STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Veterinary Medical Board
1747 N. Market Blvd., Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

MEETING AGENDA

Veterinary Medical Board
1747 N. Market Blvd. - Hearing Room
Sacramento, California
April 28-29, 2015

9:00 a.m. Tuesday, April 28, 2015

1. Call to Order - Establishment of a Quorum
2. Introductions
3. Approval of November 20, 2014, January 20-21, 2015, and March 19, 2015 Meeting Minutes
4. Proposed Regulations
   A. Status of Pending Regulations
   B. Review and Approval of Updates to Disciplinary Guidelines
   C. Review and Approval of Proposed Veterinary Assistant Controlled Substances Permit Language
   D. Review and Discuss Minimum Standards
   E. Review Board Approved Language for Animal Rehabilitation and Discuss Justification for Rulemaking Documents.
5. Review Board Strategic Plan 2015-2019
6. Review and Discuss Sunset Review Issues
7. Overview and Discussion Regarding the Board's Diversion Program – Stephanie Trumm, MAXIMUS – 10:00 a.m.
8. 2015 Legislation Report and Consider Legislative Proposals
   A. AB 12 (Cooley) State government: administrative regulations: review
   B. AB 85 (Wilk) Open meetings
   C. AB 611 (Dahle) Controlled substances: prescriptions: reporting
   D. AB 750 (Low) Business and professions: licenses
   E. AB 1060 (Bonilla) Professions and vocations: licensure
   F. AB 483 (Patterson) Healing arts: initial license fees: proration
   G. AB 49 (Mullin) Livestock drugs: antibiotics
   H. AB 316 (Maienschein) Veterinarians
   I. SB 27 (Hill) Livestock: use of antibiotics
   J. Consider Multidisciplinary Advisory Committee's Recommended Statutory Addition to Address Drug Compounding by Veterinarians
9. Board Chair Report – Dr. Mark Nunez
10. Multidisciplinary Advisory Committee Report – Dr. William Grant
    A. Candidate Interviews and Appointments to Multidisciplinary Advisory Committee – 1:00 p.m.
11. Executive Officer & Staff Reports
    A. Administrative/Budget
    B. Enforcement
    C. Licensing/Examination

12. Public Comment on Items Not on the Agenda
    Note: The board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125, 11125.7(a)).

13. Agenda Items and Next Meeting Dates –July 21-22, 2015; October 20-21, 2015
    A. Agenda Items for Next Meeting
    B. Multidisciplinary Advisory Committee Meetings – July 20, 2015, October 22, 2015

14. Recess

9:00 a.m. Wednesday, April 29, 2015

15. Call to Order - Establishment of a Quorum

16. Introductions

17. Petition for Penalty Modification – Dr. Corea Kiejoon Choi, VET 12070

CLOSED SESSION

18. The Board will meet in closed session (pursuant to Government Code Section 11126(c)(3)) to discuss and vote on this matter and other disciplinary matters including stipulations and proposed decisions.

19. The Board will meet in closed session (pursuant to Government Code Section 11126(a)(1)) to update and discuss the Executive Officer Evaluation.

OPEN SESSION

Continuation of agenda items from April 28, 2015.

20. Adjourn

This agenda can be found on the Veterinary Medical Board website at www.vmb.ca.gov. Times stated are approximate and subject to change. This meeting will conform to the Open Meeting Act. Agenda discussions and report items are subject to action being taken on them during the meeting by the Board at its discretion. The Board provides the public the opportunity at meetings to address each agenda item during the Board's discussion or consideration of the item. Total time allocated for public comment may be limited.

The Board plans to webcast items 1-17 at this meeting on its website at www.vmb.ca.gov. Webcast availability cannot, however, be guaranteed due to limitations on resources or technical difficulties that may arise. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at a physical location.

The meeting locations are accessible to the physically disabled. Other disability-related accommodations or modifications can be provided upon request. Please make your request for disability-related accommodations by contacting the Board at (916) 515-5220 or sending a written request to 1747 N. Market St., Suite 230, Sacramento, CA 95834. Provide at least five (5) business days' notice prior to the meeting to help ensure availability of requested accommodations.

MISSION

The mission of the Veterinary Medical Board is to protect consumers and animals by regulating licensees, promoting professional standards and diligent enforcement of the practice of veterinary medicine.

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BOARD MEETING MINUTES

Veterinary Medical Board
1747 N. Market Blvd. - Sapphire Room
Sacramento, California

Thursday, November 20, 2014 – 9:30 a.m.

I. Call to Order - Establishment of a Quorum

Dr. Tom Kendall called the Veterinary Medical Board (Board) meeting to order at 9:30 a.m. Annemarie Del Mugnaio, Executive Officer, called roll; seven members of the Board were present and thus a quorum was established.

II. Introductions

Board Members Present
Tom Kendall, DVM, President
Mark Nunez, DVM
Richard Sullivan, DVM
Cheryl Waterhouse, DVM
Jennifer Loredo, RVT
Kathy Bowler, Public Member
Judie Mancuso, Public Member

Staff Present
Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board
Rebecca Bon, Legal Counsel
Ethan Mathes, Administrative Program Manager
Candace Raney, Enforcement Program Manager
Jacqueline French, Administrative Program Analyst

CLOSED SESSION

III. The Board will meet in closed session (pursuant to Government Code Section 11126(c)(3)) to discuss and vote on this matter and other disciplinary matters including stipulations and proposed decisions.

AV 2014 13
The Board adopted the stipulated settlement.

AV 2012 50
The Board adopted the stipulated settlement.

IA 2013 26
The Board adopted the stipulated settlement.

AV 2012 33
The Board adopted the stipulated settlement.

AA 2014 18
The Board adopted the default decision.

OPEN SESSION

IV. Comments from Public/Outside Agencies/Associations

There were no comments from Public/Outside Agencies/Associations.

V. Adjourn

The meeting adjourned at 12:15 p.m.

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MEETING MINUTES

Veterinary Medical Board
Sacramento, California
January 20-21, 2015

9:00 a.m. Tuesday, January 20, 2015

I. Call to Order - Establishment of a Quorum

Dr. Mark Nunez called the Veterinary Medical Board (Board) meeting to order at 9:10 a.m. Annemarie Del Mugnaio, Executive Officer, called roll; seven members of the Board were present and thus a quorum was established. Dr. Nunez also presented a plaque in honor of former President, Dr. Tom Kendall, for his service on the board.

Board Members Present
Mark Nunez, DVM, President
Cheryl Waterhouse, DVM, Vice President
Richard Sullivan, DVM
Jennifer Loredo, RVT
Kathy Bowler, Public Member
Elsa Florez, Public Member
Judie Mancuso, Public Member

Staff Present
Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board
Rebecca Bon, Legal Counsel
Diann Sokoloff, SDAG, Board Liaison
Ethan Mathes, Administrative Program Manager
Candace Raney, Enforcement Program Manager
Nina Galang, Administrative Program Coordinator
Matt Nishimine, DCA Budget Analyst
Bryce Penney, DCA Web Cast
Cesar Victoria, DCA Television Specialist

Guests Present
Rick Arthur, California University of Davis-School of Veterinary Medicine/California Horse Racing Board
Jeff Backus, RVT, California Registered Veterinary Technician Association
Rick Baedeker, California Horse Racing Board
Nancy Bassali, Center for Public Interest Law, University of San Diego Law School
Steve Blackledge, California Public Interest Research Group
Stacy DeFoe, California Physical Therapy Association
Nancy Ehrlich, RVT, California Registered Veterinary Technician Association
Valerie Fenstermaker, California Veterinary Medical Association
William A. Grant II, DVM, Multidisciplinary Advisory Committee
Kristen Hagler, RVT, Proposed Academy of Physical Rehabilitation Veterinary Technicians
Liz Hughston, RVT, California Registered Veterinary Technician Association
Leslie Lopez, Business, Consumer Services and Housing Agency
Bob Miller, California Horse Racing Board
Grant Miller, California Veterinary Medical Association
Cindy Savely, RVT, Sacramento Valley Veterinary Technician Association
Marshall Scott, California Veterinary Medical Association

Dan Segna, DVM, California Veterinary Medical Association
Don Shields, DVM
Erin Troy, DVM
Jessica Waldman, DVM, California Animal Rehabilitation
Dayna Wiedenkeller, California Veterinary Medical Association

II. Introductions

III. Approval of October 21-22, 2014 Meeting Minutes

- Dr. Richard Sullivan motioned and Dr. Cheryl Waterhouse seconded the motion to approve the October 21-22, 2014 meeting minutes as amended. The motion carried 7-0.

IV. Proposed Regulations

A. Status of Pending Regulations

B. Review and Possible Approval of Amendments to Pet Lovers License Plate Regulations

Dr. Mark Nunez stated that the Pet Lovers License Plate regulations were disapproved by the Office of Administrative Law (OAL) in December 2014. Ms. Del Mugnaio and staff are working to address OAL's concerns.

Ms. Del Mugnaio added that previously proposed regulation language was vague and a draft application was not submitted in the submission to OAL. Modified language would need to provide more detail and address the objections from OAL. Dr. Nunez added that there is a need to include a clear definition of how the funds will be used by the grantees. The Board agreed that regulations would need to include clear definitions for various terms in the language in order to demonstrate the standard used when distributing funds.

Current language, as OAL pointed out, indicates that the Board does not have authority to delegate regulatory oversight of program to a nonprofit organization. Dr. Richard Sullivan recommended a third party audit of the grant program if the nonprofit organization takes on the operational responsibility of the grant program.
Ms. Del Mugnaio added that the Department of Consumer Affairs (DCA) Internal Audits Office is an option to provide third party oversight at a cost to the Board.

Ms. Del Mugnaio stated that the Board needs to provide staff direction whether or not to respond to the objections from OAL or suggest a different route.

- Kathy Bowler motioned and Dr. Richard Sullivan seconded the motion to direct staff to work with OAL to address the disapproval objections within statutory confines. The motion carried 7-0.

Judie Mancuso and Jennifer Loredo were tasked with serving as a resource to address the OAL objections to the proposed language. A public teleconference may be held to further discuss the proposed modified regulations.

C. Review and Discuss Possible Action for the Emergency Filing of Approved Proposed Animal Control Officer Training Regulations

Ms. Del Mugnaio updated the Board that she received a call from the Orange County Animal Control Agency requesting an emergency filing of the approved proposed Animal Control Officer Training Regulations. Ms. Del Mugnaio requested documentation from the requestor to justify the necessity for filing emergency regulations. The necessity statement has not yet been received and until the request is justified, the approved regulations will be filed through the normal regulatory process.

Ms. Del Mugnaio added that there are Board approved guidelines available that Animal Control Officer programs may use to start developing their training program. The training program cannot be approved, however, until the regulations are in place.

- Jennifer Loredo motioned and Judie Mancuso seconded the motion to add the Animal Control Officer regulations item to the Board's ~~of Governors~~ April meeting agenda. The motion carried 7-0.

D. Review and Possible Approval of Updates to Disciplinary Guidelines

The Board reviewed the proposed Disciplinary Guidelines language and sample supervision language and made various minor amendments.

- Judie Mancuso motioned and Dr. Cheryl Waterhouse seconded the motioned to adopt the Disciplinary Guidelines as amended. The motion carried 7-0.

- Dr. Richard Sullivan motioned and Judie Mancuso seconded the motion to adopt the Standard Terms and Conditions as amended. The motion carried 7-0.

- Dr. Richard Sullivan motioned and Dr. Cheryl Waterhouse seconded the motion to adopt the Optional Terms and Conditions as amended. The motion carried 6-0-1, with Judie Mancuso abstained.

E. Review and Possible Approval of Updates to Approved Proposed Animal Rehabilitation Regulations

The Board discussed amendments to the third version of the proposed Animal Rehabilitation regulation language, which was distributed during the meeting. The Board and public members discussed additional amendments to the language. The Board agreed to direct staff to put together language based on the feedback and provide notice for a public hearing in April or July 2015.

- Dr. Richard Sullivan motioned and Dr. Cheryl Waterhouse seconded the motion to adopt the Animal Rehabilitation regulations as amended. The motion carried 7-0.

F. Review and Possible Recommendations on California Horse Racing Board Regulation (Title 4, CCR section 1845)

The California Horse Racing Board (CHRB) Executive Director, Rick Baedeker, reported on the history of CHRB and its efforts to modify medication rules to be more defined and more restrictive. The top priority of CHRB over the last few years has been to have third party Veterinarians administer the authorized medication, Lasix, to race horses on race day in order to control the simultaneous administration of unauthorized medication.

The Board added that third party Veterinarians must physically examine the horse sufficient to establish a veterinarian-client-patient relationship (VCPR) prior to administrating Lasix to the race horse under California Code of Regulations, Title 16, section 2032.1.

- Dr. Richard Sullivan motioned and Dr. Cheryl Waterhouse seconded the motion to ~~adopt~~ approve the California Horse Racing Board regulations as amended. The motion carried 7-0.

V. 2015 Legislation Report

A. Review and Approval of Legislative Omnibus Bill Proposal (BPC sections 4836.35, 4836.2, 4853.7, 4887, and 4883)

Adopt BPC sections 4836.35 and 4853.7

The Board discussed combining Business & Professions Code (BPC) sections 4836.35 and 4853.7 due to both sections dealing with failure to renew.

- Kathy Bowler motioned and Judie Mancuso seconded the motion to adopt the Veterinary Assistant Controlled Substance Permit language and the Premise Registration – Effect of Failure to Renew within Five Years language. The motion carried 7-0.

Amend BPC 4836.2

The Board discussed the amendment to BPC section 4836.2 and ~~course for~~ the process for denying an application and affording the applicant their ~~denial in~~ due process ~~with denial of~~ rights when applying for the ~~-~~Veterinary Assistant Controlled Substances Permit (VACSP).

Amend BPC Section 4887

- Judie Mancuso motioned and Kathy Bowler seconded the motion to adopt the Petition for Reinstatement or Modification language as amended. The motion carried 7-0.

Amend BPC Section 4883

- Dr. Richard Sullivan motioned and Kathy Bowler seconded the motion to approve the language as amended. The motion carried 5-1-1, with Judie Mancuso opposed and Jennifer Loredo abstained.

B. SB 27 – Hill (2015-2015) – Livestock: Use of Antibiotics

Dr. Mark Nunez provided an overview of Senate Bill (SB) 27, which prohibits the use of medically important antimicrobial drugs unless prescribed by a Veterinarian pursuant to a VCPR.

Ms. Del Mugnaio updated the Board that she has been asked to serve on a task force with the Governor's Office, along with various other state agencies to look at research and data collection of antimicrobials. The task force is also looking to educate those that are involved in providing for the health and welfare of livestock on what prevention is, when it is necessary, and looking for ways to control over-the-counter sales of antibiotics. Ms. Del Mugnaio added that SB 27 is not in its final form and recommended that the Board watch this bill.

- Judie Mancuso motioned and Jennifer Loredo seconded the motion to watch SB 27. The motion carried 7-0.

VI. Update on Upcoming Strategic Planning

Dr. Mark Nunez explained that Strategic Planning for the Board will be offered through the Department of Consumer Affairs (DCA). The Board will meet on April 1-2, 2015 to develop the plan.

Board stakeholders will be given the opportunity to participate in an online survey and the results of the survey will be analyzed and presented to the Board as part of the planning session. Board members have been interviewed regarding the strengths and weakness of the Board, and the challenges and opportunities that the Board may face in the future. DCA will also interview Board managers and staff in a group setting to gather additional feedback.

Once the plan is adopted, DCA will continue to assist in the creation of an action plan. The final plan will be made available on the web.

VII. Rodeo Reporting (BPC section 4830.8) – Presentation by Eric Mills, Action for Mills

Eric Mills of Action for ~~Mills~~ Animals spoke to his experience working at rodeos throughout California and indicated that within 15 years, there have only been 38 injuries recorded. There is concern that there has been a severe under-reporing of animal injuries occurring at the rodeos.
~~under-reporting of animal injuries occurring at the rodeos.~~

Mr. Mills requested that there be a requirement for an on-site Veterinarian or an on-site RVT with a licensed Veterinarian on-call at all rodeos. Judie Mancuso offered on behalf of her advocacy group, Social Compassion for Animals, to assist ~~Action for~~ Mills in the development of legislative bill language. Ms. Mancuso expressed concern that enforcement will be the most challenging. Ms. Del Mugnaio confirmed that Animal Control is currently responsible for enforcement; however, local law enforcement and certain jurisdictions can assist as well.

Mr. Mills also requested a method to inform Veterinarians of the current laws. Ms. Del Mugnaio indicated that the Board has an obligation to educate licensees of the requirements of the law. Current methods include newsletters,

Board website updates, flyers, as well as an information mailing packet that goes out to all licensees for new licenses and license renewals. Ethan Mathes has been working on a recent update on the rodeo reporting requirement that will be included in the license renewals. Dr. Mark Nunez added that this information could also be made available through the Board's social media efforts.

VIII. Sunset Review – Update on Current Sunset Review Issues

Ms. Del Mugnaio updated that staff are preparing for the next Sunset Review in late Spring to early Summer and she also provided a status update on many of the issues in the most recent Sunset Review document. Great progress has been made as most of the issues have been taken care of over the past few years, but more detail will be discussed at the next Board meeting in April. A follow up on issues #1-7 and new issues #8-10 will be addressed in the next report.

Ms. Del Mugnaio updated that the Veterinary Assistant Controlled Substances Permit (VACSP) Program has an implementation date of July 2015, per legislation. Therefore, work group meetings will begin in February to start devising emergency regulations.

IX. Action on Administrative Disciplinary Procedures

Dr. Mark Nunez clarified that the package included is an informational document that will be placed into the Board Member Administrative Manual. The Board voted on several procedural items that affect how the Board will process a disciplinary case.

- Judie Mancuso motioned and Kathy Bowler seconded the motion to require a minimum of a two Board members hold policy where a case will be held for a closed session discussion to decide on a proposed discipline. The motion carried 7-0.

- Judie Mancuso motioned and Kathy Bowler seconded the motion to delegate authority to the Board President to issue a 10-day extension, for Petition of Reconsideration cases, if necessary, for submission of arguments that were not present at the Board hearing. The motion carried 7-0.

- Judie Mancuso motioned and Dr. Cheryl Waterhouse seconded the motion for the Board to only call for written arguments by default once a petition for reconsideration is granted. The motion carried 7-0.

Judie Mancuso suggested that no new evidence should be considered for reconsideration other than the factual evidence that was presented at the hearing. Staff will review the Administrative Procedures Act to determine what is allowed and place in the Board Member Administrative Manual.

X. Discuss Board Approval Process for California Veterinary Technician Schools – California University of Management and Sciences

Dr. Mark Nunez provided background information on current regulations which authorize the Board to approve veterinary technician schools through the American Veterinary Medical Association (AVMA) accreditation process or through inspection by the Board. The Board currently only accepts one non-AVMA accredited veterinary technician school, San Diego-Mesa College, as a California approved veterinary technology program. Judie Mancuso requested that another inspection be performed of San Diego-Mesa College since it was last inspected in 2006.

California University of Management and Sciences (CalUMS) has requested that the Board review and approve its veterinary technician program. Dr. Nunez noted that the process in place to inspect the program and the Board must vote on the decision to initiate the process.

- Dr. Richard Sullivan motioned and Jennifer Loredo seconded the motion to direct staff to inspect the CalUMS veterinary technology program for approval and re-inspect the San Diego Mesa College veterinary technology program. The motion carried 7-0.

XI. Discuss Continuing Education Program Provider Approval (Title 16, CCR section 2085.5) – Mark Cushing, Animal Policy Group

Mark Cushing of the Animal Policy Group (APG) has requested the inclusion of North American Veterinary Community, Western Veterinary Conference, CVC, and American Animal Hospital Association as Board approved continuing education providers. Mr. Cushing provided an overview of the challenges associated with going through the American Association of Veterinary State Boards (AAVSB) accreditation process and argued that the four continuing education providers he is representing are on par with other statutorily recognized programs.

Dr. Richard Sullivan noted that if APG wants an exemption similar to how AVMA received an exemption, then that would require a statutory change which must go through the legislative process. The Board cannot introduce a statutory change, but can set up a protocol to assess program similar to the AAVSB's Registry of Approved Continuing Education.

- Mr. Cushing requested to keep the item open until the Board's April 2015 meeting. Dr. Richard Sullivan motioned and Judie Mancuso seconded to motion to table this item until the next Board meeting.

Ms. Del Mugnaio suggested that the Board have Mr. Cushing submit additional proposal details in writing prior to the meeting.

XII. Board Chair Report – Dr. Mark Nunez

Dr. Nunez provided an overview of the Board purpose and a preview of the upcoming year for the Board.

The Board received an increase in funding, with revenues generating from licensing, permit, and exam fees, as well as other sources. The new budget has allowed the Board to hire new staff in order to meet workload demands and better serve the consumers of California and the stakeholders of the Veterinary community.

Dr. Nunez gave special recognition to Executive Officer, Annemarie Del Mugnaio, Administrative Program Manager, Ethan Mathes; and Enforcement Program Manager, Candace Raney for all of their hard work getting new staff hired. Recognition was also given to Rebecca Bon for all of her expertise as Legal Counsel for the Board.

Dr. Nunez announced that all positions on the Board and the Multidisciplinary Advisory Committee (MDC) are filled. Improvements have also been made to the order of Board meeting agenda items and scheduling of meetings.

XIII. Executive Officer & Staff Reports

A. Administrative/Budget

Ms. Del Mugnaio announced that the Veterinary Continuing Education Tracking System (VCETS) is available through the AAVSB, which may help the Board streamline its Continuing Education (CE) audit program.

Judie Mancuso emphasized the need to make the Board more visible through social media and outreach efforts, as well as the need to provide educational information (e.g. best practices for medical record keeping) to licensees.

Matt Nishimine, Budget Analyst, spoke to the possibility of transitioning all temporary positions to permanent through a justified workload. Mr. Nishimine also provided updates from the Pet Lover's License Plate Program Budget Change Proposal pre-hearing, stating that the meeting went well and there are no anticipated problems.

B. Enforcement

Candace Raney summarized the improvements in enforcement statistics from Quarter 1 to Quarter 2 of FY 14/15, including a decrease in the average number of days to complete a desk investigation. Ms. Del Mugnaio addressed other areas in which the Board should expect to see improvements due to the additional staff hired.

The Attorney General's office is working with the Office of Administrative Hearings to reduce the amount of time it takes to get hearings on the calendar. Currently, hearings are already booked 18-24 months out due to space unavailability and staffing issues.

Ms. Raney reported that the expert witness training held on December 10, 2014 went well and the final post evaluation survey results will be provided to the Board. Dr. Richard Sullivan provided positive feedback of his experience at the training and recommended that the Board members should mandatorily attend.

C. Licensing/Examination

Public guest, Nancy Ehrlich, requested the pass rates for the Veterinary Technician National Examination (VTNE) and the California Veterinary Technician Examination. Ethan Mathes confirmed that the pass rates are available and may be published at the request of the Board.

XIV. Comments from Public/Outside Agencies/Associations

There were no comments from public/outside agencies/associations.

XV. Agenda Items and Next Meeting Dates – April 1-2, 2015; April 21-22, 2015 - TBD; July 21-22, 2015 - Sacramento; October 20-21, 2015 - TBD

A. Agenda Items for Next Meeting

- San Diego-Mesa College Inspection Status Update
- Regulations Status Update
- Minimum Standards vs. Standards of Care.
- AVMA Pass Rate Rules
- Sunset Review
- Continuing Education Program
- Newsletter/Social Media

B. Multidisciplinary Advisory Committee Meetings – February 19, 2015; April 20, 2015 (TBD)

XVI. Recess

9:00 a.m. Wednesday, January 21, 2015

XVII. Call to Order - Establishment of a Quorum

Dr. Nunez called the Board meeting to order at 9:00 a.m. Ethan Mathes, Administrative Program Manager, called roll; seven members of the Board were present and thus a quorum was established.

Board Members Present
Mark Nunez, DVM, President
Cheryl Waterhouse, DVM, Vice President
Richard Sullivan, DVM
Jennifer Loredo, RVT
Kathy Bowler, Public Member
Elsa Flores, Public Member
Judie Mancuso, Public Member

Staff Present
Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board
Rebecca Bon, Legal Counsel

Diann Sokoloff, SDAG, Board Liaison
Ethan Mathes, Administrative Program Manager
Candace Raney, Enforcement Program Manager
Nina Galang, Administrative Program Coordinator

Guests Present
Elizabeth Sarley, Administrative Law Judge
Cristina Jarvis, Deputy Attorney General
Steve R. Schwartz, Attorney
Dr. Kim De La Peza

XVIII. Introductions

XIX. Petition for Penalty Modification – Dr. Kim De La Peza, VET 19593

Deputy Attorney General (DAG) Cristina Jarvis opened the reinstatement hearing presenting the case against Dr. Kim De La Peza. Steve R. Schwartz, counsel for the petitioner, presented the case to reinstate full licensure of Dr. De La Peza. Mr. Schwartz called six witnesses to testify for Dr. De La Peza. Dr. De La Peza answered questions from DAG Jarvis and members of the Board. Mr. Schwartz presented the closing argument. Administrative Law Judge (ALJ) Elizabeth Sarley closed the hearing and the Board went into closed session.

XX. Petition for Penalty Modification – Dr. Corea Kiejoon Choi, VET 12070

DAG Jarvis stated that Dr. Corea Kiejoon Choi requested a continuance of hearing. The Board granted the continuance to hear Dr. Choi at the Board's April 2015 meeting.

CLOSED SESSION

XXI. Closed Session

Petition for Penalty Modification – Dr. Kim De La Peza, VET 19593
The Board adopted the penalty modification.

AA 2014 25
Board adopted proposed decision.

AV 2013 32
Board rejected the proposed stipulated settlement, however, voted to adopt the stipulated settlement with ~~and motioned for~~ a modification. The motion carried 7-0.

AV 2012 33
Board adopted the decision following the petition for reconsideration.

XXII. Adjourn

The Board adjourned at 2:00 p.m.

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BOARD MEETING ~~AGENDA~~ MINUTES

Veterinary Medical Board

Thursday, March 19, 2015

Veterinary Medical Board
1747 N. Market Blvd., Peridot Room
Sacramento, California

1400 River Park Dr.
Sacramento, California

K Bowler Group
1111 H St #203
Sacramento, California

Veterinary Care Center
6666 Santa Monica Blvd.
Los Angeles, California

Western Riverside Animal Shelter.
6851 Van Buren Blvd, Jurupa Valley, California

1115 E Champlain Drive
Fresno, California

Zinc Café
350 Ocean Avenue
Laguna Beach, CA 92651

Thursday, March 19, 2015 – 11:00 a.m.

1. Call to Order - Establishment of a Quorum

Veterinary Medical Board (Board) Executive Officer, Annemarie Del Mugnaio, called the meeting to order at 11:00 a.m. via telephone conference. Ms. Del Mugnaio called roll; six members of the Board were present and thus a quorum was established.

2. Introductions

Members Present
Mark Nunez, DVM, President
Cheryl Waterhouse, DVM, Vice President
Richard Sullivan, DVM
Jennifer Loredo, RVT
Kathy Bowler, Public Member
Judie Mancuso, Public Member

Staff Present
Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board
Ethan Mathes, Administrative Program Manager
Nina Galang, Administrative Program Coordinator
Elizabeth Bynum, Enforcement Analyst
Rebecca Bon, Legal Counsel
Sabina Knight, Legal Counsel

Guests Present
Ryan Arnold, Legislative & Policy Analyst
Norine Marks, DCA Legal
Tamara Colson, DCA Legal

3. Review of and Possible Action on Committee's Recommendations Concerning the Proposed Pet Lovers License Plate Regulations

Ms. Del Mugnaio stated the purpose of the meeting was to discuss the current status of the proposed Pet Lovers License Plate regulations and to obtain direction from the Board on how to move forward. Jennifer Loredo provided a summary of the three possible options that are currently up for discussion and stated that she and Ms. Mancuso and Ms. Del Mugnaio met with the legal division to discuss some additional options.

The Board discussed the following options:

1) Amend the proposed regulations using a "hybrid" model- The Board contracts with a non-profit to provide administrative services, including reviewing of grant applications and making recommendations for awarding grants.
2) The Board remains the sponsoring agency with oversight responsibility of the program
3) ~~Revise the Business and Professions Code 4809.9.-~~ Amend the Vehicle Code to define the term "sponsoring agency" as one that may delegate administrative oversight of a program.

Ms. Del Mugnaio stated that at the Board meeting in January 2015, the Board motioned to direct staff to work on the regulations with Office of Administrative Law (OAL) and resubmit. Ms. Del Mugnaio requested a decision from the Board to proceed with the committee's recommendation to resubmit to OAL.

- Dr. Richard Sullivan motioned and Dr. Cheryl Waterhouse seconded the motion to direct staff to discontinue existing regulations. The motion carried 5-0-0~~1~~; Judie Mancuso recused.

4. Consideration of and Possible Action on Legislative or Other Alternatives for Administration of the Pet Lover's License Plate Program

Ms. Del Mugnaio discussed the issues related to sole source contracting, stating that it is not a competitive bidding process and a competitive bidding process may be required. Also, ~~and~~ there are issues with how much of the funds can be delegated to a contracted agency. Ms. Del Mugnaio also noted that the Board would be subject to auditing.

Ms. Del Mugnaio noted that naming ~~an agency~~ a non-profit agency in statute to carry out the work of the state, as the state agency, ~~means that the agency could be~~ may subject the non-profit to a ~~to~~ Sunset Review process., ~~which raises staff resource concerns.~~

Dr. Richard Sullivan emphasized that the primary goal is to minimize the impact of work on the board.

- Dr. Mark Nunez motioned and Dr. Richard Sullivan seconded the motion to direct staff to explore options in legislation. The motion carried 5-0-0~~1~~; Judie Mancuso recused.

Ms. Del Mugnaio stated that she will provide an update at the April Board meeting.

5. Comments from Public/Outside Agencies/Associations on Items Not on the Agenda

There were no comments from public/outside agencies/associations.

6. Adjourn

The Board adjourned at 11:25 a~~p~~.m.

