical rehabilitation is a practice of veterinary medicine. So, that is [under the Board's] purview. He added as for the insights that could be given by the PTBC; APTC would envision that being done there in that. He noted that in regard to Dr. Grant's acupuncture comment, PTs cannot do acupuncture. [PTs] would not be doing acupuncture—that is not at all under consideration of the bill for consideration—but what is going on here in this. He stated understand that there is going to be some challenges cost wise. He stated one thing regarding discipline of the physical therapy license is the first part of the bill, section two of the bill, which is [BPC section] 2660.9 added to the Physical Therapy Act, it states "(a) A violation of Section 4826.5...", which is the one they would be putting into the Vet[erinary] Med[icine Practice] Act "...by a licensee of this chapter shall constitute unprofessional conduct under Section 2660," so unprofessional conduct under the PT Act and then also "(b) A report of a final disciplinary action against the licensee [of this chapter] by the Vet[erinary] Med[ical] Board...shall be deemed as conclusive evidence of unprofessional conduct by [the] licensee [under Section 2660]" of the PTBC. He stated they are trying to make it very clear that the Vet[erinary Medical] Board can lift the authorization, but then that puts the onus on the PTBC to take action for unprofessional conduct because it is a violation of unprofessional conduct under their [Act]. He added as far as putting animals under the PT Act, he thought there was some question about that; he stated this bill does not do that. Simply what it states is that a PT who does this under the authorization on a specific authorization or the Veterinary Medical [sic] [Practice] Act—that the PT Act did not prohibit them from doing that. He stated it is not going out and putting the animals in it. He

stated they used to state “putting the camel’s nose under the tent.” He thought it might be more appropriate to state the dog’s nose under the blanket because before long, that dog was going to be under the blanket there. He thought there was concern about that, and he thought that was one thing that they were trying to be very aware of there. He stated this is not meant to be a big encroachment, but it is something that has been practiced in other states. He stated there are eight other states that do this with indirect supervision at this point, and there have been no allegations of consumer harm, no complaints, no allegations of consumer harm in that, so the Coalition believes that was evidence of some success in that. He added the Coalition really wants to work with the Board to try to make this work. He stated the thing that the Board has said when they talked about the regulations, is that the Board could not put this in regulation because there is no specific authorization in the [Practice] Act. It was concluded that it would take legislation, which is what the Coalition is trying to do.

[Dr. Solacito](#) wanted to make sure she was clear in her understanding if this authorization was granted to physical therapists, and now they have a facility where they do the treatments, they will only entertain or take in clients as referred by a veterinarian.

- [Mr. Ayers](#) responded absolutely.

[Dr. Solacito](#) continued and stated that the PTs are not going to develop clients of their own.

- [Mr. Ayers](#) responded it would not be direct access; that was not the intention; that is not the purpose. He stated the Coalition believes that the vet[erinarian] should be in control at all times. He continued, [the veterinarian] should create a VCPR and that [the veterinarian] should look at the animal to determine whether the animal is appropriate for [animal] physical therapy. Then the veterinarian would determine whether to refer or not refer out; the veterinarian would not have to refer. He added, if [the veterinarian] does refer, they should be able to determine the level of supervision. He stated perhaps it may be some more critical situation to where it needs to be direct supervision and that would be up to the vet[erinarian]. He added part of the intention is that it is not a facility to where a physical therapist practices on [humans] in the morning and then [a client’s] dog in the afternoon at the same facility. He added it is not for humans and animals; this would be completely for practicing upon animals.

[Dr. Noland](#) stated their concerns over the removal of the direct veterinarian supervision language or the requirement for a veterinarian to be on-site.

[Ms. Bowler](#) inquired if the bill had an ongoing examination requirement, as it might be possible that a physical therapist might miss out on an issue that a veterinarian might catch.

- [Mr. Ayers](#) responded he did not know if there was a specific provision for that ability. He stated he did know by practice that those PTs who practice upon animals, animal physical therapists have a close report back relationship with the vet[erinarian]. He thought that would be appropriate and perhaps even to have some language in either the bill or the regulations regarding that.

[Dr. Bradbury](#) stated that when she thought an animal that is recovering from an injury or a surgery, it is an evolution of recovery and there are ups and downs, even if there were no other health problems unrelated to what the animal has been referred to [animal] physical therapy. She stated it really seems like without having a referral back to a veterinarian for [an] additional evaluation, who is determining whether the physical therapy was the right physical therapy, whether it was making things worse, or whether there was a deterioration of the condition. She appreciated that a RACE-approved program is used for continuing education, but that is being provided on top of a base of a veterinary degree, which is very different than a veterinary academic program. She noted that Mr. Ayers may not be aware of that, but a RACE [approved program is] for continuing education to get updates on material that might be new or different. She noted this requirement would be for assessing that the individual has a core knowledge base of a veterinary education. To her, a RACE-approved program did not assure her that there was adequate training. She suggested instead of the referral of a veterinarian to the physical therapist, the language should state the veterinarian would like to see animal patient back in a few weeks, having some assurance that it is going to be part of the agreement would also probably be beneficial.

[Dr. Solacito](#) asked what would be the distinction of a physical therapist who has specialized training with animals that would make veterinarians comfortable that they do have that core knowledge that the physical therapist needs to continue the care of animals because as the Board said, dogs are not small people.

[Dr. Bradbury](#) added and they are not horses, and they are not cats. She stated as far as she knew, most of the physical therapy training programs and certification programs are really focused on dogs, and to her understanding, the anatomy and physiology and having that kind of training is very important. She noted it is different for all of those different species. She hoped he could understand why it is very difficult for the Board to feel comfortable that the consumer would be protected by even—though they have extensive knowledge of human anatomy, have good intentions, and are highly trained individuals with a doctorate—they did not have the background in each species anatomy and physiology, which is where a veterinary degree allows for that. She noted that without having direct supervision, it is very concerning to the Board, just having a RACE-approved CE course.

- [Mr. Ayers](#) apologized that Karen Atlas was not able to be here. He stated she was much more proficient in speaking about this than he was, so some things that she could speak to that he was not able to, as a disclaimer.

[Dr. Bradbury](#) responded the Board appreciated him and his insight.

- [Dr. Miller](#) stated CVMA was strongly oppose to AB 814. It saw this bill as a scope of practice creep and nothing more. He added it was an attempt by physical therapists to expand their income earning capabilities and did not serve in the best interest of consumer protection, nor did it address access to veterinary care. He noted CVMA's opposition letter and additional material was available on its website, [cvma.net](http://cvma.net), under the advocacy section as part of its most recent legislative update. He encouraged everyone to take a look at those, but a particular importance today or some of the regulatory and implementation concerns, he liked to point out to the Board were some of them had been mentioned in the conversation. First and foremost, this bill arbitrarily inserts the word animals into the Physical Therapy Practice [Act], which in perpetuity declares that physical therapists will have the right to work on animals, this despite them having no formal training on animals in their licensing curriculum. He rhetorically asked if the same rule would apply if a veterinarian decided to insert human beings into [the Veterinary Medicine] Practice Act. This bill would permit physical therapists to practice unsupervised on all species of animals after completing a certification course that focuses only on dogs. He noted the courses are short, involve mostly self-guided study, have no standardized curriculum, have no competency testing, have no failure rates, and have no regulatory oversight. He stated this creates a disparity between a rehabilitation practice run by a physical therapist when compared to one run by a veterinarian. He noted CCR, [title] 16, section 2030(f)(12) requires fixed veterinary premises to have drugs and equipment available to treat animals in an emergency. He noted there was no way a physical therapist could provide this minimum standard since they have no training on emergency veterinary drugs or how to use them, yet a veterinarian run practice that offers the exact same animal rehabilitation service would have to provide them. He noted it places those practices under a more strenuous degree of regulatory oversight than a PT run practice; that is creating a double standard. This bill did not provide the Board with the authority to promulgate regulations, as written, for a physical therapy premises. He noted this bill gives physical therapists the right to diagnose and prognosis musculoskeletal conditions and injuries and prescribe the treatment plan for them. He stated those tasks have until now been reserved for veterinarians only. He added this bill rewrites the Board's long-standing definitions of indirect and direct supervision to make them relevant only to animal physical rehabilitation that is going to create a number of other issues in the [Veterinary Medicine] Practice Act. He stated this bill will override CCR, [title] 16, section 2038.5, a regulation that took the Board 10 years to pass that just went into effect in January [2022].
- [Mr. Baxter](#) noted something that Ms. Bowler said at the beginning of her comments, inspired him to come up here today. One of the refrains of the folks behind this bill is that there is a liability protection for veterinarians, making referrals to physical therapist. He stated it is true that there was a