STATUS OF PENDING VMB REGULATIONS APRIL 2015			
Subject	**CCR Section(s)**	**Current Status/Action**	**Notes**
BOARD			
Civil Penalties for Citation	2043	Published	3/20/15 – OAL Publication Date **5/4/15 – End of public comment period**
Animal Control Officer Training	2039.5	In Progress	July 2014 – Board approved language June 2015 – Publish 45-day notice
Veterinary Assistant Controlled Substances Permit (VACSP)	2087 et. seq.	In Progress	February 2015 – Interested Parties Workshop April 2015 – Submit language to Board for review/approval
Minimum Standards	TBD	TBD	February 2015 – MDC approved amendments to Minimum Standards language April 2015 – Board meeting agenda item for discussion
Animal Rehabilitation	2038.5	TBD	January 2015 – Board directed staff to develop proposed language based on feedback July 2015 – Publish 45-day notice
Disciplinary Guidelines	2006	TBD	January 2015 – Board approved language August 2015 – Publish 45-day notice
Uniform Standards for Abuse (SB 1441)	2006, 2006.5, and 2076	TBD	October 2014 – Board approved language August 2015 – Publish 45-day notice
CPEI (SB 1111)	TBD	TBD	October 2014 – Board approved language September 2015 – Publish 45-day notice
Telemedicine	TBD	TBD	April 2014 – Board approved September 2015 – Publish 45-day notice
RVT Alternate Route School Approval	2068.5	TBD	February 2015 – MDC approved amended language and forwarded to Board for discussion.
Pet Lovers License Plate	2090 et. seq.	Discontinued	12/19/14 – OAL Disapproved File, 120 days to resubmit 3/19/15 – Board motioned to discontinue existing regulations
MDC			
RVT Student Exemption (BPC 4841.1)	TBD	In Discussion	February 2015 – MDC will discuss at the July meeting

Disciplinary Guidelines

~~**July 2012**~~

Veterinary Medical Board

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www.vmb.ca.gov
(add social media links?)
~~Susan M. Geranen~~ Annemarie Del Mugnaio, Executive Officer

DISCIPLINARY GUIDELINES

VETERINARY MEDICAL BOARD

~~July 2012~~

~~Tom Kendall, DVM~~

~~Kim Williams~~ Jennifer Loredo, RVT

~~Patti Aguiar~~ Elsa Florez, Public Member

~~Richard Johnson~~ Mark T. Nunez, DVM

Judie Mancuso, Public Member

~~Linda Starr~~ Kathy Bowler, Public Member

Richard Sullivan, DVM

Cheryl Waterhouse, DVM

Special thanks to former Board President ~~Stephanie Ferguson, DVM~~ Tom Kendall, DVM

~~Susan M. Geranen~~ Annemarie Del Mugnaio
Executive Officer

~~Sandra Monterrubio~~ Candace S. Raney
Enforcement Program Manager

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Veterinary Medical Board

Disciplinary Guidelines

Introduction

The Veterinary Medical Board (Board) developed the Disciplinary Guidelines outlined in this manual for its Executive Officer, staff, legal counsel, administrative law judges, and other persons involved in the Board's enforcement process to be used for the purpose of creating judgment orders in formal disciplinary actions. These guidelines are published in regulations for the public and the profession so that the processes used by the Board to impose discipline are readily available and transparent.

The Board recognizes that each case is unique and that mitigating or aggravating circumstances in a particular case may necessitate variations. Therefore, the Board has developed minimum and maximum penalties to assist in determining the appropriate penalty. If an administrative law judge makes a finding that a violation occurred but assesses less than the minimum penalty for that charged violation, the Board would request information ~~an accusation is sustained and less than the minimum penalty is assessed, the Board requires information~~ from the administrative law judge to explain the reasoning for applying a penalty lower than the minimum ~~on the circumstances that resulted in less than the minimum penalty being assessed~~. In addition, probationary conditions are divided into two categories, 1) standard terms and conditions that are used for all cases, and 2) optional terms and conditions that are used for specific violations and circumstances unique to a specific case.

The Board licenses veterinarians and registers veterinary premises and veterinary technicians, and issues veterinary assistant controlled substances permits. If there is action taken against both the individual license and the premises permit, then the disciplinary order should reflect actions against both. However, in some cases, minimum standard violations are so severe that it is necessary to take immediate action and close a facility. In these instances, the veterinary license and the premises permit may be disciplined separately, and the disciplinary order should reflect separate action.

Because of the severity of cases resulting in action by the Office of the Attorney General, the Board has established that the minimum penalty shall always include revocation or suspension with the revocation or suspension stayed and terms and conditions of probation imposed. The imminent threat of the revocation or suspension being reinstated helps to insure compliance with the probationary terms and conditions. It is the recommendation of the Board that in any case involving a violation related to alcohol or drug abuse violations that the minimum term of probation should be five years. In addition, in any case involving a violation related to alcohol or drug abuse violations the mandatory terms and conditions listed specifically for this type of case~~s~~ shall be imposed.

~~In cases where the penalties deviate from the minimum to maximum range without explanation of the deviation, the Board may non-adopt the Proposed Decision and review the case itself.~~

PENALTIES BY BUSINESS AND PROFESSIONS CODE SECTION NUMBER

Section	4883(a); 4837(b)
Violation	Conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, surgery, or dentistry, in which case the record of the conviction shall be conclusive evidence.
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty (as appropriate)	Revocation and/or suspension stayed Two-year probation $2,000 fine Standard terms and conditions Optional terms and conditions including but not limited to: Suspension Limitations on practice Supervised practice No ownership of a veterinary hospital or clinic No management of a veterinary hospital/no supervision of interns or residents Continuing education Psychological evaluation and/or treatment Medical evaluation and/or treatment Rehabilitation program Submit to drug testing Abstain from controlled substances/alcohol Community service Restitution Ethics training
Maximum penalties should be considered if the criminal act caused or threatened harm to an animal or the public, if there have been limited or no efforts at rehabilitation, or if there were no mitigating circumstance at the time of the commission of the offense(s). Minimum penalties may be considered if there is evidence of an attempt(s) at self-initiated rehabilitation. Evidence of self-initiated rehabilitation includes, but is not limited to, pro bono services to nonprofit organizations or public agencies that improve the care and treatment of animals or improve generally society's interactions with animals. Self-initiated rehabilitation measures also include, but are not limited to, when appropriate, specific training in areas of weakness, full restitution to persons harmed by the licensee or registrant, completion~~s~~ of treatment or other conditions of probation ordered by the court, or ~~full~~ compliance with all laws since the date of the occurrence of the criminal act.	

Section	4883(b); 4837(d)
Violation	Having professional connection with, or lending the licensee's or registrant's name to, any illegal practitioner of veterinary medicine and the various branches thereof.
Maximum Penalty	Revocation and a $5,000 fine

Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $2,000 fine Optional terms and conditions including but not limited to: 30-day suspension for each offense No ownership, of a veterinary hospital or clinic No management of a veterinary hospital/no supervision of interns or residents Ethics training
Maximum penalties should be considered if the acts or omissions caused or threatened harm to an animal or client or if there are prior violations of the same type of offense. Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client.	

Section	4883(c); 4837(e); 4839.5
Violation	Violation or attempt to violate, directly or indirectly, any of the provisions of the chapter
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $1,000 fine Optional terms and conditions including but not limited to: Restitution Ethics training
Maximum penalties should be considered if the actions were intended to subvert investigations by the Board or in any way hide or alter evidence that would or could be used in any criminal, civil, or administrative actions. Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client.	

Section	4883(d)(e)
Violation	Fraud or dishonesty in applying, treating, or reporting on tuberculin or other biological tests. Employment of anyone but a veterinarian licensed in the State to demonstrate the use of biologics in the treatment of animals.
Maximum Penalty	Revocation or suspension and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $5,000 fine Optional terms and conditions including but not limited to: 30-day suspension of license and/or premises permit Continuing education Community service

Maximum penalties should be considered if the acts or omissions caused public exposure of reportable diseases (rabies, brucellosis or tuberculosis) or other hazardous diseases of zoonotic potential Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client.

Section	4883(f)
Violation	False or misleading advertising
Maximum Penalty	Revocation and/or suspension and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation 30 ~~60~~ day suspension Standard terms and conditions $2,000 fine Optional terms and conditions including but not limited to: Restitution Ethics training
Maximum penalties should be considered if the advertising was deceptive, caused or threatened harm to an animal, or caused a client to be misled and suffer monetary damages. One of the probationary terms in that case should be restitution to any client damaged as a result of the violation. The more severe penalty should be considered when there are prior violations of the same type of offense. Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client.	

Section	4883(g); 4837(c)
Violation	Unprofessional conduct, that includes, but is not limited to the following: (1) Conviction of a charge of violating any federal statutes or rules or any statute or rule of this state regulating dangerous drugs or controlled substances. (2)(A) The use of, or prescribing for, or administering to himself or herself, any controlled substance. (B)The use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages to the extent, or in any manner as to be dangerous or injurious to a person licensed or registered under this chapter, or to any other person or to the public, or to the extent that the use impairs the ability of the person so licensed or registered to conduct with safety the practice authorized by the license or registration. (C)The conviction of more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. (3) A violation of any federal statute, rule, or regulation or any of the statutes, rules, or regulations of this state regulating dangerous drugs or controlled substances.
Maximum Penalty	Revocation and a $5,000 fine

Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $5,000 fine Optional terms and conditions including but not limited to: 30-day suspension Supervised practice Psychological evaluation and/or treatment Medical evaluation and/or treatment Surrender DEA license/send proof of surrender to Board within 10 days of the effective date of the decision. No ownership, of a veterinary hospital or clinic No management of a veterinary hospital/no supervision of interns or residents Rehabilitation program Submit to drug testing Abstain from use of alcohol and drugs

Maximum penalties should be considered if acts or omissions caused or threatened harm to an animal or a client or if there are prior violations of the same type of offense.

Minimum penalties may be considered if acts or omissions did not cause harm to an animal, there are no prior violations of the same type of offense, and there is evidence of self-initiated rehabilitation.

When considering minimum penalties, the terms of probation should include a requirement that the licensee submit the appropriate medical reports (including psychological treatment and therapy), submit to random drug testing, submit to a limitation of practice, or practice under the supervision of a California licensed veterinarian as applicable on the facts of the case, and submit quarterly reports to the Board (in writing or in person as the Board directs). Note: in any violation related to alcohol or drug violations the Board requires a minimum of five years probation.

Section	4883(g)
Violation	General unprofessional conduct
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty (as appropriate)	Written Public Reproval Revocation and/or suspension stayed Two-year probation Standard terms and conditions Optional terms and conditions including but not limited to: 30-day Suspension Limitations on practice Supervised practice No ownership of a veterinary hospital or clinic No management of a veterinary hospital/no supervision of interns or residents Continuing education Psychological evaluation and/or treatment Medical evaluation and/or treatment Rehabilitation program Submit to drug testing Abstain from controlled substances/alcohol Community service/ Restitution Ethics training
Maximum penalties should be considered if the acts or omissions caused substantial harm to an animal or a client, or if there are prior ~~actions~~ violations of the same type of offense ~~against the licensee or registrant~~. Minimum penalties may be considered if there are no prior actions, if there are mitigating circumstances such as the length of time since the offense(s) occurred, if the acts or omissions did not cause substantial harm to an animal or a client, and if there is evidence of a self-initiated rehabilitation.	

Section	4883(h)
Violation	Failure to keep the licensee's or registrant's premises and all equipment therein in clean and sanitary condition. (Requirements for sanitary conditions are also outlined in Sections 4853.5 and 4854 (practice sanitation standards).
Maximum Penalty	Revocation or suspension of premises permit and a $5,000 fine.
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions Fine - not less than $50 nor more than $500 per day, not to exceed $5,000 Optional terms and conditions including but not limited to: 30 ~~A ten- to thirty~~-day suspension or suspension until compliance with minimum standards of practice is achieved. Random hospital inspections

Maximum penalties should be considered if the acts or omissions caused or threatened harm to animals or the public, if there are prior actions and/or no attempt to remedy the violations, for example, unsanitary or hazardous workplace, improper sterilization of instruments, or improper husbandry practices or if there are prior violations of the same type of offense.

Minimum penalties may be considered people if the acts or omissions did not cause or threaten harm to animals or people, remedial action has been taken to correct the deficiencies, and there is remorse for the existing unsanitary conditions.

Note - A veterinary license and a premises permit can be disciplined separately.

Section	4883(i)
Violation	Negligence in the practice of veterinary medicine
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Three-year probation Standard terms and conditions Fine - not less than $50 nor more than $500 per day, not to exceed $5,000 Optional terms and conditions including but not limited to: 30 ~~A ten- to thirty~~-day suspension or suspension until compliance with minimum standards of practice is achieved. Random hospital inspections

Maximum penalties should be considered if the acts or omissions caused or threatened harm to animals or the public, if there are prior actions and/or no attempt to remedy the violations.

Minimum penalties may be considered people if the acts or omissions did not cause or threaten harm to animals or people, remedial action has been taken to correct the deficiencies and there is remorse for the negligent acts.

Section	4883(i)
Violation	Incompetence in the practice of veterinary medicine
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/ or suspension stayed Three-year probation Standard terms and conditions $2,000 fine Optional terms and conditions including but not limited to: 30 ~~90~~-day suspension Supervised practice Hospital inspections Continuing education Clinical written examination Community service Restitution Ethics training

Maximum penalties should be considered based on the following factors: if the acts or omissions caused harm to an animal or an animal has died, there are limited or no efforts at rehabilitation, or there are no mitigating circumstances at the time of the commission of the offense(s). Minimum penalties may be considered if the acts or omissions did not cause substantial harm to an animal, there is evidence of rehabilitation, and there are mitigating circumstances such as no prior discipline, remorse for the harm that occurred, cooperation with the Board's investigation, etc.

Section	4883(i)
Violation	Fraud and/or Deception in the practice of veterinary medicine
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Three-year probation Standard terms and conditions $2,000 fine Optional terms and conditions including but not limited to: 30 ~~90~~-day suspension Hospital inspections Supervised practice Clinical written examination Community service Restitution Ethics training
Maximum penalties should be considered based on the following factors: if the acts or omissions caused harm to an animal or an animal has died, there is limited or no evidence of rehabilitation or no mitigating circumstances at the time of the commission of the offense(s). Minimum penalties may be considered if the acts or omissions did not cause substantial harm to an animal, there is evidence of rehabilitation and there are mitigation circumstances such as no prior discipline, remorse for the harm that occurred, cooperation with the Board's investigation, etc.	

Section	4883(j); 4839.5
Violation	Aiding or abetting in acts which are in violation of any of the provisions of this chapter
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $1,000 fine Optional terms and conditions including but not limited to: 30-day suspension Ethics training
Maximum penalties should be considered if the acts or omissions caused or threatened harm to an animal or client and the acts were repeated after a prior violation of the same type of offense. Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client, there were no prior actions, and there is evidence of remorse and an acknowledgement of the violation.	

Section	4883(k); 4837(a)
Violation	Fraud, misrepresentation, or deception in obtaining a license ~~or~~ registration, or permit
Maximum and Minimum Penalty	Revocation and a $5,000 fine
Note - In this instance, the gravity of the offense warrants revocation in all cases since there was no legal basis for licensure in the first place.	

Section	4883(l)
Violation	The revocation, suspension, or other discipline by another state or territory of a license, certificate, or registration to practice veterinary medicine or as a veterinary technician in that state or territory
Maximum Penalty	Revocation
Minimum Penalty	The penalty that would have been applicable to the violation if it had occurred in the State of California

Section	4883(m)
Violation	Cruelty to animals or conviction on a charge of cruelty to animals, or both
Maximum Penalty	Revocation and a $5,000 fine.
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $5,000 fine Optional terms and conditions including but not limited to: 60 ~~30~~-day suspension Psychological evaluation and/or treatment Medical evaluation and/or treatment Continuing education Ethics training
Note - While the Board believes this violation is so severe that revocation is the only appropriate penalty, it recognizes that a lesser penalty may be appropriate where there are mitigating circumstances.	

Section	4883(n)
Violation	Disciplinary actions taken by any public agency in any state or territory of any act substantially related to the practice of veterinary medicine ~~or the practice of a veterinary technician~~
Maximum Penalty	Revocation and a $5,000 fine

Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $2,000 fine Optional terms and conditions including but not limited to: 30-day suspension Continuing education
Maximum penalties should be considered if the acts or omissions caused or threatened harm to an animal or the public, there is limited or no evidence of rehabilitation, and there were no mitigating circumstances at the time of the commission of the offense(s). Minimum penalties may be considered if there is evidence of attempts at self-initiated rehabilitation taken prior to the filing of the accusation. Self-initiated rehabilitation measures include pro bono services to nonprofit organizations or public agencies that improve the care and treatment of animals or improve generally society's interactions with animals. Self-initiated rehabilitation measures also include, when appropriate, specific training in areas of weakness, full restitution to persons harmed by the licensee or registrant, completion~~s~~ of treatment or other conditions of probation ordered by the court, and ~~full~~ compliance with all laws since the date of the occurrence of the violation.	

Section	4883(o)
Violation	Violation, or the assisting or abetting violation of any regulations adopted by the Board pursuant to this chapter
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/ or suspension stayed Two-year probation Standard terms and conditions 30-day suspension $1,000 fine Optional terms and conditions including but not limited to: Continuing education Restitution Ethics training
Maximum penalties should be considered if the acts or omissions caused or threatened harm to the animal or the public, there was more than one offense, there is limited or no evidence of rehabilitation, and there were no mitigating circumstances at the time of the offense(s). Minimum penalties may be considered if there is evidence of attempts at self-~~i~~initiated rehabilitation. Self-initiated rehabilitation measures include pro bono services to nonprofit organizations or public agencies that improve the care and treatment of animals or improve generally society's interactions with animals. Self-initiated rehabilitation measures also include, when appropriate, specific training in areas of weakness, full restitution to persons harmed by the licensee or registrant, completion of treatment or other condition~~s~~ of probation ordered by the court, and ~~full~~ compliance with all laws since the date of the occurrence of the violation.	

Section	4855
Violation	Written Records
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/ or suspension stayed Two-year probation Standard terms and conditions 30-day suspension $1,000 fine Optional terms and conditions including but not limited to: Supervised practice Continuing education
Maximum penalties should be considered when there is a lack of records or omissions and/or alterations that constitute negligence. Minimum penalties may be considered when there is evidence of carelessness and corrective measures have been implemented to correct the process whereby the records were created.	

Section	4856
Violation	Failure to permit the inspection of Records or Premises by the Board
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $1,000 fine Optional terms and conditions including but not limited to: 30-day suspension Ethics training
Maximum penalties should be considered if there is a deliberate attempt to prevent access to the Board, prior discipline of the managing licensee or the premises, or no mitigating circumstances at the time of the refusal. Minimum penalties may be considered when there are mitigating circumstances at the time of the request for records, where there is no deliberate attempt to prevent the Board from having access to the records or when there are no prior actions.	

Section	4857
Violation	Impermissible disclosure of information about animals and/or about clients
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $1,000 fine Optional terms and conditions including but not limited to: 30-day suspension

Maximum penalties should be considered when breaching confidentiality puts the animals or clients in jeopardy. Minimum penalties may be considered when the breach is inadvertent or when there is no prior action against the licensee. Note - The severity of violations may determine whether action taken is citation and fine or formal discipline

Section	4830.5
Violation	Duty to report staged animal fighting
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $1,000 fine Optional terms and conditions including but not limited to: 30-day suspension Continuing ~~E~~education Ethics training
Maximum penalties should be considered when an animal or animals have been killed or severely harmed. Minimum penalties may be considered on a case-by-case basis.	

Section	4830.7
Violation	Duty to report animal abuse or cruelty
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Considered on a case-by-case basis

Section	4836.5; 4837
Violation	Disciplinary proceedings against veterinarians and registered veterinary technicians
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $1,000 fine Optional terms and conditions including but not limited to: 30-day suspension Continuing ~~E~~education Ethics training

Maximum penalties should be considered if the acts or omissions caused or threatened harm to an animal or client, or the acts were repeated after a prior violation of the same type of offense.

Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or client, or if there are no prior violations.

Note - The Practice Act is very specific on the authorized duties for RVTs that cannot be performed by ~~unregistered assistants~~ veterinary controlled substance permit holder; therefore, these violations are more serious due to their blatant nature.

STANDARD TERMS AND CONDITIONS OF PROBATION (1-11)

The Board recommends one- to five-year probation, as appropriate, in cases where probation is part of a disciplinary order.

All standard terms and conditions are included in every order of probation applied to the licensee or registrant subject to discipline (Respondent).

1.	**Obey all Laws**

Respondent shall obey all federal and state laws and regulations substantially related to the practice of veterinary medicine. Further, within thirty (30) days of any arrest or conviction. Respondent shall report to the Board and provide proof of compliance with the terms and conditions of the court order including, but not limited to, probation and restitution requirements.

2.	**Quarterly Reports and Interviews**

Respondent shall report quarterly to the Board or its designee, under penalty of perjury, on forms provided by the Board, stating whether there has been compliance with all terms and conditions of probation. In addition, the Board at its discretion may request additional in-person reports of the probationary terms and conditions. If the final written quarterly report is not made as directed, the period of probation shall be extended until such time as the final report is received by the Board. Respondent shall make available all patient records, hospital records, books, logs, and other documents to the Board, upon request.

3.	**Cooperation with Probation Surveillance**

Respondent shall comply with the Board's probation surveillance program. All costs for probation monitoring and/or mandatory premises inspections shall be borne by Respondent. Probation monitoring costs are set at a rate of $100 per month for the duration of the probation. Respondent shall notify the Board of any change of name or address or address of record within thirty (30) days of the change. Respondent shall notify the Board immediately in writing if Respondent leaves California to reside or practice in another state. Respondent shall notify the Board immediately upon return to California.

4.	**No Preceptorships or Supervision of Interns**

Respondent shall not supervise a registered intern and shall not perform any of the duties of a preceptor.

5.	**Notice to Employers**

Respondent shall notify all present and prospective employers of the decision in this case and the terms, conditions, and restrictions imposed on Respondent by the decision in this case. Within thirty (30) days of the effective date of this decision and within fifteen (15) days of Respondent undertaking new employment, Respondent shall cause his or her employer to report to the Board in writing, acknowledging the employer has read the Accusation and decision in this case and understands Respondent's terms and conditions of probation. Relief veterinarians shall notify employers immediately.

6.	**Notice to Employees**

Respondent shall, upon or before the effective date of this decision, post or circulate a notice which actually recites the offenses for which Respondent has been disciplined and the terms and conditions of probation, to all registered veterinary employees, and to any preceptor, intern or extern involved in his or her veterinary practice. Within fifteen (15) days of the effective date of this decision, Respondent shall cause his/her employees to report to the Board in writing, acknowledging the employees have read the Accusation and decision in the case and understand Respondent's terms and conditions of probation.

7.	**Owners and Officers (Corporations or Partnerships): Knowledge of the Law**

Respondent shall provide, within thirty (30) days after the effective date of the decision, signed and dated statements from the owners, officers, or any owner or holder of ten percent (10%) or more of the interest in Respondent or Respondent's stock, stating said individuals have read and are familiar with federal and state laws and regulations governing the practice of veterinary medicine.

8. Tolling of Probation

If Respondent resides out of state upon or after effective date of the decision, he or she must comply with the following conditions only: quarterly reports and interviews, tolling of probation, continuing education and cost recovery. If Respondent returns to California he or she must comply or be subject to all probationary conditions for the period of probation.

Respondent, during probation, shall engage in the practice of veterinary medicine in California for 24 hours per week for the duration of probation (expect reasonable time away from work for vacations, illnesses, etc.) ~~six (6) consecutive months~~ or as determined by the Board. Should Respondent fail to engage in the practice of veterinary medicine in California as set forth above, the time outside of the state or practicing below the specified number of hours per week ~~practice~~ shall not apply to reduction of the probationary terms.

9. Violation of Probation

If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against Respondent during probation, or if the Attorney General's office has been requested to prepare any disciplinary action against Respondent's license, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

10. Completion of Probation

All costs for probation monitoring and/or mandatory premises inspections shall be borne by Respondent. Failure to pay all costs due shall result in an extension of probation until the matter is resolved and costs paid. Upon successful completion of probation and all payment of all fees due, Respondent's license will be fully restored.

11. Cost Recovery and Payment of Fines

Pursuant to Section 125.3 of the California Business and Professions Code, within thirty (30) days of the effective date of this decision, Respondent shall pay to the Board its enforcement costs including investigation, hearing, and probationary monitoring in the amount of _____ or the Respondent shall make these payments as follows: _____. ~~FAILURE TO PAY THIS AMOUNT TO THE BOARD BY THE STATED DEADLINE SHALL RESULT IN AUTOMATIC REVOCATION OF THE LICENSE FORTHWITH, WITHOUT FURTHER NOTICE OR AN OPPORTUNITY TO BE HEARD~~.

OPTIONAL TERMS AND CONDITIONS OF PROBATION (1-21)

Note - In addition to the standard terms and conditions of probation, optional terms and conditions of probation are assigned based on violations and fact patterns specific to individual cases.

1. Suspension – Individual License

As part of probation, Respondent is suspended from the practice of veterinary medicine for _____, beginning the effective date of this decision. During said suspension, Respondent shall not enter any veterinary hospital which is registered by the Board unless seeking treatment for one's own animal. Additionally, Respondent shall not manage, administer, or be a consultant to any veterinary hospital or veterinarian during the period of actual suspension and shall not engage in any veterinary-related service or activity.

2. Suspension – Premises

As part of probation, Premises License Number _____, issued to Respondent _____, is suspended for _____, beginning the effective date of this decision. During said period of suspension, said premises may not be used by any party for any act constituting the practice of veterinary medicine, surgery, dentistry, and/or the various branches thereof.

3. Posted Notice of Suspension

If suspension is ordered, Respondent shall post a notice of the Board's Order of Suspension, in a place clearly visible to the public. The notice, provided by the Board, shall remain posted during the entire period of actual suspension.

4. Limitation on Practice/Inspections

(A) During probation, Respondent is prohibited from practicing _____*(Type of practice)*_____

(B) During probation, Respondent is prohibited from the following:

1. Practicing veterinary medicine from a location or mobile veterinary practice which does not have a current premises permit issued by the Board; and

2. If Respondent is the owner or managing licensee of a veterinary practice, the following probationary conditions apply:

(a) The location or mobile veterinary practice must not only have a current premises permit issued by the Board, but must also be subject to inspections by a Board representative to determine whether the location or veterinary practice meets minimum standards for a veterinary practice. The inspections will be conducted on an announced or unannounced basis and shall be held during normal business hours. The Board reserves the right to conduct these inspections on at least a quarterly basis during probation. Respondent shall pay the Board for the cost of each inspection, which is $500. ~~If the veterinary practice has two consecutive non-compliant inspections, Respondent shall surrender the Premises Permit within ninety (90) days from the date of the second consecutive non-compliant inspection.~~

(b) As a condition precedent to any Premises Permit issued to Respondent as Owner or managing licensee, the location or mobile veterinary practice for which application is made shall be inspected by a Board representative to determine whether the location or mobile veterinary practice meets minimum standards for a veterinary practice. Respondent shall submit to the Board, along with any premises permit application, a $500 inspection fee.

5. Supervised Practice

~~Respondent shall practice only under the supervision of a veterinarian approved by the Board. The supervision directed may be continuous supervision, substantial supervision, partial supervision, or supervision by daily review, as deemed necessary by the Board. All costs involved with practice supervision shall be borne by Respondent.~~

Upon and after the effective date of this decision, respondent shall not practice veterinary medicine and his or her license shall be automatically suspended until a supervisor is approved by the board or its designee.

Within thirty (30) days of the effective date of this decision, Respondent shall submit to the board, for its prior approval, the name and qualifications of one or more veterinarians of Respondent's choice. Each supervisor shall have been licensed in California for at least five (5) years and not have ever been subject to any disciplinary action by the Board. The supervisor shall be independent, with no prior business or personal relationship with Respondent and the supervisor shall not be in a familial relationship with or be an employee, partner, or associate of Respondent. Upon approval by the Board and within ~~thirty (30)~~ sixty (60) days of the effective date of the decision, Respondent shall have his or her supervisor submit a report to the Board in writing stating the supervisor has read the decision in case number _____. Should Respondent change employment, Respondent shall have his/her new supervisor, within fifteen (15) days after employment commences, submit a report to the Board in writing stating the supervisor has read the decision in case number _____.

The supervision shall be, as required by the board or its designee, either direct or indirect. Direct supervision is defined as the physical presence of the supervisor 100% of the time Respondent provides treatment or consultation to the animal patient. Indirect supervision is defined review and evaluation of all or a designated portion of patient records of those patients for whom Respondent provides treatment or consultation during the period of supervised practice. Levels of indirect supervision shall be established as follows:

Substantial – At least 75% *All records or a percentage per month, per week?*
Moderate - At least 50%
Partial - At least 25%

The level of supervised practice may be increased or decreased as determined necessary by the Board or its designee. Respondent will not be eligible for a decrease in supervised practice until such time as; 1) Respondent has successfully completed at least 25% of the probationary term; 2) Respondent is deemed to be in full compliance with all terms and conditions of the probationary order; and 3) Respondent has consistently received favorable monthly supervised practice reports.

Respondent's supervisor shall, on a basis to be determined by the Board, review and evaluate all or a designated portion of patient records of those patients for whom Respondent provides treatment or consultation during the period of supervised practice. The supervisor shall review these records to assess 1) the medical necessity and appropriateness of Respondent's treatment; 2) Respondent's compliance with minimum ~~community~~ standards of practice in the diagnosis and treatment of animal patients; 3) Respondent's maintenance of necessary and appropriate treatment; 4) Respondent's maintenance of necessary and appropriate records and chart entries; and 5) Respondent's compliance with existing statutes and regulations governing the practice of veterinary medicine.

Respondent's supervisor shall file monthly reports with the Board. These reports shall be in a form designated by the Board and shall include a narrative section where the supervisor provides his or her conclusions and opinions concerning the issues described above and the basis for his or her conclusions and opinions. Additionally, the supervisor shall maintain and submit with his or her monthly reports a log designating the patient charts reviewed, the date(s) of service reviewed, and the date upon which the review occurred. If the supervisor terminates or is otherwise no longer available, Respondent shall not practice until a new supervisor has been approved by the Board.

If respondent is an employee rather a veterinary hospital owner, the supervisor shall additionally notify the Board of the dates and locations of all employment of respondent, during each month covered by his/her report.

6.	**No Ownership**

Respondent shall not have any legal or beneficial interest in any business, firm, partnership, or corporation currently or hereinafter licensed or registered by the Board and shall not own any veterinary hospital.

7.	**No Management or Administration**

Respondent shall not manage or be the administrator of any veterinary hospital.

8.	**Continuing Education**

Within sixty (60) days of the effective date of this decision, and on an annual basis thereafter, Respondent shall submit to the Board for its prior approval, an educational program or course related to Respondent's specific area(s) of weakness which shall not be less than _____ hours per year, for each year of probation. Upon successful completion of the course, Respondent shall provide proof to the Board. This program shall be in addition to the Continuing Education required of all licensees for licensure renewal. All costs shall be borne by Respondent.

9.	**Clinical Training**

Within sixty (60) days of the effective date of this decision, Respondent shall submit an outline of an intensive clinical training program to the Board for its prior approval. The exact number of hours and the specific content of the program shall be determined by the Board or its designee. Respondent shall successfully complete the training program and may be required to pass an examination related to the program's contents administered by the Board or its designee. All costs shall be borne by Respondent. (further define or clarify clinical training?)