provision within the bill in BPC section 4828.5(h) that ostensibly does provide liability protection. However, he noted there is a principle in the law called negligent delegation or negligent referral, so ostensibly there is liability protection in this bill, but that liability protection is only as to the direct liability that is associated with perform the task itself. He added you can still, as the referring veterinarian, be held liable indirectly for anything that goes wrong by that treatment through the theory of negligent delegation, also, sometimes called negligent referral. He adds another issue that this all be gets is, where does the delegation end, and the treatment begin. He stated there could be potentially a gray area for purposes of civil liability or even administrative liability as to that issue. There could be a dispute over what was actually delegated versus what was performed. He stated as a former trial lawyer representing veterinarians and other health care practitioners, he could tell the Board that these were gray areas that are very real. He added he was simply bringing that up because Ms. Bowler did allude to it in passing during her comments, it is an area where he thought maybe he could speak with some measure of knowledge and it is again, a refrain from the sponsors as to “hey, what is the big deal? There is liability protection. Nothing to see here.” He noted there was something to see here.

- [Ms. Ehrlich](#) reiterated what Dr. Miller stated. She noted people seem to have forgotten that physical therapists already have the legal authority to work under the direct supervision of a veterinarian, so it is not that the physical therapist cannot work on animals, it is that they want to work independently from a veterinarian. She stated CaRVTA considered that to be risky for the animal’s sake. As other people have pointed out, physical therapists are not trained nor are they licensed and will not be licensed to administer first aid to animals as RVTs are. She asked what happens to the animal if there was a problem. She noted there is no 911 for animals as there was for humans and what happens when a human in a physical therapy facility has an emergency, they call 911. She asked what they are going to do if it is an animal. She had very serious concerns about the costs of implementing this bill. She stated she was involved in the implementation of becoming an RVT or AHD it was at the time, and it was many hours of discussion. She noted the Veterinary Medical Board is going to have to devote many hours to figuring out all the regulations required for this to happen and who is going to pay. She added according to this bill, the PTs would pay the entire cost, but how many of them are there really. From what she heard there are only 20 currently in California who want to do this. She was not sure of the number, perhaps the number was wrong, but she thought they need to tell the Board how many of them are there, and how are they going to afford to pay the thousands and thousands of dollars that is going to cost to create this new licensing. She stated there is just a very simple solution, if they want to perform physical therapy under indirect supervision, they can become an RVT, so CaRVTA opposes this bill because it is unnecessary, it is unaffordable, and it is unsound.

- [Brady McCarthy](#), Legislative Director for Senator Lowenthal, wanted to clarify there was a comment earlier that touched upon whether or not there was supervising authority from a veterinarian. He stated the bill does have included provision for that; it is in section 3 [of BPC section] 4825 of the bill and it is (9)(b) [sic] supervising veterinarian license pursuant to the chapter who is responsible for all the following and be making all decisions relating to the diagnosis, treatment management, and future disposition of the animal patient and that is related to making the referral to a physical therapist and then it also goes into ongoing and oversight of the treatment of the animal and from the authors office, legislative director for a seminar allowance. He stated they would be happy to strengthen that provision and continue conversations there, but there is a provision within the bill at this point that does cover the ongoing supervision of a veterinarian in consultation with a physical therapist.
  
- [Karen Atlas](#), president of APTC, noted it was a coalition who represents DVMs, PTs, RVTs, consumers, leading educators, search and rescue handlers, and law enforcement canine handlers. She stated the Coalition has been sounding this alarm about access to care to animal rehab for many years. She added it has been talking about this issue of access to care and other consumers wanting to access animal physical therapist for close to 18 years on this matter. She stated in the past two sunset reviews, it was also brought up as something that is an issue that the Legislature wants resolved as well. She stated the Coalition is here to try to legislate and solve this problem so that the consumers can get the access they need and want. In reference to Ms. Bowler, she was glad that there is access in Sacramento. She claimed there was a huge access problem throughout the rest of California and hardly anybody has access to care to qualified animal physical therapists, so that was something the Coalition is trying to do for people that did not live in Sacramento or Los Angeles that maybe have facilities that other people can access them as well. She claimed this helps the access to care issue that has been talked about for so long. She stated the Coalition submitted letter after letter and signature after signature, stating that there is a very real access to care issue. She stated for the folks who maybe think that there is enough access, she was glad that there is enough access in their particular areas, but it was not the reality and the rest of California. She noted to Mr. McCarthy's point there was oversight to all of this. She claimed she has seen it written in other places that were wanting to do independent practice. She claimed none of this is independent practice at all. [PTs] were not going out to just go open up independent practices and being independent of veterinarians. She stated it was far from the intent of this bill and what the bill actually states. She stated the bill actually states that the veterinarians remain in control at all times for their animal patients. It is giving the [veterinarian] the option to refer their animal patients to a qualified physical therapist under their referral and their indirect supervision. She stated the indirect supervision definition is exactly the same indirect supervision, a definition that is already in the Act itself. She claimed there is all the veterinarian oversight, the veterinarian stays in control and makes all



of those calls. She stated if a veterinarian has a critical patient that needs physical therapy, that critical patient should not be sent out to a physical therapist under indirect supervision; that critical patient with all the underlying problems that it may have would need to be in the ICU in the hospital with the veterinarian and then if there is a physical therapist on-site, they could do the physical therapy under direct supervision as prescribed by the veterinarian. She stated the reality of the of the issue is that there is hardly any that are needing to have that direct supervision mandate, so what that does is it really limits the ability to be able to work in this field as a professional; the bill would allow the veterinarian who does want to professionally collaborate and empowers the veterinarians to make that decision themselves, rather than having a practice act mandate a clinical decision that a veterinarian can make, we are simply stating, "hey, let the veterinarian make the decision" if the veterinarian thinks that a two year old sporting agility dog can go see a physical therapist who has all the appropriate training at another facility then that should be their right. That is what the Coalition has been asking for. She stated that is why they are not just a physical therapy group at all; they represent all of the stakeholder groups. She did not know if the Board had read all the letters that have come into the Board over the last 20 years or so, or the thousands of petitions, signatures, and comments that have come to this Board (a) telling it there was an access problem, (b) the veterinarians want to be able to inter-professionally collaborate with qualified PTs, and (c) the issue of animal harm has not come through in any sort of way. She stated the Coalition had done all of the research. She thought it was over 100 hundred years now of exposure to this model, and eight other states that have successfully done this with no complaints of harm or negligence. She stated that all the problems that the Board might be trying to extrapolate from here is maybe not the kind of problem that needs to be focused on since there has not been any. She stated this had been proven as a safe model of care. She added instead of stating maybe something could go wrong, she thought it was more accurate to state with that amount of evidence from all the other states that have allowed the same model, that care had not been an issue, that people have had more access to care in those states, better collaboration is occurring in those states, and animals are not being harmed and in fact being helped.