10.	**Clinical or Written Examination**

Within sixty (60) days of the effective date of this decision, or upon completion of the education course required above, or upon completion of the clinical training program~~s~~, Respondent shall take and pass species specific practice (clinical/written) examination to be administered by the Board or its designee. If Respondent fails this examination, Respondent must wait three (3) months between reexaminations, except that after three (3) failures, Respondent must wait one (1) year to take each necessary reexamination thereafter. All costs shall be borne by Respondent. If Respondent fails to take and pass this examination by the end of the first year of probation, Respondent shall cease the practice of veterinary medicine until this examination has been successfully passed and Respondent has been so notified by the Board in writing.

11.	**Psychological Evaluation (should this be Psychiatric Evaluation?)**

Within thirty (30) days of the effective date of this decision, Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more psychotherapists of Respondent's choice. Upon approval, and ~~W~~within ~~thirty (30)~~ sixty (60) days of the effective date of this decision, and on a periodic basis as may be required by the Board or its designee, Respondent shall undergo a psychiatric evaluation by a ~~Board-appointed~~ Board-approved psychotherapist (psychiatrist or psychologist), to determine Respondent's ability to practice veterinary medicine safely, who shall furnish a psychological report to the Board or its designee. All costs shall be borne by Respondent.

If the psychotherapist (psychiatrist or psychologist) recommends and the Board or its designee directs psychotherapeutic treatment, Respondent shall, within thirty (30) days of written notice of the need for psychotherapy, submit the name and qualification of one of more psychotherapists of Respondent's choice to the Board for its prior approval. Upon approval of the treating psychotherapist by the Board, Respondent shall undergo and continue psychotherapy until further notice from the Board. Respondent shall have the treating psychotherapist submit quarterly written reports to the Board. All costs shall be borne by Respondent.

ALTERNATIVE: PSYCHIATRIC EVALUATION AS A CONDITION PRECEDENT TO PRACTICE.

As of the effective date of the decision, Respondent shall not engage in the practice of veterinary medicine until notified in writing by the Board of this determination that Respondent is mentally fit to practice safely. If recommended by the psychotherapist (psychiatrist or psychologist) and approved by the Board or its designee, Respondent shall be barred from practicing veterinary medicine until the treating psychotherapist recommends, in writing and stating the basis therefore, that Respondent can safely practice veterinary medicine, and the Board approves said recommendation. All costs shall be borne by Respondent.

12.	**Psychotherapy**

Within thirty (30) days of the effective date of this decision, Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more psychotherapists of Respondent's choice. Upon approval, Respondent shall undergo and continue treatment until the Board deems that no further psychotherapy is necessary. Respondent shall have the treating psychotherapist submit quarterly status reports to the Board. The Board may require Respondent to undergo psychiatric evaluations by a Board-appointed psychiatrist. All costs shall be borne by Respondent.

13.	**Medical Evaluation**

Within thirty (30) days of the effective date of this decision, Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more physicians of Respondent's choice. Upon approval, and on a periodic basis thereafter as may be required by the Board or its designee, Respondent shall undergo a medical evaluation by a Board ~~appointed~~ approved physician, to determine Respondent's ability to practice veterinary medicine safely, who shall furnish a medical report to the Board or its designee. If Respondent is required by the Board or its designee to undergo medical treatment, Respondent shall, within thirty (30) days of written notice from the Board, submit the name and qualifications of a physician of Respondent's choice to the Board for its prior approval. Upon approval of the treating physician by the Board, Respondent shall undergo and continue medical treatment until further notice from the Board. Respondent shall have the treating physician submit quarterly written reports to the Board. All costs shall be borne by Respondent.

ALTERNATIVE: MEDICAL EVALUATION AS A CONDITION PRECEDENT TO PRACTICE.

As of the effective date of this decision, Respondent shall not engage in the practice of veterinary medicine until notified in writing by the Board of its determination that Respondent is medically fit to practice safely. If recommended by the physician and approved by the Board or its designee, Respondent shall be barred from practicing veterinary medicine until the treating physician recommends, in writing and stating the basis therefore, that Respondent can safely practice veterinary medicine, and the Board approves said recommendation.

14.	**Rehabilitation Program – Alcohol or Drug**

Within thirty (30) days of the effective date of this decision, Respondent shall submit in writing a(n) alcohol/drug rehabilitation program in which Respondent shall participate (for the duration of probation/for one/for two years) to the Board for its prior approval. In the quarterly written reports to the Board, Respondent shall provide documentary evidence of continuing satisfactory participation in this program. All costs shall be borne by Respondent.

15.	**Submit to Drug Testing**

Respondent shall immediately submit to drug testing, at Respondent's cost, upon request by the Board or its designee. There will be no confidentiality in test results; positive test results will be immediately reported to the Board and to Respondent's current employer.

16.	**Abstain from Controlled Substances**

Respondent shall completely abstain from the personal use or possession of controlled substances, as defined in the California Uniform Controlled Substances Act, and dangerous drugs as defined in Section 4211 of the Business and Professions Code, except when lawfully prescribed by a licensed practitioner for a bona fide illness. Respondent shall submit to random drug testing during the period of probation.

17.	**Abstention from Alcohol Use**

Respondent shall abstain completely from the use of alcoholic beverages.

18.	**Community Service**

Within sixty (60) days of the effective date of this decision, Respondent shall submit a community service program to the Board for its prior approval. In this program Respondent shall provide free services on a regular basis to a community or charitable facility or agency for at least _____ (____) hours per _____ for the first _____ of probation. All services shall be subject to prior Board approval.

19.	**Fine**

Respondent shall pay to the Board a fine in the amount of _____ (not to exceed five thousand dollars) pursuant to Business and Professions Code sections 4875 and 4883. Respondent shall make said payments as follows: _____.

Pursuant to Business and Professions Code Section 125.3, enforcement costs (investigative, legal, and expert review), up to the time of the hearing, can be recovered.

20.	**Restitution**

Respondent shall make restitution to any injured party in the amount of _____. Proof of compliance with this term shall be submitted to the Board within sixty (60) days of the effective date of this decision.

Note - Name and address of injured party may be inserted in the body of this term.

21.	**Ethics Training**

Respondent shall submit to the Board for its prior approval, an ethics training course for a minimum of _____ hours during the probationary period. Upon successful completion of the course, Respondent shall provide proof to the Board. All costs shall be borne by Respondent.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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MEMORANDUM

DATE	April 8, 2015
TO	Veterinary Medical Board
FROM	Annemarie Del Mugnaio, Executive Officer DCA/Veterinary Medical Board
SUBJECT	**Veterinary Assistant Controlled Substances Permit (VACSP) Regulations**

Background:
Senate Bill 304 was signed by Governor Brown and filed with the Secretary of State on October 3, 2013.

This bill requires that, upon the later of January 1, 2015, or the effective date of a specified legislative determination, a veterinary assistant be designated by a licensed veterinarian and hold a valid veterinary assistant controlled substances permit from the board, contingent upon adequate staffing levels, in order to obtain or administer controlled substances.

This bill, as part of the application for a permit, requires an applicant to furnish a set of fingerprints to the Department of Justice for the purposes of conducting both a state and federal criminal history background check.

This bill requires an applicant for a veterinary assistant controlled substances permit to apply for a renewal of his or her permit on or before the last day of the applicant's birthday month and to update his or her mailing or employer address with the board.

The bill authorizes the board to collect a filing fee, not to exceed $100, from applicants for a veterinary assistant controlled substances permit.

At the Veterinary Medical Board (VMB)'s January 2015 meeting, the Board directed staff to develop proposed regulations and submit to the Board for review at the April 2015 meeting.

On February 27, 2015, Board staff held an interested parties workshop to obtain feedback on the draft regulatory language.

The group discussed the requirement for permit holders to be supervised; however, the VMB is not placing a limit on the number of supervisors that a permit holder may have. Therefore, the group agreed that it would be best for the supervisorial relationship recorded with the Veterinary Medical Board to be with the managing licensee.

The group also discussed whether the permit holder should be required to prominently display their license in a public area of the premise or wear a name tag. It was agreed that the permit

holder should be given a choice, but that at least one of the options would be required as consistent with Business and Professions Code 680.

Action Requested:

- Review and consider approval of proposed language.
- Direct staff to initiate rulemaking action and schedule public hearing

Attachments(s):

- Veterinary Assistant Controlled Substances Permit (VACSP) proposed language

Title 16. Professional and Vocational Regulations
Division 20. Veterinary Medical Board
Article 11. Veterinary Assistant Controlled Substance Permits

Section 2087. Veterinary Assistant Controlled Substance Permit – Definitions.

For purposes of this article and the provisions of sections 4836.1, 4836.2, 4836.3, and 4836.4 of the code relating to veterinary assistant controlled substance permits:

(a) "Veterinary assistant" shall mean an unregistered veterinary assistant, or any individual who is not a registered veterinary technician or a licensed veterinarian.

(b) "Permit" or the abbreviation "VACSP" shall mean a Veterinary Assistant Controlled Substance Permit issued by the board.

(c) "Permittee" "or "permit holder" shall mean a holder of a veterinary assistant controlled substance permit issued pursuant to section 4836.2 of the code.

(d) "Supervisor" shall mean a California licensed veterinarian.

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

Section 2087.1. Application.

(a) An application for a veterinary assistant controlled substance permit shall be submitted on an application form and pursuant to instructions prescribed and provided by the board (Veterinary Assistant Controlled Substances Permit Application, Form No. XXX-X, rev. 2/2015; Veterinary Assistant Controlled Substances Permit Application Instructions, Rev. 2/2015), accompanied by such evidence, statements, or documents as therein required. The Board shall review the permit application and notify the applicant of the final approval status.

Once a permit has been issued, the veterinary assistant will be authorized to obtain and administer controlled substances only under the direct or indirect supervision of a licensed veterinarian.

Section 2087.2 Notification of Managing Licensee.

(a) Once a veterinary assistant controlled substances permit holder is authorized to obtain and administer controlled substances in an animal hospital setting, the managing licensee shall submit their name and license number on Form No. XXX-X, rev. (M/YYYY) Veterinary Assistant Controlled Substances Permit Holder / Supervisor Agreement, provided by the board.

(b) The managing licensee shall submit a signed acknowledgment that he or she read and agrees to comply with the provisions of the board's laws relating to the supervision of the permittee, including the supervision performed by any other licensed veterinarians under the managing licensee [Form No. XXX-X, rev. (M/YYYY) Responsibility Statement for Supervisors of a Veterinary Assistant Controlled Substance Permit Holder].

(c) A managing licensee who fails to comply with the laws and regulations relating to veterinary assistant controlled substance permits shall be subject to disciplinary action by the board.

Section 2087.3. Requirements of Managing Licensee and Supervisors

(a) If a supervisor will be unavailable to supervise the permit holder, the managing licensee shall make arrangements for a California licensed veterinarian in good standing to supervise the permit holder

in the absence of a regular supervisor. The temporary supervisor must comply with the provisions of section 2021.9.

(b) Upon written request of the board, the managing licensee and supervisors under the managing licensee shall provide to the board any documentation which verifies the supervisor's compliance with the requirements set forth in this section.

(c) A managing licensee and supervisors under the managing licensee who fail to comply with the laws and regulations relating to the supervision of a permit holder shall be subject to disciplinary action by the board.

Section 2087.4. Change of Managing Licensee

(a) The managing licensee shall notify the board, in writing, within ten (10) days of the termination of a supervisorial relationship with a permit holder.

(b) Once the supervisorial relationship between the managing licensee and the permit holder has been terminated, the permit holder shall not perform any veterinary services for which a permit is required until a new managing licensee has submitted to the board, in writing, their name and license number on forms provided by the board, as defined in Section 2087.2.

Section 2087.5. Name Tags

(a) Every California veterinary assistant controlled substances permit holder shall wear a name tag in at least 18 point type. The name tag shall include the name that the permit holder has filed with the Veterinary Medical Board and the term "VACSP Number", followed by the permit number issued to the permit holder by the board.

(b) Permittees need not wear a name tag if their permit is prominently displayed in a public area of the animal hospital setting. If permits are displayed in an area not easily accessible to any and every member of the public at all times the premise is open to the public, then permittees shall wear name tags. Permits shall not be altered in any manner nor shall any information contained on the permit be obscured or obliterated unless the permittee whose permit is so altered also wears a name tag.

(c) No person may utilize the term "veterinary assistant controlled substance permit", or the abbreviation "VACSP", holder to refer to him or herself, including on his or her name tag, unless that person is a veterinary assistant controlled substance permit holder.

(d) No person shall use any title in an animal hospital setting, or when dealing with the public, that the person is not eligible to use, nor that is misleading to the public as to that person's licensing status.

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MEMORANDUM

DATE	April 15, 2015
TO	VMB
FROM	Annemarie Del Mugnaio, Executive Officer DCA/Veterinary Medical Board
SUBJECT	**Update on Minimum Standards**

Background:
The minimum standards of practice regulations took effect January 1, 2014.

The Board delegated the issue of clarifying the recent changes to the minimum standards to the MDC. At its October 20, 2014 meeting, the MDC noted several changes that would further clarify the intent of the revised minimum standards, and be consistent with other provisions in the Veterinary Medicine Practice Act.

The Following Sections Were Addressed:

CCR Section 2030.3 - Small Animal Vaccination Clinic

- Subdivision (b) defines the requirements when a veterinarian is only administering vaccinations or performing preventative procedures for parasite control. (l) Specifically states that a VCPR must be established including a *complete physical exam* and medical records.
    - Proposed changes further clarify what may be provided at a small animal vaccination clinic and strikes subdivision (l).

CCR Section 2032.1 – Veterinarian-Client-Patient Relationship

- Adds subdivision (e) to address the issue of establishing a VCPR by means of telemedicine.

CCR Section 2032.25 - Written Prescriptions in Absence of Originally Prescribing Veterinarian.

- Section (b) is somewhat unclear. It is difficult to determine the exact circumstances that allow a veterinarian to refill a prescription without establishing a VCPR.
    - Proposed changes clarify that the section is pertinent when:
    - (1) a client is traveling and must refill a prescription and cannot make contact with the original prescribing veterinarian. OR
    - (2) When the original prescribing veterinarian is unavailable and the veterinarian providing the refill of a prescription works at the same facility and has access to the patient's medical records.

Subsequently, at its February 19, 2015 meeting, the MDC made changes to the minimum standards for sections noted above and is recommending the VMB adopt the proposed changes included in your meeting materials.

Attachments:

- California Code of Regulations Sections 2030-2037 – Amended Minimum Standards

Action Requested:

Review the amended language and consider adopting the clarifying regulations.

Business and Professions Code Section 4853- Registration of Place of Practice
California Code of Regulations Sections 2030-2037 – Minimum Standards

2030. Minimum Standards - Fixed Veterinary Premises.
2030.05. Minimum Standards - Licensee Manager.
2030.1. Minimum Standards - Small Animal Fixed Premises.
2030.2. Small Animal Mobile Clinic.
2030.3. Small Animal Vaccination Clinic.
2032.05. Humane Treatment.
2032. Minimum Standards of Practice.
2032.1. Veterinarian-Client-Patient Relationship.
2032.15. Veterinarian-Client-Patient Relationship in Absence of Client Communication
2032.2. Written Prescriptions.
2032.25. Written Prescriptions in Absence of Originally Prescribing Veterinarian.
2032.3. Record Keeping; Records; Contents; Transfer.
2032.35. Altering Medical Records
2032.4 Anesthesia.
2037. Dental Operation, Defined

2030. Minimum Standards - Fixed Veterinary Premises.

All fixed premises where veterinary medicine and its various branches are 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 or possess the following minimum standards:

(a) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose.

(b) A reception room and office, or a combination of the two.

(c) An examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient and client.

(d) If animals are housed or retained for treatment, the following shall be provided:

(1) Compartments for animals which are maintained in a comfortable and sanitary manner.

(2) Effective separation of known or suspected contagious animals.

(3) If there are to be no personnel on the premises during any time an animal is left at the veterinary facility, prior notice of this fact shall be given to the client. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the entrance of the premises, stating that there may be times when there are no personnel on the premises.

(e) When a veterinary premises is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the veterinary premises will be re-opened and where after hours emergency care is available. If no after hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.

(f) The veterinary premises shall meet the following standards:

(1) Fire precautions shall meet the requirements of local and state fire prevention codes.

(2) The facility, its temperature, and ventilation shall be maintained so as to assure the comfort of all patients.

(3) The disposal of waste material shall comply with all applicable state, federal, and local laws and regulations.

(4) The veterinary premises shall have the capacity to render diagnostic radiological services, either on the premises or through other commercial facilities. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.

(5) Clinical pathology and histopathology diagnostic laboratory services shall be available within the veterinary premises or through outside services.
(6) All drugs and biologicals shall be maintained, administered, dispensed and prescribed in compliance with state and federal laws.
(7) Sanitary methods for the disposal of deceased animals shall be provided and maintained.
(8) Veterinary medical equipment used to perform aseptic procedures shall be sterilized and maintained in a sterile condition.
(9) Current veterinary reference materials shall be readily available on the premises.
(10) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.
(11) The veterinary premises shall have equipment to deliver oxygen in emergency situations.
(12) Appropriate drugs and equipment shall be readily available to treat an animal emergency.

(g) A veterinary premises which provides aseptic surgical services shall comply with the following:

(1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparation. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable.

(A) A veterinary premises which is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall obtain compliance with this subdivision on or before January 1, 2014.

(B) The board may exempt a veterinary premises which is currently registered with the board, but does not have a separate aseptic surgery room, where it determines that it would be a hardship for the veterinary premises to comply with the provisions of this subdivision.

In determining whether a hardship exists, the board shall give due consideration to the following factors:

1. Zoning limitations.
2. Whether the premises constitutes a historical building.
3. Whether compliance with this requirement would compel the veterinary practice to relocate to a new location.

(2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves and non-surgical radiographic equipment.
(3) Open shelving is prohibited in the surgical room.
(4) The surgery room shall not contain a functional sink with an open drain.
(5) The doors into the surgery room must be able to be fully closed, fill the entire door space, be made of non-porous material and not provide access from outside the hospital. In cases where the size of the animal prevents entry to the hospital via a regularly-sized door, doors for outside access are permitted as long as such doors are able to be fully closed, fill the entire door space and be made of non-porous material.
(6) The surgery room shall be well-lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source.
(7) The floors, table tops, and counter tops of the surgery room shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.
(8) Surgical instruments and equipment shall be:

(A) Adequate for the type of surgical procedures performed.
(B) Sterilized as required by the surgical procedure performed and instruments used.

(9) In any sterile procedure, a separate sterile pack shall be used for each animal.
(10) All instruments, packs and equipment that have been sterilized shall have an indicator that reacts to and verifies sterilization.

(11) The following attire shall be required for aseptic surgery:

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which covers his or her hair and mouth, nose and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves.

(B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.

(h) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear clean clothing and footwear when appropriate.

For purposes of this section, “clean surgery” shall mean the performance of a surgical operation for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

2030.05. Minimum Standards - Licensee Manager.

(a) A Licensee Manager is the California licensed veterinarian named as the Licensee Manager on a facility’s premises permit.

(b) The Licensee Manager is responsible for ensuring that the premises for which he/she is manager complies with the requirements in sections 4853, 4854, 4855 and 4856 of the Business and Professions Code, Division 2, Chapter 11, Article 3. The Licensee Manager is responsible for ensuring that the physical and operational components of a premises meet the minimum standards of practice as set forth in sections 2030 through 2032.5 of the California Code of Regulations, Title 16, Division 20, Article 4.

(c) The Licensee Manager is responsible for ensuring that no unlicensed activity is occurring within the premises or in any location where any function of veterinary medicine, veterinary surgery or veterinary dentistry is being conducted off the premises under the auspices of this premises license.

(d) The Licensee Manager shall maintain whatever physical presence is reasonable within the facility to ensure that the requirements in (a) - (c) are met.

(e) Each licensed veterinarian shall be responsible for their individual violations of the Veterinary Medicine Practice Act or any regulation adopted thereunder.

2030.1. Minimum Standards - Small Animal Fixed Premises.

For purposes of these rules and regulations, a “small animal fixed premises” shall mean a fixed veterinary premises which concentrates in providing veterinary services to common domestic household pets.

In addition to the requirements in section 2030, small animal fixed premises shall provide:

(a) Where animals are kept on the veterinary premises for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this section may be achieved by the use of exercise runs or by providing the animal with the opportunity for outdoor walks. Where a premises has exercise runs, they shall be clean and sanitary and provide for effective separation of animals and their waste products.

(b) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

2030.2. Small Animal Mobile Clinic.

For purposes of these regulations, a “small animal mobile clinic” shall mean a trailer or mobile facility established to function as a veterinary premises which concentrates in providing veterinary services to common domestic household pets and is required by section 4853 of the code to be registered with the board.

(a) A small animal mobile clinic shall have:
(1) Hot and cold water.
(2) A 110-volt power source for diagnostic equipment.
(3) A collection tank for disposal of waste material.
(4) Lighting adequate for the procedures to be performed in the mobile clinic.
(5) Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.
(6) Compartments to transport or hold animals, if applicable.
(b) A small animal mobile clinic shall also have:
(1) indoor lighting for halls, wards, reception areas, examining and surgical rooms, which shall be adequate for its intended purpose.
(2) an examination room separate from other areas of the facility, which shall be of sufficient size to accommodate the doctor, assistant, patient and client.
(3) fire precautions that meet the requirements of local and state fire prevention codes,
(4) temperature and ventilation controls adequate to assure the comfort of all patients.
(5) a small animal mobile clinic which provides aseptic surgical services shall also have a room separate and distinct from other rooms, which shall be reserved for aseptic surgical procedures. Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. A small animal mobile clinic which provides aseptic surgical services and that is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall provide the board with the vehicle identification number of the mobile clinic and obtain compliance with this subdivision on or before January 1, 2006.
(A) A small animal mobile clinic that provides aseptic surgery shall also have an examination area separate from the surgery room that is large enough to conduct an examination.
(c) A small animal mobile clinic shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.
(d) A small animal mobile clinic shall provide either after hours emergency services to its patients or, if no after hours emergency care is available, full disclosure to the public prior to rendering services.
(e) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

2030.3. Small Animal Vaccination Clinic.

(a) The term “small animal vaccination clinic” shall refer to a location ~~mean a privately or publicly supported vaccination clinic~~ where a veterinarian performs only vaccinations and/or immunizations against disease on multiple animals, and where the veterinarian may also perform preventative procedures for intestinal parasitic control.
(b) A veterinarian must remain on site throughout the duration of a vaccination clinic and must maintain responsibility for all medical decisions made. The veterinarian is responsible for proper immunization and parasitic procedures and the completeness of recommendations made to the public by the paraprofessional staff that the veterinarian supervises or employs. The veterinarian is responsible for consultation and referral of clients when disease is detected or suspected.
(c) The disposal of waste material shall comply with all applicable state, federal, and local laws and regulations.
(d) All drugs and biologicals shall be stored, maintained, administered, dispensed and prescribed according to the manufacturer’s recommendations and in compliance with state and federal laws.
(e) Lighting shall be adequate for the procedures to be performed in the vaccination clinic.

(f) Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.
(g) Equipment shall be of the type and quality to provide for the delivery of vaccines and parasiticides in the best interest of the patient and with safety to the public.
(h) Fresh, clean water shall be available for sanitizing and first aid. Disposable towels and soap shall be readily available.
(i) A vaccination clinic shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.
(j) The vaccination clinic shall provide a legible list of the name, address, and hours of operation of all facilities that provide or advertise emergency services and, when applicable, the location of other clinics provided by the same entity on that day, that are located within a 30-minute or 30-mile radius.
(k) The vaccination clinic shall maintain all vaccination records for a minimum of three (3) years from the date of the vaccination.
(l) ~~If any diagnostic tests are performed or dangerous drugs are provided, administered, prescribed or dispensed, then a valid veterinary-client-patient relationship must be established, including a complete physical exam and Medical Records as set forth in section 2032.3.~~
(~~m~~) The veterinarian shall be identifiable to the public, including, but not limited to the posting of a copy of the veterinarian's license, as set forth in section 4850 of the Business and Professions Code.

2032. Minimum Standards of Practice.

The delivery of veterinary care shall be provided in a competent and humane manner. All aspects of veterinary medicine shall be performed in a manner consistent with current veterinary medical practice in this state.

2032.05. Humane Treatment.

When treating a patient, a veterinarian shall use appropriate and humane care to minimize pain and distress before, during and after performing any procedure(s).

2032.1. Veterinarian-Client-Patient Relationship.

(a) It is unprofessional conduct for a veterinarian to administer, prescribe, dispense or furnish a drug, medicine, appliance, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture or bodily injury or disease of an animal without having first established a veterinarian-client-patient relationship with the animal patient or patients and the client, except where the patient is a wild animal or the owner is unknown.
(b) A veterinarian-client-patient relationship shall be established by the following:
(1) The client has authorized the veterinarian to assume responsibility for making medical judgments regarding the health of the animal, including the need for medical treatment,
(2) The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animals are kept, and
(3) The veterinarian has assumed responsibility for making medical judgments regarding the health of the animal and has communicated with the client a course of treatment appropriate to the circumstance.
(c) A drug shall not be prescribed for a duration inconsistent with the medical condition of the animal(s) or type of drug prescribed. The veterinarian shall not prescribe a drug for a duration longer than one year from the date the veterinarian examined the animal(s) and prescribed the drug.

(d) As used herein, “drug” shall mean any controlled substance, as defined by Section 4021 of Business and Professions code, and any dangerous drug, as defined by Section 4022 of Business and Professions code.
(e) No person may practice veterinary medicine in the State except within the context of a veterinarian-client-patient relationship. A veterinarian-client-patient relationship cannot be established solely by telephonic or electronic means.

2032.15. Veterinarian-Client-Patient Relationship in Absence of Client Communication

(a) A veterinary-client-patient relationship may continue to exist, in the absence of client communication, when:
(1) A veterinary-client-patient relationship was established with an original veterinarian, and another designated veterinarian serves at the same location where the medical records are kept in the absence of the original veterinarian, and;
(2) The designated veterinarian has assumed responsibility for making medical judgments regarding the health of the animal(s), and;
(3) The designated veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal(s) or by medically appropriate and timely visits to the premises where the animal(s) is kept, or has consulted with the veterinarian who established the veterinary-client-patient relationship, and;
(4) The designated veterinarian has continued the medical, treatment, diagnostic and/or therapeutic plan that was set forth and documented in the medical record by the original veterinarian.
(b) If the medical, treatment, diagnostic and/or therapeutic plan differs from that which was communicated to the client by the original veterinarian, then the designated veterinarian must attempt to communicate the necessary changes with the client in a timely manner.

2032.2. Written Prescriptions.

(a) A written order, by a veterinarian, for dangerous drugs, as defined by Section 4022 of Business and Professions Code, shall include the following information:
(1) The name, signature, address and telephone number of the prescribing veterinarian.
(2) The veterinarian's license number and his or her federal registry number if a controlled substance is prescribed.
(3) The name and address of the client.
(4) The species and name, number or other identifying information for the animal.
(5) The name, strength, and quantity of the drug(s).
(6) Directions for use, including, if applicable, withdrawal time.
(7) Date of issue.
(8) The number of refills.
(b) All drugs dispensed shall be labeled with the following information:
(1) Name, address and telephone number of the facility.
(2) Client's name.
(3) The species and name, number, or other identifying information for the animal.
(4) Date dispensed.
(5) Directions for use, including, if applicable, withdrawal time.
(6) The manufacturer’s trade name of the drug or the generic names, strength (if more than one dosage form exists), and quantity of drug, and the expiration date when established by the manufacturer.
(7) Name of prescribing veterinarian.

(c) Pursuant to section 4170(a)(6) and (7) of the Business and Professions Code, veterinarians must notify clients that they have a choice to obtain either the medication or a written prescription and that they shall not be charged for the written prescription.

2032.25. Written Prescriptions in Absence of Originally Prescribing Veterinarian.

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 of the Business and Professions Code ~~without an appropriate prior examination and a medical indication~~, absent establishing a veterinary-client-patient-relationship (VCPR) as defined in 2031.1constitutes unprofessional conduct.
(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

(1) The licensee was a veterinarian serving in the absence of the treating veterinarian and the drugs were prescribed, dispensed, or furnished on an emergency basis for a traveling patient only as necessary to maintain the health of animal patient until they can return ~~of~~ to the originally treating veterinarian~~, but in any case no longer than 72 hours~~. Prior to providing a prescription refill pursuant to this section, the veterinarian shall make a reasonable effort to contact the original prescribing veterinarian, and shall document the communication, or his or her attempt to contact the original prescribing veterinarian, in the medical record.

(2) The original prescribing veterinarian is unavailable to authorize the refill, and the veterinarian authorizing the refill is working in the same practice as the original prescribing veterinarian, and: ~~The veterinarian transmitted the order for the drugs to another veterinarian or registered veterinary technician and both of the following conditions exist~~:

~~(A) The licensee had consulted with the veterinarian or registered veterinary technician who had reviewed the patient's records.~~

~~(B) The licensee was designated as the veterinarian to serve in the absence of the animal patient's veterinarian.~~

~~(3)~~ (A) The ~~licensee was a veterinarian serving in the absence of the treating veterinarian~~, veterinarian authorizing the refill was in possession of and had reviewed the animal patient's records, and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill and enters the prescription refill in the patient's medical record.

(B) In the veterinarian's professional judgment, failure to refill the prescription may interrupt the patient's ongoing care and have an adverse effect on the patient's well-being.

2032.3. Record Keeping; Records; Contents; Transfer.

(a) Every veterinarian performing any act requiring a license pursuant to the provisions of Chapter 11, Division 2, of the code, upon any animal or group of animals shall prepare a legible, written or computer generated record concerning the animal or animals which shall contain the following information:

(1) Name or initials of the person responsible for entries.
(2) Name, address and phone number of the client.
(3) Name or identity of the animal, herd or flock.
(4) Except for herds or flocks, age, sex, breed, species, and color of the animal.
(5) Dates (beginning and ending) of custody of the animal, if applicable.
(6) A history or pertinent information as it pertains to each animal, herd, or flock's medical status.
(7) Data, including that obtained by instrumentation, from the physical examination.
(8) Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.

(9) Records for surgical procedures shall include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.
(10) Diagnosis or assessment prior to performing a treatment or procedure.
(11) If relevant, a prognosis of the animal's condition.
(12) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
(13) Daily progress, if relevant, and disposition of the case.

(b) Records shall be maintained for a minimum of three (3) years after the animal's last visit. A summary of an animal's medical records shall be made available to the client within five (5) days or sooner, depending if the animal is in critical condition, upon his or her request. The summary shall include:
(1) Name and address of client and animal.
(2) Age, sex, breed, species, and color of the animal.
(3) A history or pertinent information as it pertains to each animal's medical status.
(4) Data, including that obtained by instrumentation, from the physical examination.
(5) Treatment and intended treatment plan, including medications, their dosage and frequency of use.
(6) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
(7) Daily progress, if relevant, and disposition of the case.

(c)(1) Radiographs and digital images are the property of the veterinary facility that originally ordered them to be prepared. Radiographs or digital images shall be released to another veterinarian upon the request of another veterinarian who has the authorization of the client. Radiographs shall be returned to the veterinary facility which originally ordered them to be prepared within a reasonable time upon request. Radiographs originating at an emergency hospital shall become the property of the next attending veterinary facility upon receipt of said radiograph(s). Transfer of radiographs shall be documented in the medical record.
(2) Radiograph and digital images, except for intraoral radiographs, shall have a permanent identification legibly exposed in the radiograph or attached to the digital file, which shall include the following:
(A) The hospital or clinic name and/or the veterinarian's name,
(B) Client identification,
(C) Patient identification, and
(D) The date the radiograph was taken.
(3) Non-digital intraoral radiographs shall be inserted into sleeve containers and include information in subdivision (c)(2)(A) - (D). Digital images shall have identification criteria listed in subdivision (c)(2)(A) - (D) attached to the digital file.

(d) Laboratory data is the property of the veterinary facility which originally ordered it to be prepared, and a copy shall be released upon the request of the client.

(e) The client shall be provided with a legible copy of the medical record when the patient is released following emergency clinic service. The minimum information included in the medical record shall consist of the following:
(1) Physical examination findings
(2) Dosages and time of administration of medications
(3) Copies of diagnostic data or procedures
(4) All radiographs and digital images, for which the facility shall obtain a signed release when transferred
(5) Surgical summary
(6) Tentative diagnosis and prognosis, if known
(7) Any follow-up instructions.

2032.35. Altering Medical Records

Altering or modifying the medical record of any animal, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct in accordance

with Business and Professions Code section 4883(g).

2032.4. Anesthesia.

(a) General anesthesia is a condition caused by the administration of a drug or combination of drugs sufficient to produce a state of unconsciousness or dissociation and blocked response to a given pain or alarming stimulus.
(b) When administering general anesthesia, a veterinarian shall comply with the following standards:

(1) Within twelve (12) hours prior to the administration of a general anesthetic, the animal patient shall be given a physical examination by a licensed veterinarian appropriate for the procedure. The results of the physical examination shall be documented in the animal patient's medical records.
(2) An animal under general anesthesia shall be observed for a length of time appropriate for its safe recovery.
(3) Provide respiratory monitoring including, but not limited to, observation of the animal's chest movements, observation of the rebreathing bag~~,~~ or respirometer.
(4) Provide cardiac monitoring including, but not limited to, the use of a stethoscope, pulseoximeter or electrocardiographic monitor.
(5) When administering general anesthesia in a hospital setting, a veterinarian shall have resuscitation or rebreathing bags of appropriate volumes for the animal patient and an assortment of endotracheal tubes readily available.
(6) Records for procedures involving general anesthesia shall include a description of the procedure, the name of the surgeon, the type of sedative and/or anesthetic agents used, their route of administration, and their strength if available in more than one strength.

2032.5. Emergency Hospitals.

(a) Any veterinary premises that displays any sign, card, or device that indicates to the public that it is an emergency veterinary clinic or hospital shall comply with the following:

(1) Maintain a licensed veterinarian on the premises at all times during the posted hours of operation.
(2) Its advertisements shall clearly state:
(A) A licensed veterinarian is on the premises during the posted emergency hours.
(B) The hours the facility will provide emergency services.
(C) The address and telephone number of the premises.

(b) The phrase "veterinarian on call" shall mean that a veterinarian is not present at the hospital, but is able to respond within a reasonable time to requests for emergency veterinary services and has been designated by a daytime veterinary facility to do so after regular office hours. A veterinary premises which uses a veterinarian on call service shall not be considered to be or advertised as an emergency clinic or hospital.

2037. Dental Operation, Defined

(a) The term "dental operation" as used in Business and Professions Code section 4826 means:

(1) The application or use of any instrument, device, or scaler to any portion of the animals tooth, gum or any related tissue for the prevention, cure or relief of any wound, fracture, injury or disease of an animal's tooth, gum or related tissue; and
(2) Preventive dental procedures including, but not limited to, the removal of calculus, soft deposits, plaque, stains or the smoothing, filing, scaling or polishing of tooth surfaces.

(b) Nothing in this regulation shall prohibit any person from utilizing cotton swabs, gauze, dental floss, dentifrice, or toothbrushes on an animal's teeth.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Veterinary Medical Board
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MEMORANDUM

DATE	April 15, 2015
TO	Veterinary Medical Board
FROM	Annemarie, Executive Officer DCA/Veterinary Medical Board
SUBJECT	Animal Rehabilitation Regulations

Background:

At the January 20-21, 2015 meeting, the Board made several changes to the proposed animal rehabilitation language. Some of the changes included clarifying specific types of treatment modalities. However, there was some question as to whether the definition of physical therapy was adequately reflected. To that end, below is the definition of physical therapy, BPC 2620, for your reference.

Next steps include drafting an Initial Statement of Reasons which is a rulemaking document explaining what the proposal intends to do and how the language serves to protect the public. The Board is preparing for a hearing on the proposal at its July 21-22, 2015 meeting.

Action Requested:

- Review the attached proposed language as adopted by the Board at its January 20-21, 2015 meeting to ensure all edits were reflected.
- Advise staff on the animal welfare risks if direct supervision is not mandated for RVTs and licensed physical therapists in order to properly prepare the aforementioned rulemaking document.

Attachment

Proposed Animal Rehabilitation Language – VMB January 2015

BPC 2620. *(a) Physical therapy means the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise, and shall include physical therapy evaluation, treatment planning, instruction and consultative services. The practice of physical therapy includes the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions. The use of roentgen rays and radioactive materials, for diagnostic and therapeutic purposes, and the use of electricity for surgical purposes, including cauterization, are not authorized under the term*

"physical therapy" as used in this chapter, and a license issued pursuant to this chapter does not authorize the diagnosis of disease.

(b) Nothing in this section shall be construed to restrict or prohibit other healing arts practitioners licensed or registered under this division from practice within the scope of their license or registration.

Animal Rehabilitation

(a) The term animal rehabilitation (AR) is ~~the physical or corrective rehabilitation of any animal by~~ the use of the physical, chemical and other properties of thermal, magnetic, biofeedback technology, hydrotherapy, such as underwater treadmills, ~~of heat,~~ light~~, water,~~ electricity, sound, therapeutic massage, manual therapy, and active~~, passive,~~ and resistive exercise for the prevention, cure or relief of a wound, fracture, bodily injury, or disease of animals. AR includes physical ~~rehabilitation~~ evaluation, treatment planning, instruction and consultative services, and treatments and therapies.

(b) AR may ~~only~~ be performed only by the following persons:

(1) A veterinarian who has examined the animal patient and has sufficient knowledge to make a diagnosis of the medical condition of the animal, has assumed responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment, including a determination that AR will not be harmful to the animal patient, discussed with the owner of the animal or the owner's authorized representative a course of treatment, and is readily available or has made arrangements for follow-up evaluation in the event of adverse reactions or failure of the treatment regimen. The veterinarian shall ensure that accurate and complete records of AR treatments are maintained in the patient's veterinary medical record. ~~The veterinarian shall obtain as part of the patient's permanent record, a signed acknowledgment from the owner of the patient or his or her authorized representative that AR is considered to be an alternative (nonstandard) veterinary therapy.~~

(2) A California licensed physical therapist (PT) or a registered veterinary technician (RVT) working under the direct supervision of a veterinarian. A PT or a RVT shall be deemed to be working under the direct supervision of a veterinarian where the following protocol has been followed:

(A) The supervising veterinarian shall comply with the provisions of subsection (b)(1) prior to authorizing a PT or RVT to complete an initial ~~examination~~ evaluation of and/or perform treatment upon an animal patient.

(B) The supervising veterinarian shall be physically present wherever the AR is being performed.

~~The supervising veterinarian shall be responsible to ensure that accurate and complete records of AR treatments are maintained in the patient's veterinary medical record.~~

(C) A veterinarian shall ~~who fails to~~ conform ~~with~~ to the provisions of this section when ~~authorizing~~ supervising a PT or RVT ~~to evaluate or~~ who is performing AR treatments upon an animal. Failure to conform to the provisions shall be deemed ~~to have engaged in~~ unprofessional conduct or aiding and abetting the unlicensed practice of veterinary medicine pursuant to section 4826 of the ~~code~~Code.

(D) After the PT or RVT has completed an initial ~~examination~~ evaluation of and/or treatment upon the animal patient, the PT or RVT shall consult with the supervising veterinarian to confirm that the AR care is appropriate, and to coordinate complementary treatment, to assure proper patient care.

~~(E) At the time a PT or RVT is performing AR on an animal patient in an animal hospital setting, the supervising veterinarian shall be on the premise. At the time~~

~~a PT or RVT is performing AR on an animal patient in a range setting, the supervising veterinarian shall be in the general vicinity of the treatment area.~~

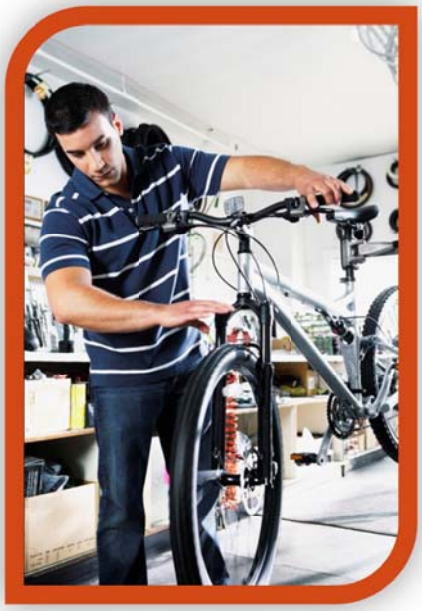
(~~F~~E) A PT or RVT ~~who fails to~~ shall conform ~~with~~ to the provisions of this section when performing AR upon an animal. Failure to conform to the provisions shall be deemed ~~to be engaged in~~ the unlicensed practice of veterinary medicine pursuant to section 4826 of the ~~c~~Code.

(c) ~~Where the supervising veterinarian~~ ~~has~~ If at any time, either the supervising veterinary or the PT or RVT terminates ~~ceased~~ the supervisory relationship as defined above ~~with a PT or RVT who is performing AR treatment upon an animal patient~~, the PR or RVT shall immediately ~~terminate~~ cease ~~such~~ AR treatment.


MB

Message from the President

Placeholder text and photo.



Contents

2012-2014 Accomplishments

In keeping with its commitment to reduce the amount of unlicensed activity occurring in the marketplace, the Board revisited its partnerships and protocols for initiating unlicensed activity investigations and continues to work with local law enforcement on imposing stiff penalties for those practicing veterinary medicine without a license.

The Board has dedicated resources to its enforcement program in order to decrease enforcement cycle times for case review, improve its probation monitoring efforts with in-person probation interviews and compliance checks and partnering the Office of the Attorney General to conduct Expert Witness training in November 2014 to enhance the quality of the Board expert review process.

The Board has also added eleven new Hospital Inspectors to its Hospital Inspection team and almost tripled the number of hospital inspections performed in 2014 from previous years. The quality of training for Hospital Inspectors was enhanced to include best practices for trouble-shooting common compliance issues and by incorporating training from outside agencies, such as the Drug Enforcement Agency and the Department of Public Health.

Staff provided lectures and educational presentations to universities and local association chapters on minimum standards of practice- including common record-keeping violations, communication issues and how to notify the Board about practice concerns.

The Board developed draft regulations for implementing an approval program for alternate route pathways to become a Registered Veterinary Technician (RVT). The occupational analysis for the California State Board Examination was completed. Additionally, the *jurus prudence* test for the RVT examination was written and implemented, which serves to complete the transition to the national RVT examination prerequisite to RVT licensure.

Finally, the Board successfully implemented Continuing Education requirements for RVTs.

Mission Statement

To protect consumers and animals by regulating licensees, promoting professional standards and diligent enforcement of the California Veterinary Medicine Practice Act.

Vision Statement

An environment in which Californians have access to high quality veterinary care for all animals.

Values

- Consumer protection
- Integrity
- Professionalism
- Responsive
- Transparency

Strategic Goal Areas

Enforcement

The goal of the Board is to safeguard consumers and the health and safety of their animals by preventing of the unlicensed, illegal, incompetent and unprofessional practice of veterinary medicine.

Licensing, Examinations and Permitting

The goal of the Board is to make certain that only qualified individuals are issued a license to practice as veterinarians or Registered Veterinary Technicians (RVTs), and that those holding a Veterinary Assistant Controlled Substance Permit have not engaged in the unlawful consumption or sale of controlled substances.

Legislation and Regulations

The goal of the Board is to monitor and uphold the law and participate in the regulatory and legislative processes.

Customer Service and Administration

The goal of the Board is to confirm that consumers, licensees, schools and all other stakeholders receive service in a prompt, courteous, accurate and cost-effective manner.

Outreach

The goal of the Board is to educate consumers and licensees so that they are able to make informed decisions regarding the purchase and provision of veterinary medical services.

Hospital Inspection Program

The goal of the Board is to proactively educate veterinarians regarding the minimum standards requirements as provided by the California Veterinary Practice Act.

Enforcement Objectives

1. Maximize recourse against unlicensed persons to protect animal patients.

2. Expedite all disciplinary case actions through proactive management of Division of Investigation and Attorney General services to reduce the average disciplinary case time frames.

3. Improve and measure the quality of subject matter expert services, reports and testimony to encourage fair resolution of all cases.

4. Create a Review Committee for complaints to increase objectivity of the complaint investigation process.

5. Increase and support probation monitoring and quarterly contact with probationers for compliance with disciplinary orders.

Licensing, Examinations and Permitting Objectives

1. Complete a cost-benefit analysis of the RVT exam to determine reasonable and equitable fees.

2. Monitor and approve the education and training offered by RVTs alternative route programs to measure quality and consistency.

3. Resolve faculty licensure issue to enforce the minimum standards for licensing applicable to all practice settings.

4. Implement a continuing education audit program for licensees and providers in order to verify compliance.

5. Coordinate with the Department of Consumer Affairs on creating and monitoring performance measures for licensing cycle times to expedite eligibility and renewals.

Legislation and Regulations Objectives

1. Take a Board position on issuing temporary licenses for out-of-state veterinarians during disasters in order to provide adequate veterinarian care.

2. Create statutory authority for veterinarians to compound drugs for animal medicine, within Food and Drug Administration guidelines, to enforce minimum standards.

3. Create public and private animal shelter regulations to address minimum standards for shelter medicine.

4. Develop regulation language for large animal practice to establish minimum standards.

Customer Service and Administration Objectives

1. Review and refine desk manuals and new employee orientation to reduce staff onboarding time.

2. Update frequently asked questions on the Web site to address consumer and licensee questions in order to improve customer service.

3. Streamline the email inquiry submission processes to improve timeliness and efficiency.

4. Implement online applications and renewals to improve licensing processing time frames.

5. Implement a consumer satisfaction survey to measure the Board's effectiveness.

6. Complete, deliver and testify to the 2015-2016 supplemental sunset review report.

Outreach Objectives

1. Encourage submission of email addresses for all licensees for efficient and timely communication.

2. Develop and circulate newsletter (at least twice per year) to provide updates on regulatory matters and topics of interest.

3. Provide outreach presentations to local associations, consumer groups and schools to inform and educate stakeholders.

4. Strengthen social media outlets and information posted on Web site to provide convenient, timely and accessible information.

Hospital Inspection Program Objectives

1. Improve Board member post-inspection feedback to address training issues relevant to hospital inspection processes.

2. Inspect new hospitals within one year of registration to validate compliance is achieved.

3. Increase number of training sessions of hospital inspectors to twice a year to encourage ongoing consistency and timely application of minimum standards.

4. Develop and publicize workshops and other educational tools to educate stakeholders on minimum standards.

5. Distribute hospital inspection checklist with initial premise permits and encourage self-evaluation on minimum standards.

Strategic Planning Process

To understand the environment in which the Board operates and identify factors that could impact the Board's success, the California Department of Consumer Affairs' SOLID unit conducted an environmental scan of the internal and external environments by collecting information through the following methods:

- Interviews conducted with all seven members of the Board, including the Chair of the Multi-Disciplinary Committee, completed during the month of January 2015 to assess the strengths, challenges, opportunities and threats the Board is currently facing or will face in the upcoming years.
- Interviews conducted with Board staff management, including the Executive Officer, completed in the month of January 2015 to identify the strengths and weaknesses of the Board from an internal perspective.
- A focus group conducted with a select group of Board staff in February 2015.
- An online survey sent to 850 Board stakeholders in February 2015 to identify the strengths and weaknesses of the Board from an external perspective. Just over 270 stakeholders completed the survey.

The most significant themes and trends identified from the environmental scan were discussed by the Board during a strategic planning session facilitated by SOLID on April 1-2, 2015. This information guided the Board in the revision of its mission, vision and values, while directing the strategic goals and objectives outlined in this 2015 – 2019 strategic plan.

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This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Veterinary Medical Board during the time period of January through April, 2015. Subsequent amendments may have been made after Board adoption of this plan.

CURRENT SUNSET REVIEW ISSUES
Veterinary Medical Board
Responses

2015

The following are unresolved issues pertaining to the Board, or areas of concern for the Committee to consider, along with background information concerning the particular issue. There are also recommendations the Committee staff have made regarding particular issues or problem areas which need to be addressed. The VMB and other interested parties, including the professions, have been provided with this Background Paper and can respond to the issues presented and the recommendations of staff.

BUDGETARY ISSUES

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ISSUE #1: (LACK OF NECESSARY STAFF.) The VMB currently has inadequate staffing and this continues to hamper the Board's productivity.

Background: According to the Board, in order to fulfill its mission, the Board must have a workforce consistent with the workload resulting from its mandates. However, the largest challenge of the Board has been the consistent refusal of any BCPs it has submitted over the years and the necessary position authority to effectively fulfill its responsibilities in regulating the veterinary profession and protecting consumers.

Since the last Sunset Review in 2004, the Board has had a significant increase in workload as more veterinarians have become licensed, more RVTs registered and more veterinary premises in need of inspections. As indicated, the Board's enforcement costs, duties and tasks continue to grow, backlogs continue to increase and the volume of workload per staff member is becoming increasingly impossible to handle.

The Board believes that increasing its enforcement staffing is imperative. The Board recently submitted an analysis to this Committee which shows that with the recent fee increase there will be additional revenue to support an additional 5.0 permanent staff positions and that even with the additional positions, the Board's fund condition will be healthy through FY 2017-2018.

Staff Recommendation: ***Since current staffing levels of the Board are insufficient to maintain the ongoing workload and responsibilities of the Board and will result in continuous backlogs of enforcement cases and possible delays in licensure, the Board should be provided with the additional staffing it is requesting and which the Board has sufficient funds to support. Also, before any new requirements or responsibilities are placed on the Board, there should be sufficient staffing to cover this additional workload in addition to the staffing already requested by the Board.***

2013 Board Response: The Board agrees with this recommendation. The Board has a history of being short staffed, especially during the past six to eight years. Although its staff has done a heroic job of trying to stay current in processing applications and consumer complaints, delays and backlogs have occurred and the overall workload has increased dramatically. Without adequate staffing in enforcement public safety could be compromised, consumer remedies delayed, animals harmed and negligent and/or incompetent licensees continuing to practice without restrictions.

The Board has identified three main causes of the enforcement workload backlogs:

1) the increase in the licensee population,
2) five years of furloughs, hiring restrictions and budget cuts, and
3) the increase in the actual workload with no increase in staff.

The Board has analyzed its fund condition to assure that it can increase its staffing and recently submitted a Fund Condition analysis to the Sunset Committee. With the fee increase that was implemented in March 2012 there is adequate revenue to support an additional 5.0 permanent staff positions and even with the additional positions, the Board's fund condition is healthy through FY 2017-2018.

The fee increase is generating approximately $455,000 in additional revenue in 2013-14 over the Governor's budget projections. This fee increase was implemented for the specific purpose of funding additional positions and was supported by the profession. \

2015 Response:

The staffing issue was addressed with approval of the 2015/2015 BCPs and hiring of 12 new staff positions. However, fund condition must be augmented with new revenue in order to support the staff on-going.

BOARD AND COMMITTEE RESPONSIBILITIES

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ISSUE #2: (ADDRESSING RVT ISSUES.) It does not appear as if the MDC is addressing some of the more important issues as it pertains to the RVT profession or both the Board and MDC are delaying action in addressing these issues.

Background: According to those representing the RVT profession, there has been several issues which either the MDC or the Board have not addressed or have delayed action in resolving. Examples given were (1) regulations to define the parameters for a student exemption allowing them to perform restricted RVT job tasks; (2) a regulation to clarify the Board's authority over RVT schools which took two and half years to go to public hearing after approved by the Board; (3) the transitioning from using the state RVT examination to using a national RVT exam.

A little history regarding the RVT profession and RVT committees, and RVT input on Board matters, may be appropriate at this point. In 1975, the profession of Animal Health Technician (AHT) was created by the Legislature in response to the desire by the veterinary profession to have a well-trained and reliable work force. The AHT Examining Committee (AHTEC) was created as an independent committee with a separate budget to assist the Board with issues related to the new profession. In 1994, the title "Animal Health Technician" was changed to RVT and the committee was called the RVTEC. In 1998, the original independent RVTEC was sunsetted, and a new committee of the Board, the RVTC, was created. The Legislature gave the new committee the statutory authority to advise the Board on issues pertaining to the practice of RVTs, assist the Board with RVT examinations, CE and approval of RVT schools. The Legislature also specifically stated in the law that its intent was that the Board would give specific consideration to the recommendations of the RVTC. In 2004, the JLSRC was concerned that the RVTC had no independent authority over issues within its jurisdiction, e.g., examinations, eligibility categories, establishing criteria for and approving RVT school programs. In 2006, the duties of the RVTC were expanded to include assisting the Board in developing regulations to define procedures for citations and fines. In 2010, the Legislature added an RVT to the Board for the first time, increasing the Board composition to a total of 8 members: 4 veterinarians, 1 RVT and 3 public members. At the same time the

RVTC was allowed to sunset upon appointment of the RVT. The newly created MDC also had the following make-up of members: 4 veterinarians, 2 RVTs and 1 public member.

The RVT committee has basically gone from an autonomous, semi-autonomous to a non-existent committee. However, it appears that both veterinarians and RVTs believed that both representation on the Board by an RVT and providing for RVTs on the MDC would allow for issues regarding the RVT profession to be adequately addressed. It appears, however, that this may not be the case. The Board seemed to realize this oversight at its September 5, 2012 meeting as it discussed the role of its committees and a structure for the committees that might be best to address the issues of the Board. It appears that one of the problems may be that the Board has no direct input during MDC meetings, or has not given clear direction to the MDC to address important issues brought before the Board or that must be resolved. The Board has also allowed RVT matters to be splintered between different subcommittees. There is one RVT subcommittee of the Board made up of two board members and another subcommittee of the MDC made up of one RVT and one veterinarian. Section 4809.8 of the Business and Professions Code was clear that the role of the MDC was to assist, advise, and make recommendations for the implementation of rules and regulations necessary for the proper administration and enforcement of the Veterinary Medicine Practice Act and to assist the Board in its examination, licensure, and registration programs. The MDC was intended to be inclusive of all issues regarding the veterinarian profession, and the Board must do the same.

Staff Recommendation: ***To assure the Board had direct input and oversight of matters related to the MDC, there should be one veterinarian member of the Board that sits on the MDC, and the RVT member of the Board should also sit on the MDC. They would not act as a liaison to the MDC but rather voting members of the MDC. The Board should eliminate its RVT subcommittee and the MDC RVT subcommittee and deal with RVT issues directly and not delay implementation of important RVT matters. Section 4832 of the Business and Professions Code of 2005 should be reinstated and revised to assure that the Board will give specific consideration to the recommendations of the MDC regarding RVT matters.***

2013 Board Response: The Board is aware of the need to efficiently address all issues before it, including those pertaining to RVTs. The Board supports reinstating Section 4832(b) of the Business and Professions Code to assure that the Board and its MDC will give special consideration to RVT matters. However, the root of the problem outlined above relates back to Issue #1, Lack of Necessary Staff. It is not just RVT issues that have been delayed, but issues across the profession.

The MDC was originally created in 2009 to be a three-year committee with a sunset date of 2012 that addressed specific enforcement issues, e.g., minimum standards, hospitals inspections, and the citation and fine program. RVT issues were not given to the MDC because the RVT Committee was still functioning and RVT issues went to that committee.

In June 2011, the Legislature sunsetted the RVT Committee and recreated the MDC as a permanent advisory committee to the Board to assist the Board in addressing issues of the profession including issues specific to RVTs. At that time the MDC was still completing the issues of its original enforcement issues mandate and although it was not able to take on new issues at that time, it did form a two member subcommittee specifically to handle RVT issues.

There was testimony at the Sunset hearing that the Board has "done nothing" on RVT issues since the RVTC was sunsetted on July 1, 2011. That is not accurate. The action items from the last RVT Committee meeting were as follows:

1) Follow up on the Radiation Safety Guide – *this has been completed.*
2) Post the RVT Mandatory CE FAQs on the Board's web site, mail to all RVTs, and include in a newsletter – *the FAQs are posted on the Board's web site, it was determined that it was not necessary to mail out the info because the two associations got the word out with links to the web site, and there is an article in the Board's next newsletter about the upcoming mandatory CE for RVTs becoming effective July 2013.*
3) Develop Title Protection regulations for "veterinary technicians" – *a public task force meeting was held in August 2011 and at that point it was determined that regulations were not necessary.*
4) Develop regulations for the level of supervision in the exemption for students in approved RVT programs to perform the RVT job tasks while still in school – *the RVTC made a recommendation that the level of supervision be "immediate" meaning that the student and supervisor are in the physical presence of each other. The Board approved going forward with these regulations, but they were delayed due to the Board's overall staffing issues. A public task force was held in March 2013 and two more are scheduled in 2013 to address these regulations.*

One other issue that was delayed was proposed regulations to further define the Board's authority over two-year RVT programs accredited by the American Veterinary Medical Association. This delay was directly related to the Board's staffing issues. The proposed regulations were on the Board's January 2013 agenda for discussion and were adopted and moved forward for staff to prepare a notice of public hearing.

At its January 2013 meeting, the Board asked its two-member RVT subcommittee to hold at least one task force meeting to discuss the transition to the national exam and to solicit public input on the RVT student exemption and regulating RVT alternate route programs. It was decided that the two subcommittees should work together as a task force in conjunction with the MDC meetings. The RVT Task Force held a public meeting on Tuesday, March 12, 2013 specific to RVT issues and has scheduled another public meeting for June 11, 2013 with an option for a third meeting on November 12, 2013.

The Board takes its job of consumer protection seriously along with the issues of the profession as a whole including veterinary technology. The MDC was recreated in 2011 and as of today, has not yet existed as a permanent committee for even two years. The Board believes that the MDC is a committee that is very effective in addressing issues of the profession including specific RVT issues within its current configuration. The Board has direct input on RVT issues through the RVT Board member and the Board member liaison to the MDC. The Board is not aware of any RVT issues that are not being addressed.

<u>2015 Response</u>

The MDC is currently addressing both the alternate route program approval issue with proposed regulatory language, and the RVT student exemption issue. The VMB has transitioned to the VTNE. The AVMA accredited RVT school regulations are complete and in effect.

ISSUE #3: (RESPONSE TO ISSUES AND RECOMMENDATIONS OF THE JLSRC.)

The Board has been slow to respond to issues and recommendations raised by the JLSRC in 2004 and other matters presented before the Board.

Background: The Board has been slow to deal with the issues and recommendations made by the JLSRC during its sunset review in 2004, and other issues which may have been brought before the Board over the past 8 years. The following are some examples:

- ~~Transitioning to the RVT National Examination.~~
- Appropriate oversight of RVT schools. [*AVMA school regs are complete/ Alternate route school regs are in progress]*
- Allowing students to perform limited RVT job tasks.[*In progress]*
- Providing information to consumers about the use (or misuse) of specialty titles of veterinarians.
- Making its Diversion Program self-supporting.
- ~~Only recently planning to increase the number of inspections of veterinary premises.~~
- ~~Only recently putting forth regulations to increase its fine authority.~~
- Only recently updating its Disciplinary Guidelines.
- ~~Posting Disciplinary Actions taken by the Board on its Website.~~
- ~~Only recently putting forth regulations to deal with illegal animal dentistry.~~
- Adoption of Uniform Substance Abuse Standards for its Diversion Program. [*Regs are in process]*
- Adoption of CPEI SB 1111 regulations similar to other health related boards. [*Language adopted by Board October 2014]*
- ~~Lack of a consumer satisfaction survey.~~

Staff Recommendation: ***The Board should explain to the Committee why some of the important matters which the Board was directed to deal with back in 2004 by the JLSRC, and other matters brought before the Board over the past 8 years by DCA and others, have taken such a long time to resolve or implement. The Board needs to move ahead expeditiously to implement these necessary changes.***

2013 Board Response:

Some of these issues are related to process and some are due to staffing issues that we have already mentioned.

- Transitioning to the RVT National Examination. Although it may appear that the transition to the Veterinary Technician National Examination is slow, the law stated that the transition was to be implemented upon availability of the computerized examination on or after January 1, 2011 and we are now on track to transition in January 2014. The national exam was converted to a computerized exam in 2011 and one of the transition delays was waiting for verification that the new format was functioning properly and that the national exam vendor could accommodate the large influx of candidates that would result because of the Board's use of the exam. In addition, a transition such as this involves many steps including a job occupational analysis through the Department of Consumer Affairs (DCA), Office of Professional Exam Services (OPES), contract processing/issues, and development and implementation of regulations. Also, the Board now has representation on both the national exam committee through the American Association of Veterinary State Boards' (AAVSB) and the actual board of the AAVSB.
- Appropriate oversight of RVT schools. The AVMA schools regulations were started in July 2010 during the implementation employee furloughs and hiring restrictions. The Board already has oversight authority over all RVT schools in California. The initiation and implementation of the

regulations to clarify the Board's existing authority over all RVT schools and programs began in July 2010, but moving forward with the rulemaking process was delayed due to staffing and furlough issues. Despite its staffing shortages; in 2011, the Board sent a letter to all schools in California notifying them of the Board's existing authority over all RVT schools and programs in California and providing them with a draft copy of the proposed regulations. In January 2103, the Board revisited the regulations for oversight of RVT schools and moved it forward for public hearing. Staff is currently preparing to publish a notice of public hearing for these proposed regulations for July 2013.

- Allowing students to perform limited RVT job tasks. The statute allowing students in their final year of clinical study to perform RVT job tasks is in place and effective. The discussion of the level of supervision under which these students can perform these tasks was discussed in March 2013 and is on the agenda for further discussion and development of regulations at the June 2013 meeting of the Board's RVT Taskforce. In the absence of regulations to define this specific supervision, the existing definitions of supervision can be applied so there is no delay in applying this provision.
- Providing information to consumers about the use (or misuse) of specialty titles of veterinarians. The VMB researched this issue and the consensus was that the Board could not move forward because of potential restraint of trade issues. However, the Board did post the guidelines on advertising for specialty titles on the web site for purposes of transparency and consumer information. No further action is anticipated.
- Making its Diversion Program self-supporting. The Board increased the fee for its program in March 2012 to a level that was not quite self-supporting. The contract negotiations for a vendor to run this program are in progress and under a new contract the fees could change. The Board is willing to take another look at fees once there is a new contract in place.
- Only recently planning to increase the number of inspections of veterinary premises. It is not accurate that the Board "only recently" planned to increase the number of hospital inspections. Since the last sunset review in 2004, the Board has faithfully submitted budget change proposals for additional funding and personnel for its inspection program and the requests have been denied due to a budget imbalance in the Board's fund or because the requests didn't meet the administration's budget criteria for increasing staff.