[Dr. Bradbury](#) noted that she had not read all the letters over 20 years, but the Board did receive letters from both sides of the issue over the years, so the Board does read them. She noted as a matter of record and to clarify some things, the Board also received a letter from Karen Atlas and a list of [Frequently Asked Questions] FAQs related to AB 814. She added within these documents there were several statements that misrepresented the Board's actions. Dr. Bradbury thought it was important to clarify this publicly; the letter stated the Board enacted regulatory language, which further reduced access to rehab care for animals by making it more difficult for qualified physical therapists to provide essential animal physical rehab services in California. She noted the FAQ stated that the Board enacted language that significantly

changed the status quo and made access to animal rehab services even worse. Dr. Bradbury responded these statements are simply not true, and she clarified the facts for the record again, as this is a misunderstanding that seemed to persist and had come up over and over in these discussions prior to CCR, [title 16,] section 2038.5 being enacted, animal physical rehabilitation was and remains the practice of veterinary medicine. She continued, under the Veterinary Medicine Practice Act, the practice of veterinary medicine requires a veterinarian license or supervision of a licensed veterinarian. The Veterinary Medicine Practice Act and Physical Therapy Practice Act as enacted by the California State Legislature established the limitations on the performance of APR by a licensed physical therapist; again, prior to CCR, [title 16,] section 2038.5, a physical therapist who was not a licensed veterinarian or RVT could only administer APR treatment to an animal as a veterinary assistant and only at the direction of, and under the direct supervision of, the licensed veterinarian. CCR, [title 16,] section 2038.5 did not change this but clarified the requirements of veterinarian licensure or veterinarian supervision under existing law. Consequently, if an APR practice was not employing a license veterinarian to directly supervise the performance of APR by a physical therapist, that APR practice was operating in violation of existing law. She added again, prior to and after enactment of, CCR, [title 16,] section 2038.5 did not change or reduce the access for animals to physical rehabilitation services. Based on the statement and Ms. Atlas's letter and her statement in the FAQs AB 814, as well as many previous statements, it seemed like prior to CCR, [title 16,] 2038.5, there were physical therapists operating a practice and/or performing physical therapy on animals without veterinarian supervision, which again was a violation of the law. She stated it was frustrating to repeatedly have to clarify this. She added this repeated misinformation presented by Ms. Atlas seemed disingenuous and was misleading to the public and the legislators to whom this information is being presented.

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

- [Vote](#): The motion carried 8-0.

†Due to time constraints, agenda items 8.A.2. through 8.B.7. were moved to Thursday, April 20, 2023. The order of business conducted herein follows the publicly noticed Board meeting agenda.

### **Webcast Links:**

Agenda Items 3., and 8.A.2. through 8.A.5. (<https://youtu.be/JxBP2C1EobA>)

- (2) †\*[AB 1399](#) (Friedman, 2023) **Veterinary medicine: veterinarian-client-patient relationship and veterinary telemedicine**

[Meeting Materials](#)

Webcast: [00:40:35](#)

Ms. Sieferman presented this item, the meeting materials, and answered Board questions.

[Ms. Welch](#) noted the Board approved amendments that would add the VCPR to the BPC; the proposed legislation also included the telemedicine proposed legislation that the Board approved in July 2021.

[The Board discussed](#) the challenges of telemedicine in the profession, including issues of a veterinarian to diagnose or treat a condition over the phone or video, the differences between humans having the ability to relay their issues verbally verses an animal who does not have that ability. While the Board expressed a desire to help consumers who are working full-time jobs to obtain veterinary care for their animals, it did note there could be instances where animals could go their entire life without a physical examination. The Board noted that in some instances, while the telemedicine might not be ideal care, it would be better than no care.

[The Board](#) also expressed concerns on the over prescription of different antibiotics. In addition, the Board expressed that there may be a need to have a veterinarian who is local to physically examine the animal patient.

[Ms. Sieferman](#) noted the bill does have a provision that allows the veterinarian to require a physical examination.

[Dr. Noland](#) inquired if the video conference could be recorded, so that if there was a consumer complaint, the Board would have access to it.

[Dr. Bradbury](#) thought it would be a great recommendation. She requested public comment on this item. The following public comment was made on this item:

- [Dr. Miller](#) encouraged everyone to go to CVMA's website to its advocacy section, under the legislative update. He stated CVMA had its opinion, this one letter as well as their opposition talking points. The talking points largely reflect the conversation that occurred during this meeting, but officially CVMA was opposed to AB 1399, which would allow a VCPR to be established by electronic means without an in-person examination of the animal patient or medically appropriate and timely visits to the premises for the animals were capped. It would also allow prescription drugs, including antibiotics, to be prescribed to [animal] patients solely through telemedicine appointments. He added that according to a 2020 survey conducted by the College of Veterinarians of Ontario, one of the only jurisdictions in North America in which a VCPR may be established via telemedicine, the most common type of medication prescribed through telemedicine is antibiotics. In California, a concerted effort is taking place to curb the inappropriate use of antibiotics in veterinary medicine and to combat antibiotic resistance. He stated that California veterinarians are the only profession that has a mandated continuing education requirement for the judicious use of

antibiotics, and that was pursuant to Senate Bill (SB) 27 and SB 835, which took place in 2014 and 2015. CVMA's concern about the use of antibiotics via telemedicine was not a theoretical concern; in a recent continuing education seminar conducted by CVMA on the judicious use of antibiotics in dermatological cases, CVMA asked 230 veterinarians to look at photos of three skin conditions on dogs; the attendees were asked based on what they saw whether they would prescribe antibiotics. In all three instances, 70 to 86% of veterinarians indicated that they would prescribe antibiotics for treatment, yet none of the skin conditions were bacterial in nature. He added if examinations were conducted in-person, the veterinarian would be able to exercise the ability to perform a more extensive exam and take examples for laboratory testing in order to form a more accurate diagnosis and treatment plan. He added this is one example of how CVMA felt the use of telemedicine may be of great concern. CVMA does believe that telemedicine has its place in veterinarian medicine and supports California's current law, which permits its use to manage the care of established patients through follow up consultation prescriptions and in triaging critical cases. However, the bill proposed was completely eliminating the initial in-person exam or premises visit for animal patients, which was deeply concerning.

- [Ms. Ehrlich](#) thought part of the problem with telemedicine is the definition of the VCPR. She stated in all the years of practice that she has been in, until recently, the VCPR was determined to be not condition based as long as the veterinarian had examined the animal patient in-person and agreed with the client to take responsibility for the animal's care. She noted, the VCPR had been established, and then was considered to be in place for a year, and somehow recently it has been re-determined that it has to be per condition. She stated what creates this telemedicine problem, if the VCPR was in place for a year, the client had been in it within a year and then needed a telemedicine appointment, then that would make a lot more sense because it is known for sure the veterinarian is familiar with the patient. She encouraged the Board to reconsider how it is defining the VCPR, and she thought it could solve a lot of these problems.

[Ms. Prado](#) responded that it is great that the Pharmacy Board enforces it. She understood everyone's concerns, but she noted this is also for someone who cannot access a veterinarian. She understood that the Board already has all these other ways that it can do it, but this is a way that if the person cannot have any access because it has happened. She read a quote regarding radical change and requested the Board embrace the change that the bill was expanding.

Dr. Bradbury requested a motion. The following motion was made:

- [Motion](#): Jaymie Noland, DVM, moved and Barrie Grant, DVM, seconded a motion that the Board oppose unless amended to eliminate the ability to establish a VCPR by telemedicine.

Dr. Bradbury requested public comment before the Board acted on the motion. The following public comment was made on the motion:

- [Dr. Miller](#) thanked the Board for the motion. He clarified the entire crux of the bill was to establish the VCPR without an in-person exam. He asked if it would not be a flat out oppose because to phrase “opposed unless amended” would mean that the Board wants them to do the exact thing that the bill is trying to not do. He stated it would be the concept of the COVID waiver, which stated if the veterinarian has seen the animal in-person for one condition, then the veterinarian could then use telemedicine for other conditions as the veterinarian sees fit. He asked if it would be language similar to that or would it be a flat out oppose, because stating the Board wants the animal patient to have an in-person exam, the Board is telling them that it has gone 180° and did not like their bill.

[Dr. Noland](#) responded she was trying to make her colleagues happier; they do not want to oppose the bill. She stated she was trying to help them.

- [Dr. Miller](#) wanted to make sure that the language is really clear on moving forward with where this Board is, and he added there has been a lot of talk about the COVID waiver, which was the 18-month waiver that veterinarians had, and this bill was essentially allowed to be a modified version. He did not know if that is what was being referred to in terms of needing the initial in-person exam or not, and so he wanted to clarify that if the Board were to oppose unless amended to require an in-person exam for every condition, then the Board is just opposed to the bill essentially.