  In 2005, the Board began a five year project to increase fees to correct the imbalance and identified three required steps,

  1) increase fees to the current statutory maximum;
  2) increase the statutory maximum and
  3) increase actual fees again to a level consistent with the need for funding consistent with the BCP requests for positions and funding.

  The first step was completed in October 2007 when the fees were increased to the current statutory maximum. In 2010, the statutory maximums were increased for the first time since 1992. In 2011, the Board increased its fees to a level necessary to support its need for additional position based on increased workload; however, due to the poor economic situation in California in 2011, the Board was required to delay implementation of its fee increase until March 2012 in order to have the regulation approved.

  In 2006-2007, after struggling to recruit inspectors due to the extensive State contract requirements, the Board worked with DCA to simplify the process to acquire inspectors and widened the recruitment pool by including RVTs. In 2008, despite the Governor's Executive Order S-09-08 which resulted in the termination of Inspection Coordinator for three months, the Board was able to inspect over 200 veterinary hospitals in 2008-09. In 2009-2010, the Board overhauled the training

of inspectors. In 2010-11, the Board improved the inspector application process and increased ongoing training efforts. In May 2011 the Board submitted budget change proposals (BCP) to increase inspections and adequately fund the program and was denied by the Department of Finance. In April 2012, submitted budget concept papers to DCA and Consumer Services Agency to increase inspections and fund the program and once again, the proposal was denied. In July 2012, the Board recruited an additional five veterinarian inspectors.

Budget constraints, state-wide staffing limitations and state economic policies have hampered the Board's ability to increase the number of hospital inspections in the past eight years. Despite its limitations, the Board has made improvements to the program and continues to make efforts to increase inspections.

- Only recently putting forth regulations to increase its fine authority. The Board identified the need to review its citation and fine authority and update its regulations in 2009 and referred the issue to the newly formed Multidisciplinary Committee (MDC) along with the minimum standards of practice and hospital inspection standards. Although the regulations themselves were just voted on by the Board in January 2013, there was over a year of discussions and public input before those regulations could be put forward. In January 2013 the Board adopted the proposed regulations and directed staff to move forward with preparing a notice of public hearing as soon as possible (considering the other Board proposed regulations slated for hearing).
- Only recently updating its Disciplinary Guidelines. The Board did not just update its guidelines, it took on the project of totally redoing them to insure that the language was plain English and the criteria used to determine penalties were accurate and clearly stated. The process began at the Board's retreat in 2009 and then resumed in 2011 with discussion at several Board meetings into 2012. The proposed rulemaking file is currently being reviewed by the Department of Finance and it is anticipated that it will be forwarded on to the Office of Administrative Law by April 26, 2013.
- Posting Disciplinary Actions taken by the Board on its Website. The Board has always posted notification of its disciplinary actions on its web site and published it in its newsletter. Staffing shortage and other pressing needs involving enforcement caused a cessation of the newsletter and posting the enforcement information on the web from 2004 through 2007 although the enforcement notification was still being posted on the License Lookup portion of the Board's website. Since 2010, the Board was able to obtain scanning equipment and has been posting the actual public documents online so that when a person looks up a veterinarian or registered veterinary technician, they can also download the actual documents if there has been any action against the license.
- Only recently putting forth regulations to deal with illegal animal dentistry. The Board is in the process of making amendments to CCR Section 2037 to address the illegal animal dentistry issues. The process is a lengthy one given that as a result of the initial notice of public comment the Board received and had to respond to over 22,000 comments protesting the changes to Section 2037. In addition, the Board has had to do several 15-day notices and received many more additional comments. Ultimately, the file was disapproved by the Office of Administrative Law and the Board is working with the attorney assigned to the rulemaking file to make the required changes to the file so it can be resubmitted sometime in late May 2013. The Board believes that the proposed changes to the law are clarifying in nature and has also been working with local District Attorneys under existing law on cases involving unlicensed animal dentistry and has been successful in obtaining three convictions in the last year.
- Adoption of Uniform Substance Abuse Standards for its Diversion Program. The Board participated in the committee discussions regarding the Uniform Standards and was willing to move forward with regulations on the issues but was hampered both by a lack of staff and also by a lack of clarity from the DCA on exactly what was required to be adopted. The DCA issued a memo in 2012 outlining the parameters under which boards should move forward with adopting regulations and

the Board moved forward. The proposed regulations have been adopted and are in the pipeline for a notice of public hearing.

- Adoption of CPEI SB 1111 regulations similar to other health related boards. The issue of the CPEI regulations is currently being researched by the Board's enforcement committee and there is an agenda item for discussion of the item on the Board's agenda for April 23, 2013.
- Lack of a consumer satisfaction survey. The Board utilized its own customer satisfaction paper and pencil survey tool up until 2010 when it was discontinued due to staffing and workload issues. The Board does not use the DCA customer satisfaction surveys per se; however, it has used the DCA survey questions to develop its own electronic survey tool it plans to implement its own survey following the Board's conversion to BreEZe, DCA's new database system as a part of Phase 2. The original implementation date for Phase 2 of the BreEZe project was February 2013; however, the transition date has been moved back to at least February 2014 and possibly later.

LICENSING AND REGISTRATION

ISSUE #4: (ACCESS TO CONTROLLED SUBSTANCES.) Should veterinary assistants be required to obtain a permit from the Board so that they may be allowed to have access to controlled substances under the supervision of a veterinarian?

Background: For many years the RVTs and veterinarian assistants who assisted veterinarians in practice were allowed to administer drugs under indirect supervision of a veterinarian, by the veterinarian's order, control, and full professional responsibility. However, in 2007, the Board's legal counsel questioned the language in existing law regarding who can administer drugs to animals in a veterinary practice setting. The CVMA disagreed with the Board's interpretation of the law and subsequently sought a Legislative Counsel (LC) opinion. The LC opinion confirmed CVMA's position and it further validated current practice as it pertains to federal drug laws.

In 2007, CVMA carried SB 969 to make the statutory changes necessary to clarify those persons who could provide controlled substances in a veterinary office or clinic and under what level of supervision. This measure was signed into law, but contained a sunset provision. The purpose for the sunset provision was to assure that there were no problems of complaints received by the Board regarding the access to controlled substances by veterinary assistants. The sunset provision was extended to January 1, 2013, pursuant to SB 943 of 2011. During the interim, the DCA, CVMA, the Board and representatives from the RVT community met to determine if other changes were necessary in the law to assure that veterinary assistants who had access to controlled substances had appropriate oversight and had no criminal history. Discussions centered around the requirement for the fingerprinting of veterinary assistants who would have access to controlled substances within the veterinary facility. However, the Department of Justice (DOJ) indicated that they would be unable to provide criminal background information on veterinarian assistants to the Board unless they were under the authority of the Board. Therefore, the Board would have to at least require veterinary assistants to obtain a permit from the Board to be allowed access to controlled substances so that the Board could then request fingerprints of the veterinarian assistant that would be provided to DOJ. The Board could then be provided with the criminal background information from DOJ before they granted a permit.

Staff Recommendation: ***The Board should be required to establish a permitting process for veterinary assistants who will have access to controlled substances, both under direct and indirect supervision of a veterinarian, so that the Board can require fingerprints of veterinarian assistants and obtain criminal history information from DOJ. The requirement for a permit should begin by 2014. However, the Board should be provided adequate staffing to implement this new program to be paid from fees collected pursuant to the permit requirement.***

2013 Board Response: The Board supports protecting the public from the possibility of diversion of controlled substances. However, in considering the impact of implementation of a new permitting program that could add 16,000 to 32,000 new licensees, the Board has reservations. The original intent was to allow RVT's and VT's to administer drugs, including controlled substances under supervision of a licensed veterinarian with the supervision being the controlling factor. In order to reduce the number of lay persons requiring certification for purposes of fingerprinting, the Board recommends that the requirement for fingerprinting be a general limitation to persons who have access to the primary storage unit for controlled substances. It is estimated that this would reduce the number of lay persons that would be required to be certified and/or fingerprinted to approximately 6,000 to 10,000.

While the Board supports continued discussion on this topic, there is a very real departmental-wide barrier to any new programs. The Department of Consumer Affairs is in the midst of a major transition to a new database system. BreEZe. The first phase of boards is expected to transition in spring or summer 2013, phase two possibly in early 2014 and the third and final phase sometime in late 2014 or early 2015. There is a lockdown currently on any changes to the existing legacy system and to the new system until all the boards in all three phases have been transitioned.

Therefore, barring any unforeseen circumstances, best case scenario would be that a new program could possibly be developed in 2015 and implemented in 2016. So if the Committee is recommending such a new program, the Board is requesting that the Committee consider the department-wide barrier to implementing any new program before at least 2016.

2015 Response
The VMB held a Veterinary Assistant Controlled Substance Permit Interested Parties Workshop February 27, 2015 where regulatory language for the new permit category was discussed. Proposed regulations are before the VMB at the April 28-29, 2015 meeting. The transition to Breeze is still an issue with implementing the new program.

INSPECTION OF VETERINARY PREMISES

ISSUE #5: (INSPECT MORE VETERINARY PREMISES.) It is unknown the extent to which the Board has been able to inspect veterinary premises over the past 8 years. In 2004, only 13% of veterinary facilities on average were inspected each year.

Background: California Code of Regulations Section 2030 sets the minimum standards for fixed veterinary premises where veterinary medicine is practiced, as well as all instruments, apparatus, and

apparel used in connection with those practices. The method the Board has selected to enforce such standards is premise inspections. During the sunset review of the Board in 2004, the Board inspected an average of 300 registered veterinary facilities that were selected from a master list, and an average of 31 facilities in response to complaints it received. The vast majority of these inspections were unannounced. From 1996 to 2003 the Board had completed 2,616 inspections, including 211 complaint-related ones. The average rate for annual routine hospital inspections during those years was 13 percent, with a slight improvement during 2001/02 to 18 percent and 16 percent in 2002/03.
In its report to the JLSRC at the time, the Board indicated that all new veterinary premises are were inspected within the first six to 12 months of operation and that its goal was to have all premises inspected within a five-year period.

The Board further indicated to the JLSRC at the time that when it "randomly" selects premises to inspect, it eliminates from selection those premises with the most recent inspection dates. Thus, it appears that once facilities are inspected, they enjoy "safe harbors" from random inspections for an extended period of time, perhaps as long as six or more years. To accomplish these inspections, the Board contracted with private veterinarians who hold current California licenses and have at least five years of clinical practice experience. However, the Board was at the time considering expanding the pool of prospective inspectors to include RVTs as well.

The Committee did not receive any current information regarding the Board's inspection program of veterinary premises. The Board only indicated that it hired three new inspectors for the 2012/13 fiscal year to begin in September 2012, with a goal of increasing the actual number of inspections each year to 500, or 16%. The Board also changed the method of hiring inspectors from the Request for Proposal process to establishing a pool of qualified experts and hiring via the streamlined contract process implemented by DCA last year. This has greatly improved the pool of qualified applicants.

Staff Recommendation: ***The Board should update the Committee on its inspection program for the past 8 years and indicate if it has adequate staff to increase the number of actual inspections and what percentage of veterinary premises does it believe it will be able to inspect on an annual basis.***

2013 Board Response: The Board's inspection program is one area in which the Board is underfunded and understaffed. The Board is only funded for enough inspectors to perform 242 inspections annually. The Board is preparing a budget change proposal for 2014-15 to add staffing and funding to increase the number of hospitals inspected annually. If granted the request would allow the Board to inspect each veterinary premise once every 5 years and each newly registered premise within the first 6 months of registration.

With approximately 3,400 registered premises in California, new hospitals may go without an inspection and existing hospitals can only be inspected once every 12-14 years.This timeframe is not adequate to monitor the minimum standards of practice and ensure that health and safety standards are being met in California's veterinary hospitals. The Board has attempted to increase its funding for hospital inspections through budget change proposals over the last five years and has been denied.

To meet the goal of inspecting every five (5) years the Board would need to increase routine inspections to a minimum of 620 a year which requires additional staff and inspectors. Since the last sunset review in 2004, the Board has faithfully submitted budget change proposals for additional funding and personnel for its inspection program and the requests were all denied due to a budget imbalance in the Board's fund.

As state above, in 2005, the Board began a five year project to increase fees to correct the imbalance and identified three required steps,

1) increase fees to the current statutory maximum;
2) increase the statutory maximum and
3) increase actual fees again to a level consistent with the need for funding consistent with the BCP requests for positions and funding.

The first step was completed in October 2007 when the fees were increased to the existing statutory maximum. In 2010, the statutory maximums were increased for the first time since 1992. In 2011, the Board increased its fees to a level necessary to support its need for additional position based on increased workload; however, due to the poor economic situation in California in 2011, the Board was required to delay implementation of its fee increase until March 2012 in order to have the regulation approved.

In 2006-2007, after struggling to recruit inspectors due to the extensive State contract requirements, the Board worked with DCA to simplify the process to acquire inspectors and widened the recruitment pool by including RVTs. In 2008, despite the Governor's Executive Order S-09-08 which resulted in the termination of Inspection Coordinator for three months, the Board was able to inspect over 200 veterinary hospitals in 2008-09. In 2009-2010, the Board overhauled the training of inspectors. In 2010-11, the Board improved the inspector application process and increased ongoing training efforts. In May 2011 the Board submitted budget change proposals (BCP) to increase inspections and adequately fund program and was denied by the Department of Finance. In April 2012, submitted budget concept papers to DCA and Consumer Services Agency to increase inspections and fund program and once again proposal was denied. In July 2012, the Board recruited an addition five veterinarian inspectors.

Budget constraints, state-wide staffing limitations and state economic policies have hampered the Board's ability to increase the number of hospital inspections in the past eight years. Despite its limitations, the Board has made improvements to the program and continues to make efforts to increase inspections.

2015 Response
The Board obtained that necessary staff and funding to increase its inspection efforts to near 20%. The Board is on target to complete over 550 hospital inspections in 205/16. To date, the Board has 12 inspectors training and working across the state to handle both routine and complaint driven inspections. Inspecting a new registered premise within the first year is an objective in the VMB's Strategic Plan and will be implemented in the coming year.

ISSUE #6: (PRIORITIZE FACILITIES AND PREMISES TO BE INSPECTED.) Should the Board be involved in inspecting humane society facilities, shelters and other type of nonprofit animal rescue or adoption centers?

Background: It has come to the attention of the Committee that the Board may be inspecting non-veterinarian premises, including 501(c)(3) animal rescue groups, and providing an "inspection report" and possibly issuing citations and fines. This may not be a reasonable use of resources for the Board especially

in light of the problems it is having maintaining its own inspection program over those facilities and hospitals that provide direct veterinary services. There may be some confusion in the law regarding the Board's jurisdiction over these types of "premises" and that should be clarified. There does not appear to be any need for the Board to be involved in inspecting nonprofit animal rescue or adoption centers unless of course the Board has probable cause to believe that such facility is involved in unlicensed activity. However, the Board should only pursue action based on unlicensed activity, not pursuant to its inspection authority. The scope of Board authority over humane society facilities needs to be clarified so that resources are not being expended on low-priority activities while higher priorities are suffering. Local jurisdictions, either pursuant to health and safety violations or complaints received, may be able to deal with these other entities more directly.

Staff Recommendation: ***The Committee believes that existing law should be clarified so that the Board is not inspecting these non-veterinarian premises so that it can better target their use of scarce enforcement (inspection) resources and staff. The Board should provide justification for its continued inspection of humane society facilities and animal shelters. Unless the Board has evidence of unlicensed activity within nonprofit facilities, it should immediately cease any further action which is related to its inspection authority.***

2013 Board Response: The Board does not inspect humane society facilities, animal shelters, or other types of animal rescue or adoption centers. However, consistent with its consumer protection mandate, the Board does have authority to investigate allegations of unlicensed activity, diversion of drugs, and animal cruelty. The Board works with DCA investigators and with local authorities to investigate consumer complaints regarding such unlicensed activities no matter where those activities are taking place.

2015 Response
The Board will continue to enforce the Veterinary Medicine Practice Act which includes investigating unlicensed activity regardless of site or setting.

ENFORCEMENT

#

ISSUE #7: (DISCIPLINARY CASES STILL TAKING ON AVERAGE THREE YEARS OR MORE.) Will the Board be able to meet the CPEI goal of reducing the average disciplinary case timeframe from three years or more, to 12-18 months?

Background: As earlier indicated, in 2009, the DCA took the initiative to evaluate the needs of the board's staffing levels and put forth a new program titled the "Consumer Protection Enforcement Initiative" (CPEI) to overhaul the enforcement process of healing arts boards. According to the DCA, the CPEI was a systematic approach designed to address three specific areas: Legislative Changes, Staffing and Information Technology Resources, and Administrative Improvements. The CPEI proposed to streamline and standardize the complaint intake/analysis, reorganize investigative resources, and, once fully implemented, the DCA expected the healing arts boards to reduce the average enforcement completion timeline to between 12-18 months by FY 2012/13. The DCA requested an increase of 106.8 authorized positions and $12,690,000 (special funds) in FY 2010-11 and 138.5 positions and $14,103,000 in FY 2011-12 and ongoing to specified healing arts boards for purposes of funding the CPEI. As part of CPEI, the Board requested 7.1 first year and 8.1 ongoing staff positions. The Board received approval for only 1.0 special non-sworn investigator position. In 2010 and 2011, the position was reduced to .70 due to the

Governor's Workforce Cap Reduction and Salary Savings Elimination plans leaving the Board with .30 of a non-sworn investigator position. [The Board is still trying to fill this position.] Under the CPEI, this Board never really had an opportunity to utilize any additional staffing to improve its enforcement program. There was an expectation that with additional staffing the average enforcement completion timeframes (from intake, investigation of the case and prosecution of the case by the AG resulting in formal discipline) could be reduced. The implementation of the CPEI and the additional staff provided improved performance levels of some boards, but not this Board. As indicated by the Board, there is now a backlog of complaints of one year and the Board is unable to meet its performance measures for the handling of disciplinary cases. Due to the volume of workload and lack of staffing, the Board has redirected staff to address the highest priority caseload. These inadequacies, according to the Board, stifle the Board's progress to achieve its intended performance measures. The goal set for the Board, and all boards under CPEI, was 12 to 18 months to complete the entire enforcement process for cases resulting in formal discipline. In 2011/2012, it took nearly three years (36 months) or more to complete a disciplinary action against a licensee by the Board. Other reasons why the Board is unable to meet its performance measures and goal of 12 to 18 months to complete disciplinary action, is because it has to rely on the Division of Investigation (DOI) to investigate the case, on the Attorney General's Office (AG) to file an accusation and prosecute the case, and on the Office of Administrative Law (OAL) to schedule an Administrative Law Judge (ALJ) to hear the case. According to the Board, an investigation by DOI can take anywhere from 6 to 18 months. Once the case is transferred to the AG, it can take 6 months to a year to file an accusation and another year to have the case heard before an ALJ. These timelines are outside the Board's control, but add greatly to the overall length of time it takes from receipt of a complaint to ultimate resolution. [It should be noted the DOI has markedly improved in its investigation of cases. Most cases are completed within about a 6 month period on average. However, the AG's Office and the OAL were never made partners in the CPEI effort by DCA to reduce timeframes in the handling of cases. The timeframes for disciplinary cases handled by the AG have not changed significantly over the past years and OAL is now backlogged with cases and it is taking up to one year to schedule a case to be heard.]

Staff Recommendation: ***It is obvious unless there is buy-in from the other agencies (the DOI, AG and the OAL), which the Board must depend on, the goal of CPEI will never be realized. The Board has at least improved on part of the process it had control of, the processing of complaints and forwarding them to investigation, but still hasn't met its performance measure of 10 days for handling a complaint. This is due primarily, however, to inadequate staffing levels of the Board.***
As was indicated in Issue #1, the Board must receive adequate staffing so that it can more quickly process disciplinary cases. The bigger issue of dealing with delays by DOI, the AG and the OAL is something that is going to have to be addressed by the Legislature, DCA and these other agencies.

2013 Board Response: The Board is moving forward with trying to implement as many of the CPEI provisions as possible and has referred the issue to its Enforcement Committee for research and commendations. The Board concurs with the Committee that reducing processing times for enforcement cases is impossible without additional personnel resources and funding.

2015 Response
With the additional of 5 new enforcement staff, the Board has made strides in reducing its current case processing timelines. It has taken over 6 months to clear backlogs and there are still some remaining older cases that are waiting final resolution. The Board anticipates meeting its intake and investigation performance measures within the next 6 months.

ISSUE #8: (REPORTING SUBSTANCE ABUSE) Should a veterinarian or RVT be required to report instances in which they believe a fellow practitioner is involved with drug or alcohol abuse during their practice?

Background: The Board has indicated that it is discussing requirements similar to the mandatory reporting requirements for animal cruelty, under Section 4830.5 of the Business and Professions Code, if a fellow practitioner suspects drug or alcohol abuse. There would be an obligation to report to the Board. There are a number of health care boards under the DCA that require health care facilities to report health care practitioners who have been fired or suspended for harming a patient or other serious misconduct such as substance abuse. Currently, employers of vocational nurses, psychiatric technicians, pharmacists and respiratory care therapists are required to report to the respective boards the suspension or termination for cause of these health care practitioners. The Medical Board, Board of Podiatric Medicine, Board of Behavioral Sciences, Board of Psychology and the Dental Board also have more extensive reporting requirements for peer review bodies and hospitals which are specified in Section 805 et seq. of the B&P Code. The Board of Pharmacy also requires its licensed pharmacies to report their own employees (pharmacists or pharmacy technicians) if there is evidence of theft, diversion or misuse of drugs and they are terminated from employment for any of those reasons.

Staff Recommendation: ***The Board should consider a reporting requirement for veterinarians, RVTs and veterinarian assistants to report to the Board any instances in which someone working at a veterinarian facility may be abusing drugs or alcohol during their practice. There should also be immunity from civil liability for anyone who reports such substance abuse to the Board.***

2013 Board Response: The Board is considering this proposal but it is at the very beginning stages of discussion. The Board recognizes the logistical challenges with such reporting in labor contracts, hiring agreements and a general lack of knowledge about the signs of chemical addiction that could be a barrier to accurate reporting. While there are mandatory reporting requirements for things such as animal cruelty and dog fighting, it is expected that veterinarians would have a general knowledge about such animal issues. There is not the same expectation for general knowledge of chemical addiction in humans or the signs of impairment so these factors need to be considered prior to supporting any mandatory reporting requirement in veterinary medicine.

2015 Response

Where are we on this issue?

PUBLIC NOTIFICATION

#

ISSUE #9: (POST BOARD CONTACT INFORMATION.) Should veterinary premises be required to post contact information for the Board?

Background: The Board has indicated that the Board is discussing requiring a sign in every veterinary premise that notifies consumers of the Board's contact information if the consumer has a complaint.

Staff Recommendation: ***The Board should require that veterinary premises post a sign that notifies consumers of contact information for the Board if they wish to file a complaint regarding a veterinarian, RVT or veterinarian assistant.***

2013 Board Response: The Board supports the staff recommendation.

2015 Response
Looks like this should be added to the proposed minimum standards?

ISSUE #10: (USE OF NAME TAGS.) Should veterinarians, RVTs and veterinarian assistants be required to wear name tags?

Background: The RVTs indicate that in 2010 the Legislature gave RVTs title protection. However, they argue, that without mandatory name tags for the veterinary profession, the public has no way of knowing with whom they are dealing in a veterinary facility. The RVTs further indicate that by most estimates, there are at least two unlicensed veterinarian assistants for every RVT. Since many veterinary personnel wear similar clothing, unless a staff member is wearing a name tag, the public cannot distinguish between unlicensed veterinarian assistants and RVTs and even veterinarians. "The public has a right to know who is treating their animals."

Staff Recommendation: ***The Board should consider whether the use of name tags is necessary to identify the individual practitioner within a veterinary facility.***

2013 Board Response: The Board has had on-going discussions on mandating name tags in a veterinary hospital and the Board will continue to research the pros and cons of such a requirement.

2015 Response
Start with VACSPs?

CONTINUATION OF THE VETERINARY MEDICAL BOARD

ISSUE #11: (CONSUMER SATISFACTION WITH THE BOARD IS UNKNOWN.) Should the Board immediately start using a consumer satisfaction survey?

Background: The Board has indicated it utilized its own customer satisfaction paper and pencil survey tool up until 2010 when it was discontinued due to staffing and workload issues. The Board does not use the DCA customer satisfaction surveys per se; however, it is developing an electronic survey tool based on questions in the DCA survey and plans to implement its own survey following the Board's conversion to BreEZe, DCA's new database system.

Staff Recommendation: ***The Board should immediately upon the implementation of the BreEZe system start using a consumer satisfaction survey to determine if future changes may be necessary in its handling of consumer complaints and the way the public should be dealt with by the Board and its staff.***

2013 Board Response: The Board agrees with the committee recommendation and will start using an electronic consumer satisfaction survey for complaints as soon as it is feasible after implementation of BreEZe.

ISSUE # 12: (SHOULD THE VETERINARY MEDICAL BOARD BE CONTINUED?) Should the licensing and regulation of the practice of veterinarian medicine be continued and be regulated by the current Board membership?

Background: The health, safety and welfare of consumers are protected by a well-regulated veterinary profession. Although the Board has been slow to implement changes as recommended by the former JLSRC, and other matters presented to the Board for consideration over the past eight years, it appears as if the current Board has shown a strong commitment to improving the Board's overall efficiency and effectiveness and has worked cooperatively with the Legislature and this Committee to bring about necessary changes. It is obvious that there are still important regulations and problems that need to be addressed by this Board, but it seems more than willing to work with the Legislature, the DCA and other professional groups to act more expeditiously to deal with these issues in a timely fashion. The Board should be continued with a four-year extension of its sunset date so that the Committee may review once again if the issues and recommendations in this Paper and others of the Committee have been addressed.

Staff Recommendation: ***Recommend that the practice of veterinary medicine continue to be regulated by the current Board members of the Veterinary Medical Board in order to protect the interests of the public and that the Board be reviewed by this Committee once again in four years.***

2013 Board Response: The Board concurs with and appreciates the Committee's recommendation to extend the Board's sunset date by four years.

This is the Diversion Program language that will be added to all Conviction related Complaint Investigation Closure letters…

If you are a State of California licensed veterinarian or a Registered Veterinary Technician, and feel you may be dealing with a chemical dependency problem, you may voluntarily request assistance and support through the Board's confidential diversion program.

The Veterinary Medical Board is contracted with MAXIMUS, Inc. to provide confidential intervention, assessment referral, and monitoring services. You may obtain additional information regarding this program by contacting MAXIMUS, Inc. directly at 1-800-522-9198 or by contacting the Board's Diversion Program Coordinator at 1-916-515-5220. Additionally, information is available via the Board's website at www.vmb.ca.gov.

Legislation

A. AB 12 (COOLEY) – STATE GOVERNMENT: ADMINISTRATIVE REGULATIONS: REVIEW

INTRODUCED: 12/1/14 **STATUS:** In Accountability and Administrative Review Committee: Set, first hearing. Hearing canceled at the request of author.

BOARD POSITION: Pending

(1) Existing law authorizes various state entities to adopt, amend, or repeal regulations for various specified purposes. The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would, until January 1, 2019, require each state agency to, on or before January 1, 2018, and after a noticed public hearing, review and revise that agency's regulations to eliminate any inconsistencies, overlaps, or outdated provisions in the regulations, adopt the revisions as emergency regulations, and report to the Legislature and Governor, as specified. The bill would further require each agency to, on or before January 1, 2017, compile an overview of the statutory law that agency administers.

(2) The act requires a state agency proposing to adopt, amend, or repeal a major regulation, as defined, to prepare a standardized regulatory impact analysis of the proposed change. The act requires the office and the Department of Finance to, from time to time, review the analyses for compliance with specific department regulations. The act further requires the office to, on or before November 1, 2015, submit a report on the analyses to the Senate and Assembly Committees on Governmental Organization, as specified.

This bill would instead require the office and department to annually review the analyses. The bill would also require the office to annually submit a report on the analyses to the Senate Committee on Governmental Organization and the Assembly Committee on Accountability and Administrative Review.

B. AB 85 (WILK) – OPEN MEETINGS

INTRODUCED: 1/6/15 **STATUS:** Referred to Committee on Government Operations.

BOARD POSITION: Pending

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in a meeting of a state body, subject to certain conditions and exceptions.

This bill would specify that the definition of "state body" includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as prescribed, except a board, commission, committee, or similar multimember body on which a member of a body serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

This bill would make legislative findings and declarations, including, but not limited to, a statement of the Legislature's intent that this bill is declaratory of existing law.

This bill would declare that it is to take effect immediately as an urgency statute.

C. AB 611 (DAHLE) – CONTROLLED SUBSTANCES: PRESCRIPTIONS: REPORTING

AMENDED: 3/24/15 **STATUS:** Re-referred to Committee on Business and Professions.

BOARD POSITION:

Existing law requires certain health care practitioners and pharmacists to apply to the Department of Justice to obtain approval to access information contained in the Controlled Substance Utilization Review and Evaluation System (CURES) Prescription Drug Monitoring Program (PDMP) regarding the controlled substance history of a patient under his or her care. Existing law requires the Department of Justice, upon approval of an application, to provide the approved health care practitioner or pharmacist the history of controlled substances dispensed to an individual under his or her care. Existing law authorizes an application to be denied, or a subscriber to be suspended, for specified reasons, including, among others, a subscriber accessing information for any reason other than caring for his or her patients.

This bill would also authorize an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the CURES PDMP regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged substance abuse of a licensee. The bill would, upon approval of an application, require the department to provide to the approved individual the history of controlled substances dispensed to the licensee. The bill would clarify that only a subscriber who is a health care practitioner or a pharmacist may have an application denied or be suspended for accessing subscriber information for any reason other than caring for his or her patients. The bill would also specify that an application may be denied, or a subscriber may be suspended, if a subscriber who has been designated to investigate the holder of a professional license accesses information for any reason other than investigating the holder of a professional license.

D. AB 750 (LOW) – BUSINESS AND PROFESSIONS: LICENSES

AMENDED: 4/16/15 **STATUS:** In Business and Professions Committee: Hearing postponed by Committee.