[Dr. Noland](#) responded as the Board goes through the process and does a lot of dialog with the sponsors of the bill, coming back at them with something that states flat out opposed shortens the talking with the author. She noted there were a lot of nuances that the Board could talk about with that, but she was not sure she was ready to spell them all out.

- [Dr. Miller](#) stated the [AB] 1399 hearing took place during the MDC meeting, so no one had the privilege of being able to hear it live, but the author of the bill did indicate that she would like to sit down with stakeholders on the bill, especially CVMA. He stated that she understood that there were serious concerns from the veterinary community, from AVMA, CVMA, and others, and that they all need to sit down and talk about it.

[Dr. Noland](#) responded she did not feel qualified to really tell everyone this is exactly how she wanted to amend the bill. She thought it was important that the Board undertake it, and that it had serious concerns regarding the establishment of the VCPR remotely.

- [Dan Baxter](#), CVMA, stated CVMA’s position was a straight oppose, but they signaled a willingness to work with the author, and the author signaled a willingness to work with CVMA and other stakeholders. He stated, a flat

oppose position is not somehow mutually exclusive with a forthcoming dialogue.

[The Board](#) discussed its options on whether to oppose unless amended or to support unless amended, so that it could express its concerns with the bill. The discussion also included possibly appointing the Executive Committee and Executive Officer to discuss with the bill's author to address the Board's concerns.

The motion was amended. However, no one seconded the amended motion. The following motion was made:

- [Motion](#): Jaymie Noland, DVM, moved that the Board oppose unless amended and that the general concerns that have been brought up will be addressed prior to an off calendar meeting.

[Ms. Welch](#) stated it was a bit of a vague motion. She thought it was opposed unless amended to resolve concerns raised during [the April 20, 2023] meeting, and she stated there needed to be a list of the big ticket items, such as an in-person examination.

[Dr. Noland](#) responded that is one of them.

[Ms. Bowler](#) suggested limits on the type of conditions that can be reviewed, video or the type of medications that can be prescribed.

[Dr. Bradbury](#) suggested that the Board just oppose the bill, and then talk with the author because it seemed clear to her that the authors would still work with the Board with a straight oppose; the Board was not as clear as it needed to be on all of the different issues.

[Dr. Noland](#) inquired if she needed to rescind her motion or just change it from amended to be opposed.

[Ms. Welch](#) responded that Dr. Noland could change it.

The motion was amended as follows:

- [Motion](#): Jaymie Noland, DVM, moved and Barrie Grant, DVM, seconded a motion to oppose the bill, authorize the Board's Executive Committee and Executive Officer to engage with the bill author and stakeholders regarding the concerns raised at the April 20, 2023 Board meeting, and have an off-calendar meeting to further discuss the bill.

Dr. Bradbury requested public comment before the Board acted on the motion. The following public comment was made on the motion:

- [Dr. Miller](#) stated from a public policy standpoint, the opposed position is the best position that the Board could be in at this point to signal to the author

that it would like to have discussions. As Ms. Sperber stated, anytime an author sees support, they are not interested in hearing from the Board. He reminded the Board that this bill went sailed through the Legislature's first policy committee, where it looked at the substance of the bill. The bill sailed through without any problems, so the author is full steam ahead and does not have any reason to listen to anybody if the person is signaling support. He added, just because the Board is signaling oppose does not mean that it was opposed to the concept of telemedicine in veterinary medicine practice; it just means that it has some legitimate concerns that it would like to discuss with the author. He stated CVMA had already set up quite a bit of groundwork to make that happen. He advised the Board that the Legislature was listening to this meeting, and they were out there and know that there were some legitimate concerns. He stated that a lot of the concerns that the Board expressed—the internal dialogue—were the same things that CVMA has talked about, and so he felt there was a great opportunity for stakeholders to come together and express that. He suggested that perhaps this needed to be linked to a registered veterinary premises in the State of California so that a veterinary premises can be responsible for providing follow up care to the animal, or perhaps there needs to be a limitation on how many antibiotics a veterinarian can give. He noted that federal law prohibits the prescribing of controlled substances via telemedicine for all healthcare providers; it is not possible to do. He thought there is a lot of conversation that still could be had with the author, and he believed that the author would be receptive. He stated the author is a horse owner, and she would be receptive to hearing [the concerns]. He thought that oppose is really the best possible place the Board could be at this point to get its voice heard.

- [Brittany Benesi](#), Senior Legislative Director, ASPCA Western Division, a co-sponsor of the bill, thanked everyone for the discussion, and she was appreciative to hear the concerns as well as the level of support for the use of telemedicine as a key tool in improving access to care in California. She noted references to the waivers in California for the use of telemedicine to establish a VCPR. She wanted the Board to recognize that throughout the country, federal and state governments each provided flexibility for the VCPR establishment in stronger ways than California did, and there has not been a single report of telemedicine leading to harm of pets as a result is true across the country, as well as in Canadian provinces. She asked for it to be considered also. She highlighted a survey data released by ASPCA in April 2023 indicated the level of prices that it was talking about. She stated approximately one quarter of respondents reported wanting or needing veterinary care in the past two years and being unable to obtain it. She claimed that it was nearly 25% of pets in a survey with over 5,000 responses who went untreated and suffered unnecessarily, potentially with increased medical needs as a result, more expensive cost to their owners, and inevitably some, either experiencing premature death or being relinquished to shelters due to the gaps in access. She added nearly 70% of those who had that experience had an interest in using veterinary telehealth, if it was

available, and two out of three so that their pet would be seen a bit more often if telemedicine were an option. She thanked the Board for the discussion and stated ASPCA looked forward to engaging in these stakeholder conversations and identifying language where it can come to agreement. She pointed to Arizona Senate Bill 1053 where AVMA had come to a neutral position that would allow for video telemedicine and hope that is something that might be able to be conducted similarly in California.

- [Mr. Baxter](#) responded to Ms. Benesi's comments that he takes strong issue with the notion that there has been a great relaxation in the standards attending to this, especially the suggestion that many allow for the initiation of the VCPR through telemedicine modality; that is basically incorrect. He added late in 2020, he analyzed every state's law relative to this [topic]. He did a lengthy letter that synopses his findings. He believed that the letter is in the [Board's] record at some point during one of the [...] meetings, and the relevant takeaways from that analysis was that there was only one state as of late 2020 that allowed for the use of telemedicine to establish the VCPR and that was the State of Tennessee. He noted there were two other states that appeared to contemplate that a VCPR could be establish exclusively via telemedicine modality, which were Idaho and Oklahoma, although, those two states' laws were not crystal clear on the subject. He believed since then, there had been one state, possibly Michigan, that had gone in this direction, but he demurred to the notion that there is some sort of a vast sample size of states that allow the initiation of a VCPR medicine modality; that is absolutely incorrect.
- [Ms. Benesi](#) added to Mr. Baxter's comment and stated Virginia and New Jersey as well.

[Dr. Noland](#) stated she wanted to make it very clear that she thought that the survey that was referred to by one of the public members about access to care and the reasoning behind it was monetarily driven. She noted the majority of people who cannot get access to care, cannot afford access to care, and telemedicine may or may not help with that problem. She thought the Board would be misinformed if it thought that telemedicine would be free.

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

- [Vote](#): The motion carried 7-1. Ms. Prado opposed the motion.

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

[Meeting Materials](#)

Webcast: [01:49:35](#)



Ms. Sieferman presented this item. Ms. Sieferman and Ms. Welch responded to Board questions, including concerns over how consumers could view disciplinary information related to a licensee.

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

- [Motion](#): Christina Bradbury, DVM, moved and Jaymie Noland, DVM, seconded a motion to oppose SB 372.

[Ms. Welch](#) noted that another DCA board was submitting a position of watch and express concerns. She explained the board's desire to support these individuals to be able to move on with their life but noted there is a balance to ensure consumer protection. She stated that board voted to watch the bill and submit a letter of concern.

The motion was amended as follows:

- [Motion](#): Christina Bradbury, DVM, moved and Jaymie Noland, DVM, seconded an amended motion to watch and submit a letter of concern.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 8-0.

**(4) †\*[SB 544](#) (Laird, 2023) Bagley-Keene Open Meeting Act: teleconferencing**

[Meeting Materials](#)

Webcast: [02:05:05](#)

Ms. Sieferman presented this item. Ms. Sieferman and Ms. Welch responded to Board questions.

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

- [Motion](#): Kathy Bowler moved and Jennifer Loreda, RVT, seconded a motion to support the bill.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 8-0.

**(5) †\*[SB 669](#) (Cortese, 2023) Veterinarians: veterinarian-client-patient relationship**

[Meeting Materials](#)

Webcast: [02:06:23](#)

Ms. Sieferman presented this item, and Ms. Welch presented concerns with the April 18, 2023 version of the bill. Ms. Welch explained the March 21, 2023 version of the bill largely reflected the Board's regulatory proposal that would authorize an RVT to serve as an agent of a California licensed veterinarian for the purposes of administering preventive or prophylactic vaccines or medications. This bill now would: (1) change the Board's proposed definition of "client" and would make it difficult for veterinarians to determine who is the client and make it difficult for the Board to enforce; (2) create a strange provision for supervision in a hybrid situation where the supervisor could be physically present at the location or the supervisor is in the general vicinity, which would create confusion with CCR, title 16, 2034, subsection (e); (3) authorize an RVT to act as an agent for the veterinarian to also establish a VCPR to control bacteria; (4) remove the client disclosure requirement the Board felt was important; and (5) include the provision on veterinarian prescription of a drug for a duration not longer than one year from the date the veterinarian examined the patient, which was part of the Board's regulatory proposal, but does not make sense in the context of the bill. Ms. Sieferman and Ms. Welch responded to Board questions.

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

- [Dr. Miller](#) stated the bill had changed a few days prior to this Board meeting. He informed the Board that CVMA had a support letter prepared for this bill, but the support letter was based on the version of the bill that preceded the current version of the bill. He explained the bill provides a number of great advantages. He stated the author is excellent and very receptive to working with stakeholders on this bill. He stated the stakeholders include CaRVTA, CVMA, the shelters, and Pharma. He added there were a number of people who weighed in and that he received word from the author's office that the inclusion of viruses and bacteria was an oversight. He stated the author will absolutely remove that [language]. Unfortunately, the bill in print is the bill in print and that is what the Board has to look at today, but he told the Board that officially, the author said they would take it out. It was not meant for sick animals; it was meant to be well animal care as originally intended. He also stated that a number of the folks working on this bill have anticipated the concerns that Ms. Welch illuminated. He noted that CVMA is working on bill language to address all of those issues; it is just unfortunate timing that the Board was presented with this version of the bill versus what might be because the hearing for this bill is on [April 24, 2023]. He hoped to be at the hearing for the CVMA to testify in support of the bill, and it was highly likely

CVMA would because of the conversations with the author's office in which they indicated that they were receptive to making extensive changes to the bill. He could not state much more because CVMA did not know where they were going to end up, but he had a great deal of faith in this author's office to move in a direction that was appropriate for the intended concept that originally came from the Board in relation to access to care. He concluded by stating the author was very open and willing to work with stakeholders. He offered to answer any Board questions.

[Dr. Grant](#) asked Dr. Miller what would be the definition of an agent and how it would work.

- [Dr. Miller](#) provided a brief history in relation to the original intent of the bill. He stated the concept was if the [person presenting the animal] is in a registered veterinary premises under direct veterinarian supervision, meaning that the veterinarian is present, that they can forego their own in-person exam of the animal, but create a protocol in which the RVT would collect data on their behalf for the sole purposes of either administering vaccinations or providing preventative procedures for parasite control. In essence, it was looking at well animal care; the concept is that if a veterinarian created a protocol that stated the RVT needed to gather this historical data, physical exam data, and if all items are checked, then the RVT could proceed with administering the vaccines and the parasite control. He stated the concept is that for the specific purpose of those things, direct supervision could be construed to mean something done pursuant to this written protocol, but only for those narrow well animal care tasks and only pursuant to a written protocol that are agreed upon and then subsequent to the extensive disclosures that we discussed relating to the RVT identifying themselves to the public, the public being sure that they understand that is what is happening, and then the agreement only lasts provided both the veterinarian and the RVT are still working together; if not, then they have to terminate that.

[Dr. Grant](#) asked Dr. Miller if an agent could represent both the veterinarian and the owner.

- [Dr. Miller](#) responded that currently there is no definition of client. He stated when there is discussion about the VCPR, it is not the "veterinarian-owner-patient relationship," it is the veterinarian-client-patient relationship. He added, there is no official definition in the law to what constitutes a "client." However, he stated in [CCR, title 16, section] 2032.1, it is implied that the client is the person who presents the animal to the veterinarian for care and with whom the veterinarian communicates about a course of action for a given condition that the veterinarian has diagnosed and wants to treat. He stated a client can have an agent, and he provided an example. He stated there is nothing expressly written in the law that defines what that is, but it is an organic natural thing that occurs every day. He claimed there has never been anything in the law that would allow an agent for a veterinarian in

establishing the VCPR. This would be the first of its kind in the nation that he was aware of.

[Dr. Grant](#) stated he was thinking of a large horse practice where the veterinarians often rely on what the groomer or the assistant trainer said, [such as] all the temperatures are normal this morning. He added that person is representing the client essentially. He asked if that was correct.

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

[Ms. Siefertman](#) clarified for the purposes of this bill, when it discusses “agent,” it is the RVT acting as the agent of the veterinarian, not the client.

- [Dr. Miller](#) responded that is correct.

[Ms. Welch](#) stated she understood Dr. Grant’s question to be could one person act as the agent of the veterinarian and the client. She did not believe that they could because under the [California] Veterinary Medicine Practice Act (Practice Act), there are provisions that exempt from the Practice Act, performing veterinary services on an animal owned by a person, but those services are provided without [a] fee. She stated there is the owner and then a person performing services for free for the owner, so in this scenario there would be a substitute for the person providing services, but there is no provision for a substitute for the owner. She stated there is the issue of documentation problems with “who is the owner.”

[Ms. Bowler](#) asked if it was CVMA’s plan to support if amended to remove some of the issues that came up with the most recent package of amendments.

- [Dr. Miller](#) responded CVMA would very much like to submit its support letter on this bill because it is very confident that the author will take the corrections that it pointed out, which are very similar to Ms. Welch’s analysis. He stated while the bill is in the form that it is in now, and it will unlikely be able to be amended prior to the Committee meeting, CVMA would still like to testify in support to just signal that it is working with the author. He thought that they have worked through a number of these issues in the bill.

[Ms. Bowler](#) stated she went through the packet and went support on this one, until the amendment. She inquired about the “client” and “owner” definitions and the Board had discussed and if it was a bill CVMA was trying to get implemented in this bill.

- [Dr. Miller](#) responded CVMA was not the bill sponsor, so he could not speak with any authority, but as a supporter of the bill, it would be CVMA’s preference just to remove all those definitions. He stated all the definitions that were in the bill were there originally as part of the CVMA’s original complete package that was “a” to “z” meant to be a legislative package that would address a number of issues. He added that because the bill was

amended to remove some of that package, it resulted in it being fragmented in a way that really did not make a lot of sense to some of the other stakeholders. He stated while he could not speak for the author or sponsor of the bill, CVMA, as a supporter, believed that removing the definitions altogether would be better at this point, because they are somewhat tangential to what this bill is trying to do. The language was intended to be there for another purpose, but the bill has been altered since then.

[Ms. Bowler](#) responded so that would apply to the direct supervision change that Ms. Welch was speaking to as well.