BOARD POSITION: Pending

Existing law provides for numerous boards, bureaus, commissions, or programs within the Department of Consumer Affairs that administer the licensing and regulation of various businesses and professions. Existing law authorizes any of the boards, bureaus, commissions, or programs within the department, except as specified, to establish by regulation a system for an inactive category of license for persons who are not actively engaged in the practice of their profession or vocation. Under existing law, the holder of an inactive license is prohibited from engaging in any activity for which a license is required. Existing law defines "board" for these purposes to include, unless expressly provided otherwise, a bureau, commission, committee, department, division, examining committee, program, and agency.

This bill would additionally authorize any of the boards, bureaus, commissions, or programs within the department to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation, and would prohibit the holder of a retired license from engaging in any activity for which a license is required, unless regulation specifies the criteria for a retired licensee to practice his or her profession. The bill would authorize a board upon its own determination, and would require a board upon receipt of a complaint from any person, to investigate the actions of any licensee, including, among others, a person with a license that is retired or inactive.

E. AB 1060 (BONILLA) – PROFESSIONS AND VOCATIONS: LICENSURE

AMENDED: 3/26/15 **STATUS:** Re-referred to Committee on Business and Professions.

BOARD POSITION: Pending

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law requires the board, upon suspension or revocation of a license, to provide the ex-licensee with certain information pertaining to rehabilitation, reinstatement, or reduction of penalty, as specified.

This bill would require the board to provide that information through first-class mail and by email if the board has an email address on file for the ex-licensee.

F. AB 483 (PATTERSON) – HEALING ARTS: INITIAL LICENSE FEES: PRORATION

AMENDED: 4/9/15 **STATUS:** From committee chair, with author's amendments: Amend, and re-refer to Committee on Business and Professions. Read second time and amended.

BOARD POSITION: Pending

Existing law provides for the regulation and licensure of various professions and vocations by boards within the Department of Consumer Affairs. Existing law establishes fees for initial licenses, initial temporary and permanent licenses, and original licenses for those various professions and vocations. Existing law requires that licenses issued to certain licensees, including, among others, architects, acupuncturists, dental hygienists, dentists, occupational therapists, osteopathic physicians and surgeons, physical therapists, physicians and surgeons, and veterinarians, expire at 12 a.m. on either the last day of the birth month of the licensee or at 12 a.m. of the legal birth date of the licensee during the 2nd year of a 2-year term, if not renewed.

This bill would require that the fees imposed by these provisions for an initial license, an initial temporary or permanent license, an original license, or a renewal be prorated on a monthly basis.

G. AB 49 (MULLIN) – LIVESTOCK DRUGS: ANTIBIOTICS

INTRODUCED: 12/1/14 **STATUS:** From printer. May be heard in committee January 1.

BOARD POSITION: Pending

Under existing law, the Department of Food and Agriculture is responsible for enforcing provisions relating to the importation of animals, milk and milk products, produce dealers, and other agricultural regulations. Existing law requires the Secretary of Food and Agriculture to make and enforce provisions relating to the manufacture, sale, and use of livestock drugs.

This bill would make various legislative findings and declarations relating to the nontherapeutic use of antibiotics in livestock, and would declare the intent of the Legislature to enact legislation that would address the overuse of antibiotics in livestock production.

H. AB 316 (MAIENSCHEIN) – VETERINARIANS

AMENDED: 3/26/15 **STATUS:** Re-referred to Committee on Business and Professions.

BOARD POSITION: Pending

Under existing law, the Veterinary Medical Board licenses and regulates veterinarians and the practice of veterinary medicine. It is unlawful for any person to practice veterinary medicine in this state unless he or she holds a valid, unexpired, and unrevoked license issued by the board, except under specified circumstances, including when regularly licensed veterinarians are actually called from other states to attend cases in this state and do not open an office or appoint a place to do business within the state.

This bill would specifically exempt from these licensing requirements a regularly licensed veterinarian who is called from another state by a law enforcement agency, animal control department, or a humane officer to attend to cases that are part of an investigation of an alleged violation of federal or state animal fighting or animal cruelty laws within a single geographic location when the law enforcement agency, animal control department, or humane officer

determines that it is necessary to call the veterinarian to conduct the investigation in a timely, efficient, and effective manner.

Existing law requires the registration of all premises where veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced. Existing law also requires these premises, and all instruments, apparatus, and apparel used in connection with those practices to be kept clean and sanitary at all times, and to conform to those minimum standards established by the board. Existing law makes it a misdemeanor to violate these provisions regulating the practice of veterinary medicine.

This bill would authorize a regularly licensed veterinarian who is called from another state to attend to cases that are a part of the above described investigation to provide veterinary medical care to animals that are affected by the investigation within a temporary shelter facility and would exempt the temporary shelter facility from the registration requirement if specified conditions are met.

I. SB 27 (HILL) – LIVESTOCK: USE OF ANTIBIOTICS

BACKGROUND:

At the request of the Governor's Office, the California Department of Food and Agriculture (CDFA) convened a working group to discuss potential solutions to antimicrobial resistance and its relationship to antibiotic use in animals. The working group (which includes technical professionals from CDFA, CA Depart of Public Health, UC Davis, CVMA, and the VMB) developed a report entitled *Briefing Document: Antibiotic Resistance, March 5, 2015* (attached) to provide the Governor's Office and Legislature with background information of methods to combat antibiotic resistance at both the state and federal level. The working group also developed a tentative approach to address this issue—amendments to SB 27 (Hill) are attached. The goal is to approach this problem from a scientific perspective and propose measured solutions to mitigate risk to humans and to animals.

INTRODUCED: 12/1/14 **STATUS:** Referred to Committee on Agriculture.

BOARD POSITION: Pending

Existing law regulates the distribution and use of livestock drugs, as defined, by the Secretary of Food and Agriculture. Existing law also requires a person to obtain a license from the secretary to manufacture, sell, distribute, or store commercial feed, including commercial feed containing drugs.

This bill would prohibit the administration of medically important antimicrobial drugs, as defined, to livestock unless prescribed by a veterinarian pursuant to a veterinarian-client-patient relationship, as specified. The bill would make it unlawful to administer a medically important antimicrobial drug to livestock solely to cause an increased rate of weight gain or improved feed efficiency. The bill would also require the Department of Food and Agriculture to develop a program to track the use of medically important antimicrobial drugs in livestock and to track antibiotic-resistant bacteria and patterns of emerging resistance, and would also require the department, until March 1, 2020, to submit an annual report summarizing that data to the

Legislature. The bill would also require the department to adopt regulations to promote the judicious use of medically important antimicrobial drugs in livestock, as specified.

Because a violation of the bill's provisions would be misdemeanor, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

ASSEMBLY BILL No. 12

Introduced by Assembly Member Cooley

December 1, 2014

An act to amend Section 11349.1.5 of, and to add and repeal Chapter 3.6 (commencing with Section 11366) of Part 1 of Division 3 of Title 2 of, the Government Code, relating to state agency regulations.

LEGISLATIVE COUNSEL'S DIGEST

AB 12, as introduced, Cooley. State government: administrative regulations: review.

(1) Existing law authorizes various state entities to adopt, amend, or repeal regulations for various specified purposes. The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would, until January 1, 2019, require each state agency to, on or before January 1, 2018, and after a noticed public hearing, review and revise that agency's regulations to eliminate any inconsistencies, overlaps, or outdated provisions in the regulations, adopt the revisions as emergency regulations, and report to the Legislature and Governor, as specified. The bill would further require each agency to, on or before January 1, 2017, compile an overview of the statutory law that agency administers.

(2) The act requires a state agency proposing to adopt, amend, or repeal a major regulation, as defined, to prepare a standardized regulatory impact analysis of the proposed change. The act requires the office and the Department of Finance to, from time to time, review the

analyses for compliance with specific department regulations. The act further requires the office to, on or before November 1, 2015, submit a report on the analyses to the Senate and Assembly Committees on Governmental Organization, as specified.

This bill would instead require the office and department to annually review the analyses. The bill would also require the office to annually submit a report on the analyses to the Senate Committee on Governmental Organization and the Assembly Committee on Accountability and Administrative Review.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 11349.1.5 of the Government Code is amended to read:

11349.1.5. (a) The Department of Finance and the office ~~shall, from time to time,~~ *shall annually* review the standardized regulatory impact analyses required by subdivision (c) of Section 11346.3 and submitted to the office pursuant to Section 11347.3, for adherence to the regulations adopted by the department pursuant to Section 11346.36.

(b) *(1)* On or before November 1, 2015, *and annually thereafter,* the office shall submit to the Senate ~~and Assembly Committees~~ *Committee* on Governmental Organization *and the Assembly Committee on Accountability and Administrative Review* a report describing the extent to which submitted standardized regulatory impact analyses for proposed major regulations *for the fiscal year ending in June 30, of that year* adhere to the regulations adopted pursuant to Section 11346.36. The report shall include a discussion of agency adherence to the regulations as well as a comparison between various state agencies on the question of adherence. The report ~~may~~ *shall* also include any recommendations from the office for actions the Legislature might consider for improving state agency ~~performance.~~ *performance and compliance in the creation of the standardized regulatory impact analyses as described in Section 11346.3.*

(2) The report shall be submitted in compliance with Section 9795 of the Government Code.

(c) In addition to the *annual* report required by subdivision (b), the office ~~may~~ *shall* notify the Legislature of noncompliance by a state agency with the regulations adopted pursuant to Section 11346.36, in any manner or form determined by the ~~office.~~ *office and shall post the report and notice of noncompliance on the office's Internet Web site.*

SEC. 2. Chapter 3.6 (commencing with Section 11366) is added to Part 1 of Division 3 of Title 2 of the Government Code, to read:

CHAPTER 3.6. REGULATORY REFORM

Article 1. Findings and Declarations

11366. The Legislature finds and declares all of the following:

(a) The Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4 (commencing with Section 11370), Chapter 4.5 (commencing with Section 11400), and Chapter 5 (commencing with Section 11500)) requires agencies and the Office of Administrative Law to review regulations to ensure their consistency with law and to consider impacts on the state's economy and businesses, including small businesses.

(b) However, the act does not require agencies to individually review their regulations to identify overlapping, inconsistent, duplicative, or out-of-date regulations that may exist.

(c) At a time when the state's economy is slowly recovering, unemployment and underemployment continue to affect all Californians, especially older workers and younger workers who received college degrees in the last seven years but are still awaiting their first great job, and with state government improving but in need of continued fiscal discipline, it is important that state agencies systematically undertake to identify, publicly review, and eliminate overlapping, inconsistent, duplicative, or out-of-date regulations, both to ensure they more efficiently implement and enforce laws and to reduce unnecessary and outdated rules and regulations.

(d) The purpose of this chapter is to require each agency to compile an overview of the statutory law that agency oversees or administers in its regulatory activity that includes a synopsis of key programs, when each key program was authorized or instituted,

and any emerging challenges the agency is encountering with respect to those programs.

Article 2. Definitions

11366.1. For the purpose of this chapter, the following definitions shall apply:

(a) "State agency" means a state agency, as defined in Section 11000, except those state agencies or activities described in Section 11340.9.

(b) "Regulation" has the same meaning as provided in Section 11342.600.

Article 3. State Agency Duties

11366.2. On or before January 1, 2018, each state agency shall do all of the following:

(a) Review all provisions of the California Code of Regulations applicable to, or adopted by, that state agency.

(b) Identify any regulations that are duplicative, overlapping, inconsistent, or out of date.

(c) Adopt, amend, or repeal regulations to reconcile or eliminate any duplication, overlap, inconsistencies, or out-of-date provisions.

(d) Hold at least one noticed public hearing, that shall be noticed on the Internet Web site of the state agency, for the purposes of accepting public comment on proposed revisions to its regulations.

(e) Notify the appropriate policy and fiscal committees of each house of the Legislature of the revisions to regulations that the state agency proposes to make at least 90 days prior to a noticed public hearing pursuant to subdivision (d) and at least 90 days prior to the proposed adoption, amendment, or repeal of the regulations pursuant to subdivision (f), for the purpose of allowing those committees to review, and hold hearings on, the proposed revisions to the regulations.

(f) Adopt as emergency regulations, consistent with Section 11346.1, those changes, as provided for in subdivision (c), to a regulation identified by the state agency as duplicative, overlapping, inconsistent, or out of date.

(g) (1) Report to the Governor and the Legislature on the state agency's compliance with this chapter, including the number and

content of regulations the state agency identifies as duplicative, overlapping, inconsistent, or out of date, and the state agency's actions to address those regulations.

(2) The report shall be submitted in compliance with Section 9795 of the Government Code.

11366.3. (a) On or before January 1, 2018, each agency listed in Section 12800 shall notify a department, board, or other unit within that agency of any existing regulations adopted by that department, board, or other unit that the agency has determined may be duplicative, overlapping, or inconsistent with a regulation adopted by another department, board, or other unit within that agency.

(b) A department, board, or other unit within an agency shall notify that agency of revisions to regulations that it proposes to make at least 90 days prior to a noticed public hearing pursuant to subdivision (d) of Section 11366.2 and at least 90 days prior to adoption, amendment, or repeal of the regulations pursuant to subdivision (f) of Section 11366.2. The agency shall review the proposed regulations and make recommendations to the department, board, or other unit within 30 days of receiving the notification regarding any duplicative, overlapping, or inconsistent regulation of another department, board, or other unit within the agency.

11366.4. An agency listed in Section 12800 shall notify a state agency of any existing regulations adopted by that agency that may duplicate, overlap, or be inconsistent with the state agency's regulations.

11366.43. On or before January 1, 2017, each state agency shall compile an overview of the statutory law that state agency oversees or administers. The overview shall include a synopsis of the state agency's key programs, when each program was authorized or instituted, when any statute authorizing a program was significantly revised to alter, redirect, or extend the original program and the reason for the revision, if known, and an identification of any emerging challenges the state agency is encountering with respect to the programs.

11366.45. This chapter shall not be construed to weaken or undermine in any manner any human health, public or worker rights, public welfare, environmental, or other protection established under statute. This chapter shall not be construed to

affect the authority or requirement for an agency to adopt regulations as provided by statute. Rather, it is the intent of the Legislature to ensure that state agencies focus more efficiently and directly on their duties as prescribed by law so as to use scarce public dollars more efficiently to implement the law, while achieving equal or improved economic and public benefits.

Article 4. Chapter Repeal

11366.5. This chapter shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

O

ASSEMBLY BILL No. 85

Introduced by Assembly Member Wilk

January 6, 2015

An act to amend Section 11121 of the Government Code, relating to state government, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 85, as introduced, Wilk. Open meetings.

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in a meeting of a state body, subject to certain conditions and exceptions.

This bill would specify that the definition of "state body" includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as prescribed, except a board, commission, committee, or similar multimember body on which a member of a body serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

This bill would make legislative findings and declarations, including, but not limited to, a statement of the Legislature's intent that this bill is declaratory of existing law.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: ⅔. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. The Legislature finds and declares all of the following:

(a) The unpublished decision of the Third District Court of Appeals in Funeral Security Plans v. State Board of Funeral Directors (1994) 28 Cal. App.4th 1470 is an accurate reflection of legislative intent with respect to the applicability of the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code) to a two-member standing advisory committee of a state body.

(b) A two-member committee of a state body, even if operating solely in an advisory capacity, already is a "state body," as defined in subdivision (d) of Section 11121 of the Government Code, if a member of the state body sits on the committee and the committee receives funds from the state body.

(c) It is the intent of the Legislature that this bill is declaratory of existing law.

SEC. 2. Section 11121 of the Government Code is amended to read:

11121. As used in this article, "state body" means each of the following:

(a) Every state board, or commission, or similar multimember body of the state that is created by statute or required by law to conduct official meetings and every commission created by executive order.

(b) A board, commission, committee, or similar multimember body that exercises any authority of a state body delegated to it by that state body.

(c) An advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body, if created by formal action of the state body or of any member of the state body, and if the advisory body so created consists of three or more ~~persons.~~ *persons, except as in subdivision (d).*

(d) A board, commission, committee, or similar multimember body on which a member of a body that is a state body pursuant to this section serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

SEC. 3. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to avoid unnecessary litigation and ensure the people's right to access the meetings of public bodies pursuant to Section 3 of Article 1 of the California Constitution, it is necessary that act take effect immediately

O

AMENDED IN ASSEMBLY MARCH 24, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 611

Introduced by Assembly Member Dahle

February 24, 2015

An act to amend Section 11165.1 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

AB 611, as amended, Dahle. Controlled substances: prescriptions: reporting.

Existing law requires certain health care practitioners and pharmacists to apply to the Department of Justice to obtain approval to access information contained in the Controlled Substance Utilization Review and Evaluation System (CURES) Prescription Drug Monitoring Program (PDMP) regarding the controlled substance history of a patient under his or her care. Existing law requires the Department of Justice, upon approval of an application, to provide the approved health care practitioner or pharmacist the history of controlled substances dispensed to an individual under his or her care. *Existing law authorizes an application to be denied, or a subscriber to be suspended, for specified reasons, including, among others, a subscriber accessing information for any reason other than caring for his or her patients.*

This bill would also authorize an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the CURES PDMP regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged substance abuse of a licensee. The bill would, upon approval of an application, require the department

to provide to the approved individual the history of controlled substances dispensed to the licensee. *The bill would clarify that only a subscriber who is a health care practitioner or a pharmacist may have an application denied or be suspended for accessing subscriber information for any reason other than caring for his or her patients. The bill would also specify that an application may be denied, or a subscriber may be suspended, if a subscriber who has been designated to investigate the holder of a professional license accesses information for any reason other than investigating the holder of a professional license.*

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 11165.1 of the Health and Safety Code is amended to read:

11165.1. (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 shall, before January 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

(ii) A pharmacist shall, before January 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that pharmacist the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES PDMP.

(iii) An individual designated by a board, bureau, or program within the Department of Consumer Affairs to investigate a holder of a professional license may, for the purpose of investigating the alleged substance abuse of a licensee, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a licensee that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that individual the electronic history of controlled substances dispensed to the licensee based on data contained in the CURES PDMP. The application shall contain facts demonstrating the probable cause to believe the licensee has violated a law governing controlled substances.

(B) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application for a subscriber.

(ii) Failure to maintain effective controls for access to the patient activity report.

(iii) Suspended or revoked federal DEA registration.

(iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the possession or use of a controlled substance is an element of the crime.

(v) Any subscriber *described in clause (i) or (ii) of subparagraph (A)* accessing information for any other reason than caring for his or her patients.

(vi) Any subscriber described in clause (iii) of subparagraph (A) accessing information for any other reason than investigating the holder of a professional license.

(C) Any authorized subscriber shall notify the Department of Justice within 30 days of any changes to the subscriber account.

(2) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 or a pharmacist shall be deemed to have complied with paragraph (1) if the licensed health care practitioner or pharmacist has been approved to access the CURES database through the process developed pursuant to subdivision (a) of Section 209 of the Business and Professions Code.

(b) Any request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the Department of Justice.

(c) In order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, or Schedule IV controlled substances, the Department of Justice may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by an authorized subscriber from the Department of Justice pursuant to this section shall be considered medical information subject to the provisions of the Confidentiality of Medical Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(e) Information concerning a patient's controlled substance history provided to an authorized subscriber pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code of Federal Regulations.

O

AMENDED IN ASSEMBLY APRIL 6, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 750

Introduced by Assembly Member Low

February 25, 2015

An act to ~~amend~~ *add* Section ~~462 of~~ *463 to* the Business and Professions Code, relating to business and professions.

LEGISLATIVE COUNSEL'S DIGEST

AB 750, as amended, Low. Business and professions: *retired category:* licenses.

Existing law provides for numerous boards, bureaus, commissions, or programs within the Department of Consumer ~~Affairs,~~ *Affairs* that administer the licensing and regulation of various businesses and professions. Existing law authorizes any of the boards, bureaus, commissions, or programs within the department, except as specified, to establish by regulation a system for an inactive category of license for persons who are not actively engaged in the practice of their profession or vocation. Under existing law, the holder of an inactive license is prohibited from engaging in any activity for which a license is required. *Existing law defines "board" for these purposes to include, unless expressly provided otherwise, a bureau, commission, committee, department, division, examining committee, program, and agency.*

This bill would additionally authorize any of the boards, bureaus, commissions, or programs within the ~~department, except as specified,~~ *department* to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation, and would prohibit the holder of a retired license from engaging in any activity for which a license is ~~required.~~ *required,*

unless regulation specifies the criteria for a retired licensee to practice his or her profession. The bill would authorize a board upon its own determination, and would require a board upon receipt of a complaint from any person, to investigate the actions of any licensee, including, among others, a person with a license that is retired or inactive.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 463 is added to the Business and Professions Code, to read:

463. (a) Any of the boards, bureaus, commissions, or programs within the department may establish, by regulation, a system for a retired category of licensure for persons who are not actively engaged in the practice of their profession or vocation.

(b) The regulation shall contain the following:

(1) The holder of a retired license issued pursuant to this section shall not engage in any activity for which a license is required, unless the board, by regulation, specifies the criteria for a retired licensee to practice his or her profession or vocation.

(2) The holder of a retired license shall not be required to renew that license.

(3) In order for the holder of a retired license issued pursuant to this section to restore his or her license to an active status, the holder of that license shall meet all the following:

(A) Pay a fee established by regulation.

(B) Not have committed an act or crime constituting grounds for denial of licensure.

(C) Comply with the fingerprint submission requirements established by regulation.

(D) If the board requires completion of continuing education for renewal of an active license, complete continuing education equivalent to that required for renewal of an active license, unless a different requirement is specified by the board.

(E) Complete any other requirements as specified by the board by regulation.

(c) A board may upon its own determination, and shall upon receipt of a complaint from any person, investigate the actions of any licensee, including a person with a license that either restricts

or prohibits the practice of that person in his or her profession or vocation, including, but not limited to, a license that is retired, inactive, canceled, revoked, or suspended.

~~SECTION 1. Section 462 of the Business and Professions Code is amended to read:~~

~~462. (a) Any of the boards, bureaus, commissions, or programs within the department may establish, by regulation, a system for an inactive and a retired category of licensure for persons who are not actively engaged in the practice of their profession or vocation.~~

~~(b) The regulation shall contain the following provisions:~~

~~(1) The holder of an inactive or retired license issued pursuant to this section shall not engage in any activity for which a license is required.~~

~~(2) An inactive license issued pursuant to this section shall be renewed during the same time period in which an active license is renewed. The holder of an inactive license need not comply with any continuing education requirement for renewal of an active license.~~

~~(3) The renewal fee for a license in an active status shall apply also for a renewal of a license in an inactive status, unless a lesser renewal fee is specified by the board.~~

~~(4) In order for the holder of an inactive license issued pursuant to this section to restore his or her license to an active status, the holder of an inactive license shall comply with all the following:~~

~~(A) Pay the renewal fee.~~

~~(B) If the board requires completion of continuing education for renewal of an active license, complete continuing education equivalent to that required for renewal of an active license, unless a different requirement is specified by the board.~~

~~(c) This section shall not apply to any healing arts board as specified in Section 701.~~

O

AMENDED IN ASSEMBLY MARCH 26, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 1060

Introduced by Assembly Member Bonilla

February 26, 2015

An act to amend Section 491 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1060, as amended, Bonilla. Professions and vocations: licensure.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law requires the board, upon suspension or revocation of a license, to provide the ex-licensee with certain information pertaining to rehabilitation, reinstatement, or reduction of penalty, as specified.

This bill would ~~authorize~~ *require* the board to provide that information through first-class mail and by ~~electronic means.~~ *email if the board has an email address on file for the ex-licensee.*

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 491 of the Business and Professions Code is amended to read:

491. (a) Upon suspension or revocation of a license by a board on one or more of the grounds specified in Section 490, the board shall:

(1) Send a copy of the provisions of Section 11522 of the Government Code to the ex-licensee.

(2) Send a copy of the criteria relating to rehabilitation formulated under Section 482 to the ex-licensee.

(b) Subdivision (a) ~~may~~ *shall* be satisfied through first-class mail and by ~~electronic means.~~ *email if the board has an email address on file for the ex-licensee.*

O

AMENDED IN ASSEMBLY APRIL 9, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 483

Introduced by Assembly Member Patterson
(Principal coauthor: Assembly Member Gordon)
(Coauthors: Assembly Members Chang, Chávez, Grove, Obernolte, Waldron, and Wilk)
(Coauthor: Senator Anderson)

February 23, 2015

An act to amend Sections 1724, 1944, 2435, *2456.1*, 2538.57, 2570.16, 2688, ~~2987,~~ 4842.5, 4905, 4970, and 5604 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 483, as amended, Patterson. Healing arts: initial license fees: proration.

Existing law provides for the regulation and licensure of various professions and ~~vocations.~~ *vocations by boards within the Department of Consumer Affairs.* Existing law establishes fees for initial licenses, initial temporary and permanent licenses, and original licenses for those various professions and vocations. Existing law requires that licenses issued to certain licensees, including, among others, architects, acupuncturists, dental hygienists, dentists, occupational therapists, *osteopathic physicians and surgeons,* physical therapists, physicians and surgeons, ~~psychologists,~~ and veterinarians, expire at 12 a.m. on either the last day of the birth month of the licensee or at 12 a.m. of the legal birth date of the licensee during the 2nd year of a 2-year term, if not renewed.

This bill would require that the fees imposed by these provisions for an initial license, an initial temporary or permanent license, ~~or~~ an original license, *or a renewal* be prorated on a monthly basis.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 1724 of the Business and Professions Code is amended to read:

1724. The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

(a) The fee for application for examination shall not exceed five hundred dollars ($500).

(b) The fee for application for reexamination shall not exceed one hundred dollars ($100).

(c) The fee for examination and for reexamination shall not exceed eight hundred dollars ($800). Applicants who are found to be ineligible to take the examination shall be entitled to a refund in an amount fixed by the board.

(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars ($525). The fee for an initial license fee shall be prorated on a monthly basis.

(e) The fee for a special permit shall not exceed three hundred dollars ($300), and the renewal fee for a special permit shall not exceed one hundred dollars ($100).

(f) The delinquency fee shall be the amount prescribed by Section 163.5.

(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars ($75).

(h) The application fee for permission to conduct an additional place of practice shall not exceed two hundred dollars ($200).

(i) The renewal fee for an additional place of practice shall not exceed one hundred dollars ($100).

(j) The fee for issuance of a substitute certificate shall not exceed one hundred twenty-five dollars ($125).

(k) The fee for a provider of continuing education shall not exceed two hundred fifty dollars ($250) per year.

(*l*) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars ($25).

(m) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars ($25).

The board shall report to the appropriate fiscal committees of each house of the Legislature whenever the board increases any fee pursuant to this section and shall specify the rationale and justification for that increase.

SEC. 2. Section 1944 of the Business and Professions Code is amended to read:

1944. (a) The committee shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions. The fees established by board resolution in effect on June 30, 2009, as they relate to the licensure of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions, shall remain in effect until modified by the committee. The fees are subject to the following limitations:

(1) The application fee for an original license and the fee for the issuance of an original license shall not exceed two hundred fifty dollars ($250). The fee for the issuance of an original license shall be prorated on a monthly basis.

(2) The fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(3) For third- and fourth-year dental students, the fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(4) The fee for examination for licensure as a registered dental hygienist in extended functions shall not exceed the actual cost of the examination.

(5) The fee for examination for licensure as a registered dental hygienist in alternative practice shall not exceed the actual cost of administering the examination.

(6) The biennial renewal fee shall not exceed one hundred sixty dollars ($160).

(7) The delinquency fee shall not exceed one-half of the renewal fee. Any delinquent license may be restored only upon payment of all fees, including the delinquency fee, and compliance with all other applicable requirements of this article.

(8) The fee for issuance of a duplicate license to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars ($25) or one-half of the renewal fee, whichever is greater.

(9) The fee for certification of licensure shall not exceed one-half of the renewal fee.

(10) The fee for each curriculum review and site evaluation for educational programs for dental hygienists who are not accredited by a committee-approved agency shall not exceed two thousand one hundred dollars ($2,100).

(11) The fee for each review or approval of course requirements for licensure or procedures that require additional training shall not exceed seven hundred fifty dollars ($750).

(12) The initial application and biennial fee for a provider of continuing education shall not exceed five hundred dollars ($500).

(13) The amount of fees payable in connection with permits issued under Section 1962 is as follows:

(A) The initial permit fee is an amount equal to the renewal fee for the applicant's license to practice dental hygiene in effect on the last regular renewal date before the date on which the permit is issued.

(B) If the permit will expire less than one year after its issuance, then the initial permit fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the permit is issued.

(b) The renewal and delinquency fees shall be fixed by the committee by resolution at not more than the current amount of the renewal fee for a license to practice under this article nor less than five dollars ($5).

(c) Fees fixed by the committee by resolution pursuant to this section shall not be subject to the approval of the Office of Administrative Law.

(d) Fees collected pursuant to this section shall be collected by the committee and deposited into the State Dental Hygiene Fund, which is hereby created. All money in this fund shall, upon

appropriation by the Legislature in the annual Budget Act, be used to implement this article.

(e) No fees or charges other than those listed in this section shall be levied by the committee in connection with the licensure of registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.

(f) The fee for registration of an extramural dental facility shall not exceed two hundred fifty dollars ($250).

(g) The fee for registration of a mobile dental hygiene unit shall not exceed one hundred fifty dollars ($150).

(h) The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred fifty dollars ($250).

(i) The fee for an additional office permit shall not exceed two hundred fifty dollars ($250).

(j) The biennial renewal fee for an additional office as described in Section 1926.4 shall not exceed two hundred fifty dollars ($250).

(k) The initial application and biennial special permit fee is an amount equal to the biennial renewal fee specified in paragraph (6) of subdivision (a).

(*l*) The fees in this section shall not exceed an amount sufficient to cover the reasonable regulatory cost of carrying out this article.

SEC. 3. Section 2435 of the Business and Professions Code is amended to read:

2435. The following fees apply to the licensure of physicians and surgeons:

(a) Each applicant for a certificate based upon a national board diplomate certificate, each applicant for a certificate based on reciprocity, and each applicant for a certificate based upon written examination, shall pay a nonrefundable application and processing fee, as set forth in subdivision (b), at the time the application is filed.

(b) The application and processing fee shall be fixed by the board by May 1 of each year, to become effective on July 1 of that year. The fee shall be fixed at an amount necessary to recover the actual costs of the licensing program as projected for the fiscal year commencing on the date the fees become effective.

(c) Each applicant who qualifies for a certificate, as a condition precedent to its issuance, in addition to other fees required herein, shall pay an initial license fee, if any, in an amount fixed by the

board consistent with this section. The initial license fee shall not exceed seven hundred ninety dollars ($790). The initial license fee shall be prorated on a monthly basis. An applicant enrolled in an approved postgraduate training program shall be required to pay only 50 percent of the initial license fee.

(d) The biennial renewal fee shall be fixed by the board consistent with this section and shall not exceed seven hundred ninety dollars ($790).

(e) Notwithstanding subdivisions (c) and (d), and to ensure that subdivision (k) of Section 125.3 is revenue neutral with regard to the board, the ~~board may,~~ *board,* by regulation, *may* increase the amount of the initial license fee and the biennial renewal fee by an amount required to recover both of the following:

(1) The average amount received by the board during the three fiscal years immediately preceding July 1, 2006, as reimbursement for the reasonable costs of investigation and enforcement proceedings pursuant to Section 125.3.