- [Dr. Miller](#) responded correct. He stated the Board is in a difficult spot. He requested a representative of the Board in the room on Monday[, April 24, 2023] either way, to just signal that the Board would like to work with the author on the bill whether it is opposed unless amended or support if amended. He felt that would be ideal if it could have the Board's involvement.
- [Ms. Ehrlich](#) commented about the concerns of the legal counsel. She stated eliminating the client having to fill out a form stating that they know that this is an RVT and that they are accepting the service is really totally ridiculous for a couple of reasons. She stated when they are making the appointment, the client is the one who is going to choose whether or not they want to see an RVT or a veterinarian. She claimed they are going to know that they have an appointment with an RVT. She stated then when they come into the exam room, the RVT is going to be wearing a name in 18 point type with their name, the fact that they are an RVT, and their license number on it, so there is no confusion. She stated she did this very thing about 30 years ago when there was a different definition of VCPR when it was assumed that it was okay as long as the veterinarian had examined the animal within the previous year. She added, the clients were extremely happy with the service for several reasons: (1) it cost less; (2) they waited a lot less time to see her than they did for the veterinarian; and (3) they almost all said that she did a better job than the veterinarian—that she spent more time and answered more questions because for her, it was a high-end task. She claimed for veterinarians, vaccinations are the lowest tasks they have and they are bored with these appointments. She encouraged the Board to support this bill with reasonable amendments, but asking the client to fill out a form stating they know they are dealing with an RVT is really quite offensive to the RVT community. She asked if anyone has ever walked into a [human] doctor's office and filled out a form stating that it is okay for a [Registered Nurse] RN to treat them. She asked the Board to think about it.

[Ms. Loreda](#) appreciated public comment and discussing the Board's options before it made a motion. Ms. Loreda noted the responsibilities of an RVT, including the RVT's level of education and or experience.

Ms. Loreda, Dr. Noland, and Ms. Bowler supported the bill, but with amendments. Dr. Noland noted she supported previous wording in the bill.

The following motion was made; however, there was no second on the motion:

- [Motion](#): Kathy Bowler moved to support if amended to return the language to its original form in Business and Professions Code section 4826.6 and to remove all the new definitions.

[Dr. Noland](#) inquired about the form Ms. Welch brought up. She was unable to find any verbiage that talks about it.

[Ms. Welch](#) responded in the board regulatory proposal it approved in January [2023], the provisions included a form signed by the veterinarian and the RVT that they were agreeing that the veterinarian was still assuming the risk of all “x” by the RVT to the examination. The veterinarian was authorizing the RVT to act as the veterinarian’s agent—that would be in the [animal patient’s] file, but that was struck by this [version].

- [Dr. Miller](#) read the proposed language from the Board’s original package, “the registered veterinary technician shall obtain the oral or written authorization from the client before proceeding with the registered veterinary technician’s examination of the animal patient and administration of specified vaccines or medications. The client authorization shall be recorded by the registered veterinary technician in the animal patient’s medical record.” He stated there is the possibility of either oral authorization, which the RVT writes in the record or the client just signs a document acknowledging that this is an RVT appointment and that goes in the [animal patient’s] record.

[Ms. Welch](#) stated it is about acknowledging that the RVT is acting as the veterinarian’s agent. She noted it is not about the preference of an RVT to give an explanation; it is about the contractual requirement under federal law and California law and properly establishing this agency for consumer protection purposes. She added if something goes wrong, the consumer can trace it back and the Board can properly enforce the procedures are being met. Those were the intentions behind the disclosure of the RVT to the consumer and receiving oral or written consent by the client for the RVT to act as the agent of the veterinarian because the client in these scenarios is no longer going to be having a direct conversation with the veterinarian unless they have questions. She stated this [bill] proposes that the RVT is examining the animal, documenting the veterinarians reviewing just the documentation, and authorizing administration.

[Ms. Sieferman](#) noted Ms. Bowler’s motion to support if amended. She asked if reverting the language back to the March 21, 2023 version and removing the definitions would that address the concerns raised.

- [Dr. Miller](#) responded it is insufficient to address them.

[Dr. Bradbury](#) expressed her concerns on the wording of the motion based on the prior discussion.

- [Dr. Miller](#) responded he thought that the current version of the bill would address the majority of the concerns. He stated the hearing is at 10:30 [April 24, 2023] and the section that the Board is concerned about relating to the disclosures has also drawn the concern of other stakeholders. He noted the author's office is aware of that and is very sensitive to the fact that others out there also have a worry about striking that. He stated CVMA is anticipating supporting this bill. It would very much like to get the support letter in on the bill, and they are waiting to hear from the author's office on whether or not they can get a little bit further with the wording. He believed they were going to do that, but he noted it is very difficult for the Board at this point to get there too because it is looking at what it is looking at and that is just difficult; it is just timing. He thought if somebody is representing the Board at that meeting, the hearing on Monday, [April 24, 2023], and is willing to come to the table to discuss the changes, is the most important part. Whether the position is positive or negative, he thought it is most important that the Board is just present and is able to convey some of the expertise because this is a concept that was really hatched largely in a collaborative effort between CVMA and the Board. He thought that experts needed to be present in the future conversations on the bill.

[Dr. Grant](#) asked who was the driving [force]. He inquired if it was the client's expectation that the visit could be more efficient, and they would not be charged as much for an office visit as when a veterinarian saw the [animal patient].

- [Dr. Miller](#) responded the bill was driven by access to veterinary care. He stated the Access to Veterinary Care Coalition, which is based at the University of Tennessee [Knoxville], did a very extensive survey that showed that one out of every four pet owning households cannot afford even basic veterinary care, which was confined to vaccinations, parasite control, emergency animal care, and sick animal care. He stated it was largely rooted in social service challenges. It is really something that people like Dr. Solacito have a lot of experience in trying to manage this segment of the community, but what was found in the veterinary community is that there were some things that it could do to streamline the ability for people to have access veterinary care. He continued that if the problem was largely financial, then the number of veterinarians is actually less important because there could be a veterinarian on every corner, but if one out of every four [clients] could not afford to walk-in, then there was no use of that. He stated, research was conducted to show that RVTs in their [Committee on Veterinary Technician Education and Activities] CVTEA approved curriculum, which is a standardized licensing curriculum, have knowledge in the administration and handling of vaccinations, the diseases that those vaccinations are intended to treat, the identification of parasites, the ability to handle it administer parasite, and anti-parasite medication. He stated it is taught to all of them, so it is within their licensure or continuing education to

be able to do that. He stated CVMA also did surveys of practices in California to show that when they offered what are called “tech appointments” to allow RVTs to give vaccinations to animals, the costs of those appointments were far lower than the cost of one with a veterinarian. He believed the average [cost of a] veterinarian appointment was around \$170 for a canine temporary rabies vaccine; the same appointment, if offered through a [registered veterinary] technician, averaged around \$57. He noted it shows that veterinarians will pass along the cost savings to their clients if they can find cost savings in providing the care. He stated that is what was the idea of expanding what the RVT would do in practice, which is well within the scope of their licensure and their education, to expand what they are doing so that they are running an examination on well animal care, which frees up veterinarians to work in a different exam room on sick animal care. This was the general concept of it. He added, it started in regulations, which were very complex and a tremendous number of hours were spent on behalf of Ms. Welch and Karen Halbo, who was the Board’s past regulatory council, and the idea was well received by the Board, CVMA, and by CaRVTA. He stated it caught the attention of the Senator, who thought it was a great idea, and the Senator chose to run it as a statute, which basically fast forwards the process. He noted, a regulatory package takes three to six years to pass. Legislation is every year; it starts in February ends in October, so there is a much faster progression. He noted the challenge is situations where there is a bill that has a lot of technical language and then it can suddenly be changed.

Ms. Bowler’s motion was never seconded, so it was rescinded. The following motion was made:

- [Motion](#): Jennifer Loreda, RVT, moved and Dianne Prado, seconded a motion to support, if amended to resolve the Board’s concerns.

After discussion, the motion was amended as follows:

- [Motion](#): Jennifer Loreda, RVT, moved and Dianne Prado, seconded a motion to support, if amended, to resolve the Board’s concerns and delegate authority to the Executive Committee and the Executive Officer to work with stakeholders to work on the concerns.

After further discussion, the motion was amended as follows:

- [Motion](#): Jennifer Loreda, RVT, moved and Dianne Prado, seconded a motion to support, if amended to resolve the Board’s concerns and delegate authority to the Executive Committee and the Executive Officer to work with stakeholders to resolve the Board’s concerns.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. The following public comment was made on the motion:



- [Ms. Ehrlich](#) commented on what Ms. Loredo stated earlier about her concerns about the RVT's level of skills. She stated that all eligibility categories have been determined to be equivalent, so no matter what category someone used to be eligible to take the exam, they were considered to be equivalent. She stated doing this job, vaccinating animals for the veterinarian is no different than any other job tasks that a veterinarian assigns to an RVT. In [CCR title 16, section] 2035(a), it states "the supervising veterinarian shall be responsible for determining the competency of the RVT, permit holder, or a veterinary assistant to perform allowable animal health care tasks." She added it is the supervising veterinarian's responsibility to make sure that whatever RVT they assigned to do this job is competent to do; it is the same as every other task that they is assigned to an RVT. She did not think that there is any reason to be concerned about the level of skills. She stated earlier, 30 years ago, she used to do this. She tried to get other RVTs in the practice to do it, and they would not do it because they were not comfortable dealing with clients directly like this. She stated it is not just the veterinarian, but the RVT themselves who are going to be singling themselves out to decide who is qualified to do this.

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

- [Vote](#): The motion was 3-5. Christina Bradbury, DVM, Kathy Bowler, Barrie Grant, DVM, Jaymie Noland, DVM, and Maria Preciosa S. Solacito, DVM, opposed the motion.

Dr. Bradbury requested another motion. The following motion was made:

- [Motion](#): Kathy Bowler moved and Maria Preciosa S. Solacito, DVM, seconded a motion to oppose unless amended to resolve the Board's concerns, which include the bill's definitions of client and direct supervision, the supervision provisions in BPC section 4826.6, subdivision (b), regarding the VCPR, and inclusion of treatment for viruses and bacteria, and delegate to the Executive Committee and Executive Officer authority to engage in conversations with the author's office and stakeholders to resolve the Board's concerns.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 6-2. Ms. Loredo and Ms. Prado opposed the motion.

### **Webcast Links:**

Agenda Items 8.A.(6)–8.B., 11., 12., and 15.–24. (<https://youtu.be/Rer-TeGG5TM>)

**(6) †\*[SB 887](#) (Committee on Business, Professions and Economic Development, 2023) Consumer affairs**

[Meeting Materials](#)

Webcast: [00:00:40](#)

Ms. Sieferman presented this item.

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

- [Motion](#): Kathy Bowler moved and Maria Preciosa S. Solacito, DVM, seconded a motion to support the bill.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 8-0.

**(7) †\*Potential Legislative Proposal to Amend BPC Section 4853 Regarding Registration of Mobile Units or Vehicles.**

[Meeting Materials](#)

Webcast: [00:02:50](#)

Ms. Sieferman presented this item and the meeting materials.

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

- [Motion](#): Christina Bradbury, DVM, moved and Barrie Grant, DVM, seconded a motion to support the proposal to amend BPC section 4853 regarding registration of mobile units or vehicles.

Ms. Welch suggested friendly amendments. The motion was amended as follows:

- [Motion](#): Christina Bradbury, DVM, moved and Barrie Grant, DVM, seconded a motion to approve submission of the legislative proposal to the California State Legislature to amend Business and Professions Code section 4853 as recommended by Board staff in the attached legislative proposal.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 8-0.

## **B. †Other Board-Monitored Legislation**

### **(1) †[AB 557](#) (Hart, 2023) Open meetings: local agencies: teleconferences**

[Meeting Materials](#)

This item was not discussed.

### **(2) †[AB 883](#) (Mathis, 2023) Business licenses: United States Department of Defense SkillBridge program**

[Meeting Materials](#)

This item was not discussed.

### **(3) †[AB 996](#) (Low, 2023) Department of Consumer Affairs: continuing education: conflict-of-interest policy**

[Meeting Materials](#)

Webcast: [00:06:43](#)

Ms. Sieferman noted the Board is monitoring this bill, and she answered the Board's questions.

### **(4) †[AB 1237](#) (Petrie-Norris, 2023) Student financial aid: California Public Interest Veterinary Debt Relief Program**

[Meeting Materials](#)

Webcast: [00:11:34](#)

Ms. Prado was excited about this bill to support students.

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

- [Motion](#): Dianne Prado moved and Jaymie Noland, DVM, seconded a motion to support AB 1237.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 8-0.

**(5) †[SB 259](#) (Seyarto, 2023) Reports submitted to legislative committees**

[Meeting Materials](#)

This item was not discussed.

**(6) †[SB 279](#) (Niello, 2023) Administrative regulations: public participation: comment process**

[Meeting Materials](#)

This item was not discussed.

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

[Meeting Materials](#)

Webcast: [00:09:29](#)

Ms. Siefertman presented this item, and the concerns over changes to BPC section 27 impacting home addresses.

[Dr. Bradbury](#) requested public comment on agenda item 8.B. There were no public comments made on any of the items under agenda 8.B.

\*Agenda items for this meeting were taken out of order, and the Board moved to [Agenda Items 8](#) through 12, 18.A. through C., and 20 through 26. The order of business conducted herein follows the publicly noticed Board meeting Agenda.

**9. \*Update, Discussion, and Possible Action on Pending Regulations**

**A. Status on Pending Regulations**

[Meeting Materials](#)

Webcast: [02:03:08](#)

Jeffrey Olguin presented a status update on pending regulations.

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

**B. Rulemaking Proposal to Amend CCR, Title 16, Section 2068.5 Regarding RVT Practical Experience and Education as Equivalent Curriculum**

[Meeting Materials](#)

Webcast: [02:08:50](#)

Jeffrey Olguin presented this item and the meeting materials. He reported that this proposal was initially approved in July 2020 and then the Multidisciplinary Advisory Committee (MDC) did review it again in July 2022 and made additional recommendations. The Board later approved this proposal in October 2022. However, upon review, DCA Legal did have two minor changes that they were recommending that the Board consider for approval which are notated in the meeting materials (page 3 of the PDF). Those changes would remove the July 1, 2024 sunset provision as unnecessary and, in addition there is a proposed change to remove the “cap” in subsection (a) (removal of the word “total” to replace with the word “minimum” number of 20 semester units, 30 quarter units, or 300 hours of instruction), which would allow the educational programs more leniency to further develop their programs (by not limiting the programs to a total cap on how many units the program contains).

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

- [Motion](#): Kathy Bowler moved and Christina Bradbury, DVM, seconded a motion to rescind the Board’s prior October 19, 2022 motion approving proposed amendments to Section 2068.5 and approve the proposed regulatory text for Section 2068.5 as set forth in Attachment No. 2. Direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as described in the text notice for 16 CCR section 2068.5.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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

- [Vote](#): The motion carried 8-0.

\*Agenda items for this meeting were taken out of order, and the Board moved to [Agenda Items 8.A](#). The order of business conducted herein follows the publicly noticed Board meeting Agenda.

## 10. Student Liaison Reports

### A. \*University of California, Davis Liaison – *Amanda Ayers*

Webcast: [01:58:35](#)

Ms. Ayers introduced Holly Masterson as the new student liaison for UC, Davis. Ms. Ayers provided the UC, Davis liaison report and answered questions. Ms. Ayers updated the Board that UC, Davis was approved to host the 2025 Student American Veterinary Medical Association (SAVMA) Symposium. Ms. Ayers provided results of a survey regarding student interest in equine and livestock practice. She also noted that SAVMA student members were participating in lobbying efforts on federal legislation, including a bill that would classify xylazine as a Schedule III controlled substance.

**B. \*Western University of Health Sciences Liaison – Alexandra Ponkey**

Webcast: [01:42:45](#)

Ms. Ponkey provided the Western University of Health Sciences liaison report and answered questions.

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

Dr. Bradbury presented Certificates of Appreciation to both Ms. Ayers and Ms. Kristina Junghans, the former Western University of Health Sciences student liaison.

\*Agenda items for this meeting were taken out of order, and the Board moved to [Agenda Item 5.C](#). The order of business conducted herein follows the publicly noticed Board meeting Agenda.

†Due to time constraints, agenda items 11 and 12 were moved to Thursday, April 20, 2023. The order of business conducted herein follows the publicly noticed Board meeting agenda.