(2) Any increase in the amount of investigation and enforcement costs incurred by the board after January 1, 2006, that exceeds the average costs expended for investigation and enforcement costs during the three fiscal years immediately preceding July 1, 2006. When calculating the amount of costs for services for which the board paid an hourly rate, the board shall use the average number of hours for which the board paid for those costs over these prior three fiscal years, multiplied by the hourly rate paid by the board for those costs as of July 1, 2005. Beginning January 1, 2009, the board shall instead use the average number of hours for which it paid for those costs over the three-year period of fiscal years 2005–06, 2006–07, and 2007–08, multiplied by the hourly rate paid by the board for those costs as of July 1, 2005. In calculating the increase in the amount of investigation and enforcement costs, the board shall include only those costs for which it was eligible to obtain reimbursement under Section 125.3 and shall not include probation monitoring costs and disciplinary costs, including those associated with the citation and fine process and those required to implement subdivision (d) of Section 12529 of the Government Code.

(f) Notwithstanding Section 163.5, the delinquency fee shall be 10 percent of the biennial renewal fee.

(g) The duplicate certificate and endorsement fees shall each be fifty dollars ($50), and the certification and letter of good standing fees shall each be ten dollars ($10).

(h) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Contingent Fund of the Medical Board of California in an amount not less than two nor more than four months' operating expenditures.

(i) Not later than January 1, 2012, the Office of State Audits and Evaluations within the Department of Finance shall commence a preliminary review of the board's financial status, including, but not limited to, its projections related to expenses, revenues, and reserves, and the impact of the loan from the Contingent Fund of the Medical Board of California to the General Fund made pursuant to the Budget Act of 2008. The office shall make the results of this review available upon request by June 1, 2012. This review shall be funded from the existing resources of the office during the 2011–12 fiscal year.

SEC. 4. Section 2456.1 of the Business and Professions Code is amended to read:

2456.1. *(a)* All osteopathic physician's and surgeon's certificates shall expire at 12 midnight on the last day of the birth month of the licensee during the second year of a two-year term if not renewed on or before that day.

~~The~~

(b) The board shall establish by regulation procedures for the administration of a birth date renewal program, including, but not limited to, the establishment of a system of staggered license expiration dates such that a relatively equal number of licenses expire monthly.

~~To~~

(c) To renew an unexpired license, the licensee shall, on or before the dates on which it would otherwise expire, apply for renewal on a form prescribed by the board and pay the prescribed renewal fee.

(d) The fee assessed pursuant to this section shall be prorated on a monthly basis.

~~SEC. 4.~~

SEC. 5. Section 2538.57 of the Business and Professions Code is amended to read:

2538.57. The amount of fees and penalties prescribed by this article shall be those set forth in this section unless a lower fee is fixed by the board:

(a) The fee for applicants applying for the first time for a license is seventy-five dollars ($75), which shall not be refunded, except to applicants who are found to be ineligible to take an examination for a license. Those applicants are entitled to a refund of fifty dollars ($50).

(b) The fees for taking or retaking the written and practical examinations shall be amounts fixed by the board, which shall be equal to the actual cost of preparing, grading, analyzing, and administering the examinations.

(c) The initial temporary license fee is one hundred dollars ($100). The fee for an initial temporary license shall be prorated on a monthly basis. The fee for renewal of a temporary license is one hundred dollars ($100) for each renewal.

(d) The initial permanent license fee is two hundred eighty dollars ($280). The fee for an initial permanent license shall be prorated on a monthly basis. The fee for renewal of a permanent license is not more than two hundred eighty dollars ($280) for each renewal.

(e) The initial branch office license fee is twenty-five dollars ($25). The fee for renewal of a branch office license is twenty-five dollars ($25) for each renewal.

(f) The delinquency fee is twenty-five dollars ($25).

(g) The fee for issuance of a replacement license is twenty-five dollars ($25).

(h) The continuing education course approval application fee is fifty dollars ($50).

(i) The fee for official certification of licensure is fifteen dollars ($15).

~~SEC. 5.~~

SEC. 6. Section 2570.16 of the Business and Professions Code is amended to read:

2570.16. Initial license and renewal fees shall be established by the board in an amount that does not exceed a ceiling of one hundred fifty dollars ($150) per year. The initial license fee shall be prorated on a monthly basis. The board shall establish the following additional fees:

(a) An application fee not to exceed fifty dollars ($50).

(b) A late renewal fee as provided for in Section 2570.10.

(c) A limited permit fee.

(d) A fee to collect fingerprints for criminal history record checks.

~~SEC. 6.~~

SEC. 7. Section 2688 of the Business and Professions Code is amended to read:

2688. The amount of fees assessed in connection with licenses issued under this chapter is as follows:

(a) (1) The fee for an application for licensure as a physical therapist submitted to the board prior to March 1, 2009, shall be seventy-five dollars ($75). The fee for an application submitted under Section 2653 to the board prior to March 1, 2009, shall be one hundred twenty-five dollars ($125).

(2) The fee for an application for licensure as a physical therapist submitted to the board on or after March 1, 2009, shall be one hundred twenty-five dollars ($125). The fee for an application submitted under Section 2653 to the board on or after March 1, 2009, shall be two hundred dollars ($200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of an application fee under this subdivision to an amount that does not exceed the cost of administering the application process, but in no event shall the application fee amount exceed three hundred dollars ($300).

(b) The examination and reexamination fees for the physical therapist examination, physical therapist assistant examination, and the examination to demonstrate knowledge of the California rules and regulations related to the practice of physical therapy shall be the actual cost to the board of the development and writing of, or purchase of the examination, and grading of each written examination, plus the actual cost of administering each examination. The board, at its discretion, may require the licensure applicant to pay the fee for the examinations required by Section 2636 directly to the organization conducting the examination.

(c) (1) The fee for a physical therapist license issued prior to March 1, 2009, shall be seventy-five dollars ($75).

(2) The fee for a physical therapist license issued on or after March 1, 2009, shall be one hundred dollars ($100).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the fee under this subdivision

to an amount that does not exceed the cost of administering the process to issue the license, but in no event shall the fee to issue the license exceed one hundred fifty dollars ($150).

(4) The fee assessed pursuant to this subdivision for an initial physical therapist license issued on or after January 1, 2016, shall be prorated on a monthly basis.

(d) (1) The fee to renew a physical therapist license that expires prior to April 1, 2009, shall be one hundred fifty dollars ($150).

(2) The fee to renew a physical therapist license that expires on or after April 1, 2009, shall be two hundred dollars ($200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the renewal fee under this subdivision to an amount that does not exceed the cost of the renewal process, but in no event shall the renewal fee amount exceed three hundred dollars ($300).

(e) (1) The fee for application and for issuance of a physical therapist assistant license shall be seventy-five dollars ($75) for an application submitted to the board prior to March 1, 2009.

(2) The fee for application and for issuance of a physical therapist assistant license shall be one hundred twenty-five dollars ($125) for an application submitted to the board on or after March 1, 2009. The fee for an application submitted under Section 2653 to the board on or after March 1, 2009, shall be two hundred dollars ($200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of administering the application process, but in no event shall the application fee amount exceed three hundred dollars ($300).

(f) (1) The fee to renew a physical therapist assistant license that expires prior to April 1, 2009, shall be one hundred fifty dollars ($150).

(2) The fee to renew a physical therapist assistant license that expires on or after April 1, 2009, shall be two hundred dollars ($200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the renewal fee under this subdivision to an amount that does not exceed the cost of the renewal process, but in no event shall the renewal fee amount exceed three hundred dollars ($300).

(g) Notwithstanding Section 163.5, the delinquency fee shall be 50 percent of the renewal fee in effect.

(h) (1) The duplicate wall certificate fee shall be fifty dollars ($50). The duplicate renewal receipt fee amount shall be fifty dollars ($50).

(2) Notwithstanding paragraph (1), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of issuing duplicates, but in no event shall that fee exceed one hundred dollars ($100).

(i) (1) The endorsement or letter of good standing fee shall be sixty dollars ($60).

(2) Notwithstanding paragraph (1), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of issuing an endorsement or letter, but in no event shall the fee amount exceed one hundred dollars ($100).

~~SEC. 7. Section 2987 of the Business and Professions Code is amended to read:~~

~~2987. The amount of the fees prescribed by this chapter shall be determined by the board, and shall be as follows:~~

~~(a) The application fee for a psychologist shall not be more than fifty dollars ($50).~~

~~(b) The examination and reexamination fees for the examinations shall be the actual cost to the board of developing, purchasing, and grading of each examination, plus the actual cost to the board of administering each examination.~~

~~(c) The initial license fee is an amount equal to the renewal fee in effect on the last regular renewal date before the date on which the license is issued. The initial license fee shall be prorated on a monthly basis.~~

~~(d) The biennial renewal fee for a psychologist shall be four hundred dollars ($400). The board may increase the renewal fee to an amount not to exceed five hundred dollars ($500).~~

~~(e) The application fee for registration and supervision of a psychological assistant by a supervisor under Section 2913, which is payable by that supervisor, shall not be more than seventy-five dollars ($75).~~

~~(f) The annual renewal fee for registration of a psychological assistant shall not be more than seventy-five dollars ($75).~~

~~(g) The duplicate license or registration fee is five dollars ($5).~~

~~(h) The delinquency fee is twenty-five dollars ($25).~~

~~(i) The endorsement fee is five dollars ($5).~~

~~Notwithstanding any other law, the board may reduce any fee prescribed by this section, when, in its discretion, the board deems it administratively appropriate.~~

SEC. 8. Section 4842.5 of the Business and Professions Code is amended to read:

4842.5. The amount of fees prescribed by this article is ~~that~~ fixed by the following schedule:

(a) The fee for filing an application for examination shall be set by the board in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purposes of this chapter, not to exceed three hundred fifty dollars ($350).

(b) The fee for the California registered veterinary technician examination shall be set by the board in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purposes of this chapter, not to exceed three hundred dollars ($300).

(c) The initial registration fee shall be set by the board at not more than three hundred fifty dollars ($350) and shall be prorated on a monthly basis. The board may adopt regulations to provide for the waiver or refund of the initial registration fee when the registration is issued less than 45 days before the date on which it will expire.

(d) The biennial renewal fee shall be set by the board at not more than three hundred fifty dollars ($350).

(e) The delinquency fee shall be set by the board at not more than fifty dollars ($50).

(f) Any charge made for duplication or other services shall be set at the cost of rendering the services.

(g) The fee for filing an application for approval of a school or institution offering a curriculum for training registered veterinary technicians pursuant to Section 4843 shall be set by the board at an amount not to exceed three hundred dollars ($300). The school or institution shall also pay for the actual costs of an onsite inspection conducted by the board pursuant to Section 2065.6 of Title 16 of the California Code of Regulations, including, but not limited to, the travel, food, and lodging expenses incurred by an inspection team sent by the board.

(h) The fee for failure to report a change in the mailing address is twenty-five dollars ($25).

SEC. 9. Section 4905 of the Business and Professions Code is amended to read:

4905. The following fees shall be collected by the board and shall be credited to the Veterinary Medical Board Contingent Fund:

(a) The fee for filing an application for examination shall be set by the board in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purpose of this chapter, not to exceed three hundred fifty dollars ($350).

(b) The fee for the California state board examination shall be set by the board in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purpose of this chapter, not to exceed three hundred fifty dollars ($350).

(c) The fee for the Veterinary Medicine Practice Act examination shall be set by the board in an amount it determines reasonably necessary to provide sufficient funds to carry out the purpose of this chapter, not to exceed one hundred dollars ($100).

(d) The initial license fee shall be set by the board not to exceed five hundred dollars ($500) and shall be prorated on a monthly basis. The ~~board may,~~ *board*, by appropriate regulation, *may* provide for the waiver or refund of the initial license fee when the license is issued less than 45 days before the date on which it will expire.

(e) The renewal fee shall be set by the board for each biennial renewal period in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purpose of this chapter, not to exceed five hundred dollars ($500).

(f) The temporary license fee shall be set by the board in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purpose of this chapter, not to exceed two hundred fifty dollars ($250).

(g) The delinquency fee shall be set by the board, not to exceed fifty dollars ($50).

(h) The fee for issuance of a duplicate license is twenty-five dollars ($25).

(i) Any charge made for duplication or other services shall be set at the cost of rendering the service, except as specified in subdivision (h).

(j) The fee for failure to report a change in the mailing address is twenty-five dollars ($25).

(k) The initial and annual renewal fees for registration of veterinary premises shall be set by the board in an amount not to exceed four hundred dollars ($400) annually.

(*l*) If the money transferred from the Veterinary Medical Board Contingent Fund to the General Fund pursuant to the Budget Act of 1991 is redeposited into the Veterinary Medical Board Contingent Fund, the fees assessed by the board shall be reduced correspondingly. However, the reduction shall not be so great as to cause the Veterinary Medical Board Contingent Fund to have a reserve of less than three months of annual authorized board expenditures. The fees set by the board shall not result in a Veterinary Medical Board Contingent Fund reserve of more than 10 months of annual authorized board expenditures.

SEC. 10. Section 4970 of the Business and Professions Code is amended to read:

4970. The amount of fees prescribed for licensed acupuncturists shall be those set forth in this section unless a lower fee is fixed by the board in accordance with Section ~~4972.~~ *4972*.

(a) The application fee shall be seventy-five dollars ($75).

(b) The examination and reexamination fees shall be the actual cost to the Acupuncture Board for the development and writing of, grading, and administering of each examination.

(c) The initial license fee shall be three hundred twenty-five dollars ($325) and shall be prorated on a monthly basis.

(d) The renewal fee shall be three hundred twenty-five dollars ($325) and in the event a lower fee is fixed by the board, shall be an amount sufficient to support the functions of the board in the administration of this chapter. The renewal fee shall be assessed on an annual basis until January 1, 1996, and on and after that date the board shall assess the renewal fee biennially.

(e) The delinquency fee shall be set in accordance with Section 163.5.

(f) The application fee for the approval of a school or college under Section 4939 shall be three thousand dollars ($3,000). This subdivision shall become inoperative on January 1, 2017.

(g) The duplicate wall license fee is an amount equal to the cost to the board for the issuance of the duplicate license.

(h) The duplicate renewal receipt fee is ten dollars ($10).

(i) The endorsement fee is ten dollars ($10).

(j) The fee for a duplicate license for an additional office location as required under Section 4961 shall be fifteen dollars ($15).

SEC. 11. Section 5604 of the Business and Professions Code is amended to read:

5604. The fees prescribed by this chapter for architect applicants or architect licenseholders shall be fixed by the board as follows:

(a) The application fee for reviewing a candidate's eligibility to take any section of the examination shall not exceed one hundred dollars ($100).

(b) The fee for any section of the examination administered by the board shall not exceed one hundred dollars ($100).

(c) The fee for an original license at an amount equal to the renewal fee in effect at the time the license is issued. The fee for an original license shall be prorated on a monthly basis. The ~~board may,~~ *board*, by appropriate regulation, *may* provide for the waiver or refund of the fee for an original license if the license is issued less than 45 days before the date on which it will expire.

(d) The fee for an application for reciprocity shall not exceed one hundred dollars ($100).

(e) The fee for a duplicate license shall not exceed twenty-five dollars ($25).

(f) The renewal fee shall not exceed four hundred dollars ($400).

(g) The delinquency fee shall not exceed 50 percent of the renewal fee.

(h) The fee for a retired license shall not exceed the fee prescribed in subdivision (c).

O

ASSEMBLY BILL No. 49

Introduced by Assembly Member Mullin

December 1, 2014

An act relating to livestock drugs.

LEGISLATIVE COUNSEL'S DIGEST

AB 49, as introduced, Mullin. Livestock drugs: antibiotics.

Under existing law, the Department of Food and Agriculture is responsible for enforcing provisions relating to the importation of animals, milk and milk products, produce dealers, and other agricultural regulations. Existing law requires the Secretary of Food and Agriculture to make and enforce provisions relating to the manufacture, sale, and use of livestock drugs.

This bill would make various legislative findings and declarations relating to the nontherapeutic use of antibiotics in livestock, and would declare the intent of the Legislature to enact legislation that would address the overuse of antibiotics in livestock production.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

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

SECTION 1. The Legislature finds and declares all of the following:

(a) In 1977, the United States Food and Drug Administration (FDA) concluded that feeding livestock low doses of antibiotics from antibiotic classes that are used in human disease treatment could promote the development of antibiotic-resistance in bacteria

and pose a risk to human health. The FDA, however, did not act in response to these findings, despite laws requiring the agency to do so.

(b) The FDA issued voluntary guidance in December 2013 on the nontherapeutic use of antibiotics; however, this guidance is unlikely to significantly reduce the nontherapeutic use of antibiotics in livestock because of a broad exemption allowing for the use of antibiotics for disease prevention.

(c) Not only do antibiotic-resistant bacteria affect the health of our society, but they also have a monetary impact. In 1998, the National Academy of Sciences noted that antibiotic-resistant bacteria generate a minimum of four to five billion dollars in costs to United States society and individuals every year. In 2009, in a study funded by the federal Centers for Disease Control and Prevention, Cook County Hospital and Alliance for Prudent Use of Antibiotics estimated that the total health care cost of antibiotic-resistant infections in the United States was between $16.6 billion and $26 billion annually. Societal costs from lost productivity due to illnesses were estimated to be an additional $35 billion.

(d) In April 1999, the United States Government Accountability Office conducted a study concluding that three strains of microorganisms that cause foodborne illnesses or disease in humans are resistant to antibiotics and are linked to the use of antibiotics in animals. These microorganisms that cause foodborne illnesses or disease in humans are resistant to antibiotics and are linked to the use of antibiotics in animals. These microorganisms are salmonella, campylobacter, and E. Coli.

(e) In 1999, 2006, and 2011, the United States Department of Agriculture's Animal and Plant Health Inspection Service conducted large-scale, voluntary surveys that revealed all of the following:

(1) Eighty-four percent of grower and finisher swine farms, 83 percent of cattle feedlots, and 84 percent of sheep farms administer antimicrobials in feed or water for either health or growth promotion reasons.

(2) Many of the antimicrobials that were identified were identical or closely related to drugs used in human medicine, including tetracyclines, macrolides, bactricin, penicilllins, and sulfonamides.

(3) These drugs are used in people to treat serious diseases, such as pneumonia, scarlet fever, rheumatic fever, sexually transmitted infections, and skin infections; pandemics such as malaria and plague; and bioterrorism agents such as anthrax.

(f) In June 2002, the peer-reviewed journal, "Clinical Infectious Diseases," published a report based on a two-year review, by experts in human and veterinary medicine, public health, microbiology, biostatistics, and risk analysis, of more than 500 scientific studies on the human health impacts of antimicrobial use in agriculture. The report recommended that antimicrobial agents should not be used in agriculture in the absence of disease and should be limited to therapy for diseased individual animals or prophylaxis when disease is documented in a herd or flock.

(g) In a March 2003 report, the National Academy of Sciences stated that a decrease in antimicrobial use in human medicine alone will have little effect on the rise in antibiotic-resistant bacteria and that substantial efforts must be made to decrease the inappropriate overuse of antimicrobials in animals and agriculture.

(h) In 2010, the peer-reviewed journal, "Molecular Cell," published a study demonstrating that a low-dosage use of antibiotics causes a dramatic increase in genetic mutation, raising new concerns about the agricultural practice of using low-dosage antibiotics in order to stimulate growth promotion and routinely prevent disease in unhealthy conditions.

(i) In 2010, the Danish Veterinary and Food Administration testified that the Danish ban of the nontherapeutic use of antibiotics in food animal production resulted in a marked reduction in antimicrobial resistance in multiple bacterial species, including Campylobacter and Enterococci.

(j) In 2011, the FDA found that in 2010:

(1) Thirteen million five hundred thousand kilograms of antibacterial drugs were sold for use on food animals in the United States.

(2) Three million three hundred thousand kilograms of antibacterial drugs were used for human health.

(3) Eighty percent of antibacterial drugs, and over 70 percent of medically important antibacterial drugs, disseminated in the United States were sold for use on food-producing animals, rather than being used for human health.

(k) In 2011, a review of all scientific studies on antimicrobial use in farm animals, published in Clinical Microbiology Reviews, found the following:

(1) That the use of antibiotics in food-producing animals leads to the development of reservoirs of antibiotic resistance, that antibiotic-resistant bacteria can spread through food, water, air, soil, and meat-industry workers, and that bacteria can share resistance genes with each other.

(2) A ban on nontherapeutic antibiotic use in food-producing animals would preserve the use of antibiotics for medicine.

(3) A Danish ban on nontherapeutic antibiotics in food-producing animals resulted in little change in animal morbidity and mortality, and only a modest increase in production cost.

(*l*) The federal Centers for Disease Control and Prevention (CDC) concluded in a recent report, "Antibiotic Resistance Threats in the United States, 2013," that overuse or misuse of antibiotics contributes to the spread of antibiotic resistance, whether in human medicine or in agriculture. The CDC estimated that antibiotic resistance causes at least 23,000 deaths and two million illnesses every year.

(m) In 2013, the peer-reviewed journal, "The Journal of the American Medical Association," published a study showing higher levels of antibiotic-resistant skin and soft-tissue infections in people living in proximity to hog farms or fields treated with swine manure in Pennsylvania. Similarly, in 2014, the peer-reviewed journal, "Infection Control and Hospital Epidemiology," published a study focused on hospitalized veterans in rural areas of Iowa, finding that people living in close proximity to a swine-feeding operation were nearly three times as likely to have been affected by methicillin-resistant Staphylococcus aureus (MRSA) at the time of admission to the hospital.

(n) The FDA's National Antimicrobial Resistance Monitoring System routinely finds that retail meat products are contaminated with bacteria that are resistant to antibiotics that are important to human medicine.

(o) According to the American Academy of Pediatrics, "the largest nonhuman use of antimicrobial agents is in food-producing animal production, and most of this is in healthy animals to increase growth or prevent diseases. Evidence now exists that these uses

of antimicrobial agents in food-producing animals have a direct negative impact on human health and multiple impacts on the selection and dissemination of resistance genes in animals and the environment. Children are at increased risk of acquiring many of these infections with resistant bacteria and are at great risk of severe complications if they become infected."

(p) Many scientific studies confirm that the nontherapeutic use of antibiotics in food-producing animals contributes to the development of antibiotic-resistant bacterial infections in people.

(q) The spread of antibiotic-resistant bacteria poses a risk to the health of Californians and reduced use of antibiotics for livestock production is likely to reduce the risks of the rise and spread of antibiotic-resistant bacteria through food and other pathways, thus reducing the risk to Californians.

SEC. 2. It is the intent of the Legislature to enact legislation that would address the overuse of antibiotics in livestock production.

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AMENDED IN ASSEMBLY MARCH 26, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 316

Introduced by Assembly Member Maienschein

February 13, 2015

An act to amend Section 4830 of the Business and Professions Code, relating to veterinarians.

LEGISLATIVE COUNSEL'S DIGEST

AB 316, as amended, Maienschein. Veterinarians.

Under existing law, the Veterinary Medical Board licenses and regulates veterinarians and the practice of veterinary medicine. It is unlawful for any person to practice veterinary medicine in this state unless he or she holds a valid, unexpired, and unrevoked license issued by the board, except under specified ~~circumstances.~~ *circumstances, including when regularly licensed veterinarians are actually called from other states to attend cases in this state and do not open an office or appoint a place to do business within the state.*

This bill would specifically exempt from these licensing requirements a regularly licensed veterinarian who is called from another state by a law enforcement agency, animal control department, or a humane officer to attend to cases that are part of an investigation of an alleged violation of federal or state animal fighting or animal cruelty laws within a single geographic location when the law enforcement agency, animal control department, or humane officer determines that it is necessary to call the veterinarian to conduct the investigation in a timely, efficient, and effective manner.

Existing law requires the registration of all premises where veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced.

Existing law also requires these premises, and all instruments, apparatus, and apparel used in connection with those practices to be kept clean and sanitary at all times, and to conform to those minimum standards established by the board. Existing law makes it a misdemeanor to violate these provisions regulating the practice of veterinary medicine.

This bill would authorize a regularly licensed veterinarian who is called from another state to attend to cases that are a part of the above described investigation to provide veterinary medical care to animals that are affected by the investigation within a temporary shelter facility and would exempt the temporary shelter facility from the registration requirement if specified conditions are met.

~~This bill would make a technical, nonsubstantive change to these provisions.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ *yes*. State-mandated local program: no.

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

SECTION 1. Section 4830 of the Business and Professions Code is amended to read:

4830. (a) This chapter does not apply to:

(1) Veterinarians while serving in any armed branch of the military service of the United States or the United States Department of Agriculture while actually engaged and employed in their official capacity.

(2) Regularly licensed veterinarians in actual consultation from other states.

(3) Regularly licensed veterinarians actually called from other states to attend cases in this state, but who do not open an office or appoint a place to do business within this state.

(4) Veterinarians employed by the University of California while engaged in the performance of duties in connection with the College of Agriculture, the Agricultural Experiment Station, the School of Veterinary Medicine, or the agricultural extension work of the university or employed by the Western University of Health Sciences while engaged in the performance of duties in connection with the College of Veterinary Medicine or the agricultural extension work of the university.

(5) Students in the School of Veterinary Medicine of the University of California or the College of Veterinary Medicine of the Western University of Health Sciences who participate in diagnosis and treatment as part of their educational experience, including those in off-campus educational programs under the direct supervision of a licensed veterinarian in good standing, as defined in paragraph (1) of subdivision (b) of Section 4848, appointed by the University of California, Davis, or the Western University of Health Sciences.

(6) A veterinarian who is employed by the Meat and Poultry Inspection Branch of the California Department of Food and Agriculture while actually engaged and employed in his or her official capacity. A person exempt under this paragraph shall not otherwise engage in the practice of veterinary medicine unless the person is issued a license by the board.

(7) Unlicensed personnel employed by the Department of Food and Agriculture or the United States Department of Agriculture when in the course of their duties they are directed by a veterinarian supervisor to conduct an examination, obtain biological specimens, apply biological tests, or administer medications or biological products as part of government disease or condition monitoring, investigation, control, or eradication activities.

~~(b) This section shall become operative on January 1, 2011.~~

(b) (1) For purposes of paragraph (3) of subdivision (a), a regularly licensed veterinarian who is called from another state by a law enforcement agency, animal control department, as defined in Section 31606 of the Food and Agricultural Code, or a humane officer appointed pursuant to Section 14502 of the Corporations Code, to attend to cases that are a part of an investigation of an alleged violation of federal or state animal fighting or animal cruelty laws within a single geographic location shall be exempt from the licensing requirements of this chapter when the law enforcement agency, animal control department, or humane officer determines that it is necessary to call the veterinarian in order for the agency or officer to conduct the investigation in a timely, efficient, and effective manner. In determining whether it is necessary to call a veterinarian from another state, consideration shall be given to the availability of veterinarians in this state to attend to these cases. An agency,

department, or officer that calls a veterinarian pursuant to this subdivision shall notify the board of this investigation.

(2) Notwithstanding any other provision of this chapter, a regularly licensed veterinarian who is called from another state to attend to cases that are a part of an investigation described in paragraph (1) may provide veterinary medical care for animals that are affected by the investigation within a temporary shelter facility, and the temporary shelter facility shall be exempt from the registration requirement of Section 4853 if all of the following conditions are met:

(A) The temporary shelter facility is established only for the purposes of the investigation.

(B) The temporary shelter facility provides veterinary medical care, shelter, food, and water only to the animals that are affected by the investigation.

(C) The temporary shelter facility complies with Section 4854.

(D) A notice is posted in a conspicuous location near the temporary shelter facility to indicate that the facility is in use for the veterinary medical care of animals affected by an investigation into alleged violations of federal or state laws.

(E) The temporary shelter facility exists for not more than 60 days, unless the law enforcement agency, animal control agency, or humane officer determines a longer period of time is necessary to complete the investigation.

O

SENATE BILL No. 27

Introduced by Senator Hill

December 1, 2014

An act to add Chapter 4.5 (commencing with Section 14400) to Division 7 of, and to add and repeal Section 14404 of, the Food and Agricultural Code, relating to livestock.

LEGISLATIVE COUNSEL'S DIGEST

SB 27, as introduced, Hill. Livestock: use of antibiotics.

Existing law regulates the distribution and use of livestock drugs, as defined, by the Secretary of Food and Agriculture. Existing law also requires a person to obtain a license from the secretary to manufacture, sell, distribute, or store commercial feed, including commercial feed containing drugs.

This bill would prohibit the administration of medically important antimicrobial drugs, as defined, to livestock unless prescribed by a veterinarian pursuant to a veterinarian-client-patient relationship, as specified. The bill would make it unlawful to administer a medically important antimicrobial drug to livestock solely to cause an increased rate of weight gain or improved feed efficiency. The bill would also require the Department of Food and Agriculture to develop a program to track the use of medically important antimicrobial drugs in livestock and to track antibiotic-resistant bacteria and patterns of emerging resistance, and would also require the department, until March 1, 2020, to submit an annual report summarizing that data to the Legislature. The bill would also require the department to adopt regulations to promote the judicious use of medically important antimicrobial drugs in livestock, as specified.

Because a violation of the bill's provisions would be misdemeanor, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

SECTION 1. Chapter 4.5 (commencing with Section 14400) is added to Division 7 of the Food and Agricultural Code, to read:

CHAPTER 4.5. LIVESTOCK: USE OF ANTIBIOTICS

14400. For purposes of this chapter, the following definitions apply:

(a) "Medically important antimicrobial drug" means an antimicrobial drug listed in Appendix A of the federal Food and Drug Administration's Guidance for Industry #152, including critically important, highly important, and important antimicrobial drugs, as that appendix may be amended.

(b) "Livestock" has the same meaning as in Section 14205.

14401. A medically important antimicrobial drug shall not be administered to livestock unless prescribed by a veterinarian pursuant to a veterinarian-client-patient relationship that meets the requirements of Section 2032.1 of Title 16 of the California Code of Regulations.

14402. It is unlawful to administer a medically important antimicrobial drug to livestock solely to cause an increased rate of weight gain or improved feed efficiency.

14403. The department shall develop a program to track the use of medically important antimicrobial drugs in livestock and to track antibiotic-resistant bacteria and patterns of emerging resistance. The program shall include reporting on the administration of each medically important antimicrobial drug that includes all of the following:

(a) The type of drug used.

(b) The number of livestock on which the drug was used.

(c) The species of the livestock.

(d) The duration of the administration of the drug.

(e) The purpose for which the drug was administered.

(f) The type of disease or infection that was treated.

14404. (a) On or before March 1 of each year, the department shall submit a report to the Legislature that summarizes the data collected pursuant to Section 14403 for the prior year.

(b) (1) A report submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

(2) Pursuant to Section 10231.5 of the Government Code, this section is repealed on March 1, 2020.