**Webcast Links:**

Agenda Items 8.A.6.–8.B., 11., 12., and 15.–24. (<https://youtu.be/Rer-TeGG5TM>)

**11. †Board President Report – Christina Bradbury, DVM**

Webcast: [00:14:37](#)

Dr. Bradbury provided the Board President Report and answered questions regarding the report. She noted the passing of Dr. Lane Johnson and noted all the years of service he served for California and the WEC. She also presented his family with an award for all of his years of service. She also welcomed Dr. Grant to the Board. She thanked both Ms. Bowler and Ms. Loreda for their service to the Board and presented them with awards for their service.

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

## **12. †Registered Veterinary Technician Report – Jennifer Loredo, RVT**

Webcast: [00:26:35](#)

Ms. Loredo provided the Registered Veterinary Technician Report and addressed questions regarding the report.

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

- [Ms. Ehrlich](#), on behalf of CaRVTA, thanked Ms. Loredo for her outstanding service. She stated Ms. Loredo put in so many hours on behalf of all of RVTs, and they were really appreciative of all the time that she had put in.

## **13. Recess until April 20, 2023 at 9:00 a.m.**

The meeting was recessed at 4:50 p.m.

**9:00 a.m., Thursday, April 20, 2023**

**Webcast Links:**

Agenda Items 3., 8.A.2. through 8.A.5., and 15. (<https://youtu.be/JxBP2C1EobA>)  
Agenda Items 8.A.6. through 8.B., 11., 12., and 16. through 24.  
(<https://youtu.be/Rer-TeGG5TM>)

**14. Reconvene – Establishment of a Quorum**

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

Board President, Christina Bradbury, DVM, called the meeting to order at 9:00 a.m. Executive Officer, Jessica Siefertman, called roll; seven members of the Board were present, and a quorum was established. Dianne Prado was absent at the time of roll call.

Members Present

Christina Bradbury, DVM, President  
Maria Preciosa S. Solacito, DVM, Vice President  
Kathy Bowler  
Barrie Grant, DVM  
Jennifer Loreda, RVT  
Jaymie Noland, DVM  
Dianne Prado (arrived at 9:08 a.m.)  
Maria Salazar Sperber

Student Liaisons Present

Alexandra Ponkey, Western University of Health Sciences

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  
Rachel Adversalo, Enforcement Analyst  
Melissa Caudillo, Enforcement Analyst  
Nellie Forget, Enforcement Analyst  
Marlene Gonzalez, Examinations/Licensing Technician  
Kimberly Gorski, Senior Enforcement Analyst  
Brett Jarvis, Enforcement Analyst  
Amber Kruse, Senior Enforcement Analyst (Hospital Inspection)  
Rachel McKowen, Enforcement Technician  
Jeffrey Olguin, Lead Administrative & Policy Analyst



Robert Rouch, Enforcement Analyst  
Bryce Salasky, Enforcement Analyst  
Kenny Seunarine, Enforcement Technician  
Jeffrey Weiler, Senior Enforcement Analyst (Probation Monitor)  
Tara Welch, Board Counsel, Attorney IV, DCA, Legal Affairs Division

Guests Present

Al Aldrete, DVM  
Lori Aldrete  
Dan Baxter, CVMA  
Brittany Benesi, ASPCA  
Carolyn Baiz-Chen, California Department of Food and Agriculture (CDFA)  
Elizabeth Coronel, DCA, Moderator  
Mark Cushing  
Nancy Ehrlich, RVT, CaRVTA  
Ann Fisher, DCA, Moderator  
Audrey Gillespie  
Megan Harmon, CDFA  
Grant Miller, DVM, CVMA  
Karen Munoz, Manager, DCA, Budget Office  
Katie Murray, CDFA  
Mark Nunez, DVM  
Amy Rice, RVT  
Angelique Reynoso, ASPCA  
Barbara Schmitz, SF SPCA  
Marissa Silva, CDFA  
Charles vanGuard

**15. Update, Discussion, and Possible Action on National Association Involvement  
– *Kathy Bowler***

**A. American Association of Veterinary State Boards (AAVSB) Overview**

Webcast: [00:02:15](#)

Ms. Bowler and Mark Nunez, DVM, presented updates from AAVSB and answered questions regarding the agenda item.

**B. AAVSB Policy and Regulatory Task Force**

Webcast: [00:09:03](#)

Mark Nunez, DVM, presented updates from AAVSB and answered questions regarding the agenda item.

**C. AAVSB Call for Nominations**

[Meeting Materials](#)

Webcast: [00:17:25](#)

Mark Nunez, DVM, presented updates from AAVSB and answered questions regarding the agenda item.

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

- [Motion](#): Kathy Bowler moved and Christina Bradbury, DVM, seconded a motion that the California Veterinary [Medical] Board nominate Mark Nunez, DVM, for re-election to the AAVSB Board of Directors at the election coming this September.

[Dr. Bradbury](#) requested public comment before the Board acted on the motion. The following public comment was made on the motion:

- [Dr. Miller](#) inquired if in the nomination process for this particular association, would it improved Dr. Nunez's chances if CVMA were to write him an endorsement letter because it would be willing to do so if needed.

[Dr. Nunez](#) responded he would be honored to have a letter from CVMA that he could include in the application nomination package.

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

- [Vote](#): The motion carried 8-0.

#### **D. International Council for Veterinary Assessment (ICVA)**

Ms. Bowler presented updates from the AAVSB and answered questions regarding the agenda item.

#### **Webcast Links:**

Agenda Items 16.–24. (<https://youtu.be/Rer-TeGG5TM>)

### **16. Executive Management Reports**

#### **A. Administration**

[Meeting Materials](#)

Webcast: [00:36:55](#)

Timothy Rodda provided the updates on the Administration Report, excluding the budget section.

[Karen Munoz](#) provided an update regarding the latest Expenditure Projection Report and Fund Condition Statement.

Mr. Rodda, Ms. Munoz, and Ms. Siefertman addressed questions regarding the report.

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

## **B. Examination/Licensing**

[Meeting Materials](#)

Webcast: [00:49:46](#)

Mr. Rodda presented the Examination/Licensing Report. Mr. Rodda addressed questions regarding the report.

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

## **C. Enforcement**

[Meeting Materials](#)

Webcast: [00:58:29](#)

Matt McKinney, Patty Rodriguez, and Rob Stephanopoulos presented the Enforcement Report. Mr. McKinney, Ms. Rodriguez, Ms. Siefertman, and Mr. Stephanopoulos addressed questions regarding the report.

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

## **D. Outreach**

[Meeting Materials](#)

Webcast: [01:30:06](#)

Mr. Olguin presented the Outreach Report. Mr. Olguin, Dr. Grant, and Ms. Welch answered questions relating to the Outreach Report.

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

## **E. Strategic Plan**

[Meeting Materials](#)

Webcast: [01:40:32](#)

Ms. Sieferman presented and answered questions relating to the Strategic Plan. Ms. Sieferman noted the Board would hold the 2023 Strategic Plan meeting in October.

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

## 17. Future Agenda Items and Next Meeting Dates

Webcast: [01:43:46](#)

Ms. Sieferman presented and answered questions relating to the future agenda items and next meeting dates. The future Board meeting dates are as follows:

- July 19-20, 2023
- October 18-19, 2023

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

## 18. Recess Open Session

Open Session was not recessed for Closed Session.

## 19. Convene Closed Session

Closed Session was not convened.

## 20. Pursuant to [Government Code Section 11126](#)(e)(1) and (2)(A), the Board Will Meet in Closed Session to Confer and Receive Advice From Legal Counsel Regarding the Following Matter: *San Francisco Society for the Prevention of Cruelty to Animals, et al. v. Jessica Sieferman*, United States District Court, Case No. 2:21-cv-00786-TLN-KJN

Closed Session was not held, so this item was not discussed.

## 21. Pursuant to [Government Code Section 11126](#)(c)(3), the Board Will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including the Above-Identified Petition and Stipulations and Proposed Decisions

Closed Session was not held, so this item was not discussed.

## 22. Adjourn Closed Session

Closed Session was not convened.

## 23. Reconvene Open Session

Closed Session was not convened, so Open Session continued.

**24. Adjournment – Meeting Adjournment May Not Be Webcast If It Is the Only Item That Occurs after Closed Session**

The meeting was adjourned at 2:47 p.m.