14405. (a) The department shall adopt regulations to promote the judicious use of medically important antimicrobial drugs in livestock to ensure that each animal gets the maximum benefit from the drug and help preserve the life-saving potential of the drugs in the future. The regulations shall include antibiotic stewardship guidelines that include rules on the proper use of medically important antimicrobial drugs for disease prevention.

(b) For purposes of this section, “antibiotic stewardship” is a commitment to do both of the following:

(1) To use medically important antimicrobial drugs only when necessary to treat, and, in some cases, prevent, disease.

(2) To choose the appropriate medically important antimicrobial drug, and to administer the drug correctly each time.

14406. A violation of the provisions of this chapter is a misdemeanor punishable by imprisonment in county jail not exceeding six months, a fine not exceeding one thousand dollars ($1,000), or by both the fine and imprisonment.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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Briefing Document: Antibiotic Resistance
March 5, 2015

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Executive Summary

"Antibiotics" are generally drugs that have a biologic effect on bacteria, either killing them outright or slowing them to allow a patient's immune system to better respond to the infection. "Antibiotic resistance" can occur when bacteria develop an ability to survive despite the effects of an antibiotic(s). Many factors, including the specific bacteria, the specific antibiotic(s), and the condition of the host's immune system, may contribute to the likelihood that resistance will develop; these complex interactions are not completely understood and are currently an area of active research. When antibiotic resistance is known or expected to clinically exist, there are fewer antibiotics that remain in the treatment arsenal against these resistant infections. This situation is compounded due to the fact that few new anti-infective drugs are under development. Concerns about antibiotic resistance impacting human health are the primary drivers of current discussion and action. Similar concerns among veterinarians fall into two main areas: (1) resistant bacteria may pose a heightened threat to animals in their care; and (2) for animals raised for food, both antibiotic residues and the risk of transmission through the food chain of certain types of resistant bacteria must be properly managed to protect the food supply.

This document reflects the efforts of a small work group composed of technical experts from U.C. Davis School of Veterinary Medicine, the California Veterinary Medical Association, the California Department of Food and Agriculture (CDFA), and the California Department of Public Health. The group offers three major categories of potential actions that can meaningfully slow antibiotic resistance: Judicious Use/Stewardship, Surveillance for Emerging Resistant Pathogens, and Research.

Antibiotics

Antibiotics are part of the group of drugs often referred to as "antimicrobials" and are used in human and veterinary medicine. The term "antibiotic" normally refers to a drug that has biologic effect on bacteria, as opposed to viruses, parasites, and other pathogens. Each class of antibiotic acts differently on bacteria of concern; some kill the bacteria through various mechanisms and some simply slow the bacteria's ability to multiply, better enabling the patient's immune system to eliminate the infection. When a licensed doctor chooses an antibiotic, the practitioner considers the ability of the antibiotic to have an effect on the specific bacteria they are concerned about, the immune competence of the patient, potential adverse effects of the antibiotic (including effects on non-targeted bacteria), the best route of administration (topical, oral, in the vein, or in the muscle), the ability of the antibiotic to get to the site of infection, the length of time it takes the antibiotic to reach adequate levels at the site of infection, the length of time it takes the body to clear the antibiotic, the cost, etc. The decision is complex and ultimately must be made on a case-by-case basis. Rigorous medical training, difficult licensing exams, and required continuing education give both physicians and veterinarians the ability to make these decisions.

Resistance

Antibiotic resistance can best be understood as an example of selective pressure and evolution. Just as the evolution of any species is complex, multi-factorial and a result of random genetic change, as well as changing environmental impacts on survivability, so is the evolution of bacteria. Random genetic change occurs as a statistical fact. When bacteria divide or otherwise exchange genes (i.e., exchange plasmids or transposons, small pieces of genetic code), there will be random mistakes, deletions or additions to genetic code, and resultant changes in physical expression of that code. Some changes will be lethal, some will not make much difference, and some will enable the bacteria to better survive under conditions that were previously harmful or lethal. When the bacterial environment changes, bacteria that are different may be able to survive while the others may not. The survivors then dominate the population.

Resistance in this context occurs when some bacteria develop an ability to survive in the face of the action of a particular antibiotic or several antibiotics. Some types of bacteria are more prone than others to randomly change genetic code, or to be able to share resistance genes, in a way that allows them to survive when exposed to a particular antibiotic. The specific bacteria, the specific antibiotic(s), the environment including the existence of other bacteria and/or certain plasmids, the immune system of the host, and many other factors contribute to the ability and likelihood of resistance developing. These complex interactions are not completely understood and are currently an area of scientific investigation.

It is known, however, that in general, when bacteria are exposed to an antibiotic, this "new environment" provides an opportunity for any bacteria lucky enough to be resistant to that antibiotic to dominate the population of bacteria by "out surviving" them. The antibiotic does not "cause" the change, but it may allow the bacteria with suitable characteristics to dominate. The important point

is that the ability to be resistant to an antibiotic can occur whether or not the bacteria are exposed to the antibiotic, but the selection pressure resulting from exposure to an antibiotic allows the resistant bacteria to become the most numerous bacteria.

Exposure to Antibiotics

Simply put, bacteria are exposed to antibiotic selective pressure in four ways: use in humans, use in animals, environmental exposure, and use in plants.

1. **Antibiotic Use in Humans:** Normally antibiotics are used to treat a specific bacteria or disease. Antibiotics are occasionally used prophylactically to prevent infection in certain high-risk circumstances or metaphylactically to prevent disease after potential exposure. Some common examples of prophylactic or metaphylactic use of antibiotics include treatment for patients with certain health or risk factors prior to some dental procedures or for persons exposed to another person with meningococcal meningitis. Most antibiotics are only available by prescription, but some like topical neomycin can be purchased over the counter.

   To reduce the impact of antibiotic resistance on human health, antibiotic use in humans is unquestionably the most important route of exposure to consider. Report after report confirms this fact. More than two million illnesses and 23,000 deaths are attributed to infections with antimicrobial-resistant organisms in the United States each year, which translates to approximately 60,000 illnesses and nearly 3,000 deaths among Californians. Infections with resistant organisms are more difficult to treat and are associated with prolonged hospital stays and greater disability and death compared with infections caused by susceptible organisms. There are currently few antibiotics left in the treatment arsenal against resistant infections and even fewer new drugs in the development pipeline. In order to limit resistance and preserve the effectiveness of currently available antibiotics, these drugs should be used wisely.

   Using antibiotics optimally is often referred to as “judicious use” or “antibiotic stewardship.” These terms may sound simple but the decision-making involved is medically complex and ultimately driven by the circumstances presented by each case. There are many tools and programs in use and being developed to enhance the judicious use of antibiotics for humans, particularly in the hospital setting. *It is generally accepted that actions related to human use of antibiotics have by far the most important impacts on human health.*

2. **Antibiotic Use in Animals:** Similar to use in humans, antibiotics are used in animals to treat a specific bacteria or disease, control disease spread in a herd/flock when some cases are already present, or prevent disease in high-risk situations. Examples of prophylactic use of antibiotics in animals are similar to those found in human medicine, including treatment associated with high risk surgical procedures or high risk exposure at a particular point in a life cycle (immune incompetent, post-partum, post lactation). For example, on a particular farm with known exposure to pathogens found in their soil, certain immune incompetent chickens may be treated prophylactically to avoid predictable sudden death due to necrotic enteritis.

Currently, many medically important antibiotics formulated for animal use can be purchased over the counter. The vast majority of these sales are administered in feed or water. Some medically important antibiotics can also be used solely to promote growth in animals. According to the Food and Drug Administration (FDA), use in feed and water will be moved under the oversight of a veterinarian and use for growth promotion will be illegal nationally within two years. This change is widely supported by the scientific community.

There are also some drugs classified as antibiotics that have action strictly limited to the gastrointestinal tract of ruminants and poultry and are *not* considered medically important to humans. Most are members of a class of drugs called ionophores. This group of drugs helps to support a healthy mix of bacteria and protozoa in an animal's digestive system and, according to extensive evaluation by the FDA, their use does not contribute to increasing resistance to antibiotics that are medically important to humans or animals. (Note: The list of antibiotics that the FDA considers medically important to humans, and the criteria used to make that determination can be found in FDA Guidance 152, Appendix A. Guidance 152 also outlines the *new* requirement for a risk assessment that demonstrates that antibiotics used in animals will not pose an antibiotic resistance threat to human health before a label is approved. See Attachment 1: Food and Drug Administration)

Antibiotic use in animals stimulates two types of resistance concerns. Both companion and farm animal veterinarians are concerned that bacteria that can significantly harm an animal in their care will become resistant to the antibiotic they would choose for treatment. As with physicians, this concern is balanced with the need to use antibiotics to positively impact the health and well-being of the animal. Similarly, judicious use principles are important (See Attachment 1: American Veterinary Medical Association).

Veterinarians have additional concerns when treating farm animals. When an animal's intended use is food production, veterinarians want to ensure that antibiotic residues are not found in food products and they want to minimize the risk for and the presence of resistant bacteria on food products. The resistant bacteria of primary concern are those that negatively impact human health through ingestion, especially bacteria resistant to the antibiotic a physician would want to use to treat a human patient. It is also important to keep in mind that, if left untreated, sick animals with high bacterial loads could also contribute to food safety concerns, as well as have serious animal welfare consequences. This is one important reason veterinarians feel that antibiotics must continue to be available for judicious use in animals.

In summary, because of the expense of antibiotics, the potential for them to lose effectiveness over time, and the fact that they are only a short-term solution to losses associated with disease, most farmers and veterinarians consider them a tool of last resort, primarily investing in separating food producing animals from carriers of disease, vaccination programs, nutrition and housing. But, because animals are raised on farms they will never be sterile. Veterinary oversight and the execution of judicious use principles can balance treatment to maximize health with minimizing the development of resistance.

3. **Environmental Exposure:** As a reminder, the discovery of the first antibiotic came from observing nature. In 1928, Dr. Alexander Fleming noticed that a mold called *Penicillium notatum* prevented the normal growth of the staphylococci bacteria. In fact, several of the current classes of antibiotics came directly from natural sources. Although we know there are natural "antibiotics", we cannot do much about them to change the rate of antibiotic resistance. Environmental contamination resulting from human and veterinary medical uses of antibiotics raises concern as well, but the overall impact on the development of bacterial resistance is not fully understood. Exposure may be reduced through the proper disposal of unused antibiotics and appropriate treatment of contaminated waste water, but we need additional research to help us better understand relevant impacts and meaningful mitigations. Besides acknowledging that resistance pressure can come from environmental exposure, this area of potential concern will not be discussed further in this briefing document.

4. **Antibiotic Use in Plants:** Plant health, particularly the health of certain fruit trees, is sometimes maintained through the use of antibiotics, and this impact deserves further study but it will not be addressed in this briefing document.

Federal Initiatives Regarding Antimicrobial Stewardship

Public Health Action Plan to Combat Antimicrobial Resistance

The Public Health Action Plan to Combat Antimicrobial Resistance, which was first developed in 1999, is a blueprint for specific, coordinated, federal actions to address the growing threat of antimicrobial resistance in the United States. The action plan details goals and actions that the participating federal agencies and departments are pursuing or planning to pursue in an effort to respond to the complex public health risk posed by antimicrobial resistance. The action plan is updated on a periodic basis and historically has covered the three focus areas captured below. ***The most recent update has been completed and is under review. It is expected to be released in March, 2015***.

Focus Area 1: Surveillance, Prevention and Control of Antimicrobial Resistant Infections

Overarching Goal: In order to develop and implement effective control strategies there must be 1) continuous or periodic monitoring of infections caused by antimicrobial resistant (AR) microorganisms, 2) comprehensive knowledge of the use of antimicrobial agents across all sectors and 3) the capacity to develop, evaluate and implement effective prevention and containment strategies nationally and globally.

Focus Area 2: Research

Overarching Goal: Encourage, conduct and support basic and translational research to enhance our understanding of factors leading to the development of AR microorganisms, their transmission in various settings and optimal modes of prevention, diagnosis and therapy.

Focus Area 3: Regulatory Pathways for New Products

Overarching Goal: Encourage the development of products for bacterial disease to improve our capacity to diagnose, prevent and treat infections, including infections caused by resistant microorganisms.

Potential Focus Areas for California

Goal: Take actions to meaningfully slow the development of pathogenic bacteria resistant to antibiotics used in human and veterinary medicine.

Assumptions: Antimicrobial resistance (AMR) is complex and occurs naturally regardless of the use of antimicrobials, but also recognize that the selective pressure applied when antimicrobials are used in humans or animals can potentiate resistance.

Scope: Limited to actions related to antibiotic use for animal health, while recognizing that actions expected to have the largest impact on human health involve antibiotic use in humans, particularly in hospitals, and such actions are currently being taken.

Consideration: Because humans, animals and animal products, and their potentially resistant bacteria move across state lines extensively, and because redundant state and federal investment may not improve outcomes but will increase costs, California focus areas should complement or enhance federal efforts.

After reviewing multiple action plans and reports, a small work group composed of technical experts from U.C. Davis School of Veterinary Medicine, the California Veterinary Medical Association, the California Department of Food and Agriculture (CDFA), and the California Department of Public Health divided potential actions into three broad categories: Judicious Use/Stewardship, Surveillance for Emerging Resistant Pathogens, and Research.

Focus Area 1: Judicious Use / Stewardship
(Ideas for Further Discussion with Stakeholders)

Note: Based on evaluation of current federal efforts, stewardship may be the most practical area to invest *state* resources.

Training and Stewardship Programs

- Veterinarian Training – Require specific AMR additional training to maintain a CA veterinary license; requires coordination with the Veterinary Medical Board
- Producer Training – Require CDFA to support the refinement, development, or delivery of an AMR training component for Quality Assurance Programs for beef, laying hens, broilers, swine, and dairy producers.
- Producer Training – Require CDFA to develop an antibiotic use awareness tool kit and program modeled after existing veterinary and human medicine programs including: American Veterinary Medical Association Judicious Use Policies, California Medical Association Foundation – AWARE campaign and CDC Get SMART campaign (Get SMART on the farm).
- Stewardship Program – Require farms/companies that use antibiotics for livestock and poultry to have written plans for prudent use of antibiotics developed by veterinarians. The program could be scaled based on size, with training made available to all and a requirement for written plans phased in based on size.

Support for Existing Efforts that Enhance Disease Prevention

- Support disease prevention efforts for UC Extension and County Farm Advisor programs that promote optimal husbandry, vaccination, nutrition, supportive therapy, etc. Additional funding may be needed for these efforts.
- Develop a grant program administered by CDFA to research or apply management strategies intended to reduce the reliance on antibiotics and include mandatory benchmarking and outcome reporting.

Strengthening Veterinary Oversight of Medically Important Antibiotics

- Make all antibiotics that are medically important to humans available for use in animals *only via a veterinarian's prescription or a veterinary feed directive*, so use is only allowed under the direction of a trained and licensed doctor with a valid veterinarian-client-patient relationship. Any legislation that might be considered should be carefully drafted as not to conflict with federal law related to antibiotic labeling (1996 Animal Drug Availability Act) and should consider animal welfare impacts in areas where access to veterinarians and veterinary pharmacies may be limited.
- Refine definition of "preventative use" to increase confidence that such use will not replace "growth promotion" (see Attachment 2).

Tracking/benchmarking Antibiotic Use

- Antibiotic Use Tracking – In order to accurately understand how antibiotic use may affect Californians through their food supply, direct CDFA to support and promote California participation in national antibiotic use and pathogen surveillance programs which currently exist and are being enhanced by both FDA and USDA (briefly described in Attachment 1). Successful national programs are important because the animal-origin food supplies that Californians eat primarily are raised, imported, or processed out of state.
- Consider directing CDFA to contract with UC Davis to initiate a 5 year study that includes antibiotic use in animals as well as impacts on pathogen resistance with the goal of better defining use and benchmarking recommendations as well as impacts on human and animal health. Require annual progress reports to the legislature and a final report that includes recommendations for long term use tracking and pathogen surveillance.

Focus Area 2: Surveillance for Resistant Pathogens
(Ideas for Further Discussion with Stakeholders)

Emerging Resistance, Changing Resistance

- Direct CDFA to support participation in national programs (briefly described in Attachment 1).

Enhance Confidentiality Protection for Submission of Emerging Pathogens

- To obtain optimal participation of physicians and veterinarians, the state or federal government will need to explicitly protect patient and client confidentiality; protecting confidentiality should not significantly reduce usefulness of resistance data but will enable broader participation which will greatly enhance the data.

Enhanced Availability of Compiled Data

- Whole genome information that helps clarify emerging resistance and pathogens related to food borne outbreaks in humans needs to be available to veterinarians, researchers and government agencies.

Focus Area 3: Research Initiatives
(Ideas for Further Discussion with Stakeholders)

Federal Investment

- Support California research institutions efforts to engage in federally funded grant opportunities – Federal Appropriations Support

State Investment

- Because indications are that a small percentage of the currently proposed federal investment in antibiotic research will be applied to animal needs, develop grants for veterinary research related to:
    - Resistance mechanisms and ecology
    - Alternatives to antibiotics for disease prevention, control, and treatment
    - New antibiotics for use in animals and humans
    - Improved diagnostics to better target treatment

Attachment 1: Background

Key Federal Efforts Related to Livestock and Poultry AMR Considered:

- **Obama Administration**
  - ➔ In September 2014, President Obama signed an Executive Order directing key federal departments and agencies to take action to combat the rise of antibiotic-resistant bacteria. The Administration also released its *National Strategy on Combating Antibiotic-Resistant Bacteria.* In addition, the President's Council of Advisors on Science and Technology (PCAST) released a related report on *Combating Antibiotic Resistance*. The Executive Order signed by President Obama directs Federal departments and agencies to implement the *National Strategy* and address the PCAST report. These actions and directives include components involving agricultural use of medically important antibiotics.
- **Federal Agency Task Force** – National action plan projected to be released in March 2015. Mike Murphy, D.V.M., J.D., Ph.D., Veterinary Medical Officer, FDA Center for Veterinary Medicine and Larry Granger, D.V.M., Animal and Plant Health Inspection Service, USDA have agreed to participate in California efforts and update stakeholders on national efforts.
- **Food and Drug Administration**
  - ➔ FDA Guidance 152, besides listing the initial antibiotics found to be medically important to humans, makes clear that before approving use, the FDA must determine that a drug is safe and effective for its intended use in animals, and "safe" means that the FDA concludes that there is a reasonable certainty of no harm to human health from the proposed use of the drug in food-producing animals. *This evaluation includes a risk assessment of the potential for antimicrobial resistance that will negatively impact human health*. Guidance 152 also lays out what will be required for drug companies to show when evaluating the potential effects of new antibiotics for animals on *non-target* bacteria as part of the new animal drug risk evaluation and application process.
  - ➔ Guidance 209 and 213 which establish the mechanism for the prohibition of medically important antibiotics for growth promotion and mechanism to move most antibiotics that are also medically important to humans under the oversight of a veterinarian.
  - ➔ Watch for forthcoming improved Veterinary Feed Directive (Spring 2015), enhanced mandatory use tracking by sponsors and residue testing (Pasteurized Milk Ordinance, etc.)
- **Centers for Disease Control** – Stewardship training module (http://amrls.cvm.msu.edu/) and Get SMART Program (http://www.cdc.gov/getsmart/community/)
- **United States Department of Agriculture** – Focus is stewardship, surveillance and research funding
  - ➔ Stewardship – Judicious use Veterinary Accreditation module and forthcoming adoption of the CDC Get SMART (on the farm) Program for veterinary medicine (see website in CDC section above)
  - ➔ Surveillance for antibiotic use and resistant pathogens: National Antimicrobial Resistance Monitoring System (NARMS) (resistant pathogen at retail and from USDA inspected harvest facilities – need to broaden to all states, etc.); National Animal Health Laboratory Network (NAHLN) (resistant pathogens); and National Animal Health Monitoring System (NAHMS) and Agriculture Resource Management Survey (ARMS) (On farm antibiotic use; both are voluntary programs with confidentiality protection and best

chance of acceptance by farmers and ranchers due to good track record); National Residue Program (drug residues at harvest facilities)
  - ➔ Research – Agricultural Research Service and National Institute for Food and Agriculture funding; potential National Center to promote and coordinate AMR research
- **American Veterinary Medical Association** – Judicious use educational programs and policy statements https://www.avma.org/KB/Resources/Reference/Pages/Antimicrobial-use.aspx and https://www.avma.org/KB/Resources/Reference/Pages/Antimicrobial-Use-and-Antimicrobial-Resistance.aspx.
- **Land Grant Universities (and other collaborators including the Association of American Veterinary Medical Colleges)** – Task Force on Antibiotic Resistance in Production Agriculture. This national task force was formed in response to the PCAST report with the goal of advising the federal government on a research agenda and publicly disseminating information on use of antibiotics in production agriculture.
- **Senator Feinstein proposed legislation 113th and 114th Congress** – (Only had language from initial bill introduction to evaluate and summaries of new legislation) Reinforces FDA GFI 213, uses WHO definitions of medically important drugs rather than FDA's, prohibits preventative use of certain antibiotics unless it can be shown that they will not contribute to antibiotic resistance of concern to humans (which is equivalent to prohibition due to burden of proof), limits duration of use, defines veterinary-client-patient relationship but does not require one for use of medically important drugs because this issue will be partially addressed through FDA GFA 213. Some feel it may not succeed due to invasiveness into the practice of medicine.

Sample of Other Models Considered:

- **Canadian (CIPARS)** – Focuses on antibiotic use in swine. Incentives to cooperate
- **Australian Veterinary Association** Guidelines for Prescribing, Authorizing and Dispensing Veterinary Medicines 2005 – Addresses veterinary responsibilities, including remote clients
- **California Hospital Antimicrobial Stewardship Model**
  - ➔ Since 2008 California law has required that general acute care hospitals develop a process for monitoring the judicious use of antibiotics; in September 2014 California Senate Bill 1311 was signed into law, further requiring by July 1, 2015 that hospitals adopt and implement an antimicrobial stewardship policy in accordance with guidelines established by federal government and professional organizations, and establish a physician-supervised multidisciplinary antimicrobial stewardship committee with at least one physician or pharmacist who has undergone specific training related to stewardship.
  - ➔ California is the first and remains the only state to enact antimicrobial stewardship legislation.
  - ➔ Applies to acute care hospital setting, although the need and importance of antimicrobial stewardship in long-term care and outpatient settings is recognized.
  - ➔ Robust models with multidisciplinary antimicrobial stewardship committees and oversight, institution-specific guidelines, monitoring of antimicrobial resistance patterns and prescribing with feedback/interventions to prescribers, and tracking of process and outcome measures included in many programs.
  - ➔ Advanced programs can require substantial personnel and infrastructure to implement – IT, specialized staff, etc., however many basic principles and elements of stewardship can be implemented in less-resourced settings.
- **Human Medicine – Outpatient Models** (better parallel to veterinary medicine)

- ➔ Decision support tools exist for outpatient settings and the group noted that these tools are helpful but the decisions are complex (and sometimes driven by non-clinical considerations) and the tools might have limited usefulness without additional support and education for providers and patients.
- ➔ Patient education programs were thought to be particularly effective - Ca Medical Association Foundation – AWARE campaign (http://www.thecmafoundation.org/Programs/AWARE)

- **Human Medicine – Monitoring effectiveness of stewardship**
  - ➔ Many large hospitals track pharmacy prescriptions (bar coding, electronic records, etc.); outpatient prescription monitoring systems exist as well.
  - ➔ National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) Module - Currently, submission of antimicrobial use data by hospitals to NHSN is voluntary.
  - ➔ Determining and measuring the most meaningful process and outcome metrics for stewardship programs is an area of active research.

Attachment 2: Potential Definition of Prophylactic Use
(Drawn primarily from Food and Drug Administration Guidance for Industry Document 213)

Medically important antibiotics used for disease prevention must be limited to situations where past clinical experience indicates that the risk is high that an individual or group of animals may develop disease if not treated. Long-term antibiotic administration to prevent disease may not be practiced without a clear medical indication.

If still concern, could add the following which reflects standard medical considerations: (1) there is evidence of effectiveness, (2) such prophylactic use is consistent with accepted veterinary practice, (3) the use is linked to known likely causative agent(s) or disease, (4) the use is appropriately targeted to animals at risk of developing a specific disease.

SECTION 1. Chapter 4.5 (commencing with Section 14400) is added to Division 7 of the Food and Agricultural Code, to read:

Chapter 4.5. ~~Livestock: u~~*U*se of ~~antibiotics~~ *antimicrobials in animals*
14400. For purposes of this chapter, the following definitions apply:

(a) “Medically important antimicrobial drug” means an antimicrobial drug listed in Appendix A of the federal Food and Drug Administration’s Guidance for Industry #152, including critically important, highly important, and important antimicrobial drugs, as that appendix may be amended.

(b) ~~“Livestock” has the same meaning as in Section 14205.~~ *“Animal” shall be defined pursuant to Business and Professions Code Section 4825.1*

14401. A medically important antimicrobial drug shall be administered to *an animal* ~~livestock~~ *only* upon the order *of* a veterinarian *through a prescription or veterinary feed directive* and pursuant to a veterinarian-client-patient relationship that meets the requirements of Section 2032.1 of Title 16 of the California Code of Regulations.

14402. A medically important antimicrobial drug may be administered to an animal or group of animals in accordance with the following parameters pertaining to disease prevention:

1. *The use is consistent with accepted veterinary practice*
2. *The use is linked to a known or suspected causative agent or agents*
3. *The use is appropriately targeted to animals at risk of developing disease*
4. *The duration of use is in accordance with accepted veterinary practice*

~~14402.~~ 14403. It is unlawful to administer a medically important antimicrobial drug to ~~livestock~~ *an animal* solely to cause an increased rate of weight gain or improved feed efficiency.

~~14403. The department shall develop a program to track the use of medically important antimicrobial drugs in livestock and to track antibiotic-resistant bacteria and patterns of emerging resistance. The program shall include reporting on the administration of each medically important antimicrobial drug that includes all of the following:~~

~~(a) The type of drug used.~~
~~(b) The number of livestock on which the drug was used.~~
~~(c) The species of livestock.~~
~~(d) The duration of the administration of the drug.~~
~~(e) The purpose for which the drug was administered.~~
~~(f) The type of disease or infection that was treated.~~

~~14404. (a) On or before March 1 of each year, the department shall submit a report to the Legislature that summarizes the data collected pursuant to Section 14403 for the prior year.~~

~~(b)(1) A report submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government code, this section is repealed on March 1, 2020.~~

14404. (a) The department shall support and promote California participation in national United States Department of Agriculture and Food and Drug Administration antimicrobial use studies and resistant pathogen surveillance programs.

(b) Should funding be made available, the department will sponsor and/or participate in research that promotes:

> *(1) Better understanding of antimicrobial use in animals;*
> *(2) Better understanding of antimicrobial resistance mechanisms and ecology;*
> *(3) Development of new antimicrobials or new alternatives to antimicrobial drugs; and*
> *(4) Improvement in bacterial pathogen diagnostics that enhance targeted treatment.*

14405. (a) The department*, in consultation with the Department of Consumer Affairs and the California Department of Public Health,* shall ~~adopt regulations~~ *implement programs* to promote ~~the judicious use of medically important antimicrobial drugs~~ *antimicrobial stewardship* in ~~livestock~~ *animals* to ensure that each animal gets the ~~maximum~~ *intended* benefit from the drug and *to* help *to* preserve the life-saving potential of the drugs in the future. The ~~regulations~~ *programs* shall include ~~antibiotic~~ *antimicrobial* stewardship guidelines that include ~~rules on~~ *standards for* the proper use of medically important antimicrobial drugs for *therapeutic uses including* disease *treatment, control and* prevention.

(b) For purposes of this section, "~~antibiotic~~ *antimicrobial* stewardship" is a commitment to do both of the following:

> (1) To use medically important antimicrobial drugs only when ~~necessary~~ *indicated* to treat*, control or* ~~and in some cases~~ prevent disease.
> (2) To ~~choose~~ *select* the appropriate medically important antimicrobial drug and to administer ~~the drug correctly each time~~ *it at the appropriate dose, duration and via the appropriate route of administration.*

(c) The department shall sponsor projects or collaborate with universities, cooperative extension, and veterinary and animal organizations to:

> *(1) Promote and develop appropriate training materials for veterinarians as well as animal owners and their employees to promulgate good stewardship practices, and*

(2) Disseminate scientifically validated practical alternatives that may reduce the reliance on antimicrobials while maintaining and promoting animal health.

~~14406. A violation of the provisions of this chapter is a misdemeanor punishable by imprisonment in county jail not exceeding six months, a fine not exceeding one thousand dollars ($1,000), or by both the fine and imprisonment.~~
TBD—license forfeiture or civil penalty

SECTION 2. Amend Business and Professions Code Section 4846.5

(NOTE: The concept is captured below, but the Veterinary Medical Board is the most appropriate source for suggested language.)

4846.5 (a) Except as provided in this section, the board shall issue renewal licenses only to those applicants that have completed a minimum of 36 hours of continuing education in the preceding two years.

(b) (1) Notwithstanding any other provision of law, continuing education hours shall be earned by attending courses relevant to veterinary medicine and sponsored or cosponsored by any of the following:

(A) American Veterinary Medical Association (AVMA) accredited veterinary medical colleges.
(B) Accredited colleges or universities offering programs relevant to veterinary medicine.
(C) The American Veterinary Medical Association.
(D) American Veterinary Medical Association recognized specialty or affiliated allied groups.
(E) American Veterinary Medical Association's affiliated state veterinary medical associations.
(F) Nonprofit annual conferences established in conjunction with state veterinary medical associations.
(G) Educational organizations affiliated with the American Veterinary Medical Association or its state affiliated veterinary medical associations.
(H) Local veterinary medical associations affiliated with the California Veterinary Medical Association.
(I) Federal, state, or local government agencies.
(J) Providers accredited by the Accreditation Council for Continuing Medical Education (ACCME) or approved by the American Medical Association (AMA), providers recognized by the American Dental Association Continuing Education Recognition Program (ADA CERP), and AMA or ADA affiliated state, local, and specialty organizations.

(2) *Beginning January 1, 2017, veterinarians applying for licensure must complete an approved course on the judicious use of antimicrobials every four years, as a part of the continuing education requirement.*
~~(2)~~ *(3)* Continuing education credits shall be granted to those veterinarians taking self-study courses, which may include, but are not limited to, reading journals, viewing video

recordings, or listening to audio recordings. The taking of these courses shall be limited to no more than six hours biennially.

~~(3)~~ *(4)* The board may approve other continuing veterinary medical education providers not specified in paragraph (1).

(A) The board has the authority to recognize national continuing education approval bodies for the purpose of approving continuing education providers not specified in paragraph (1).

(B) Applicants seeking continuing education provider approval shall have the option of applying to the board or to a board-recognized national approval body.

~~(4)~~ *(5)* For good cause, the board may adopt an order specifying, on a prospective basis, that a provider of continuing veterinary medical education authorized pursuant to paragraph (1) or (3) is no longer an acceptable provider.

~~(5)~~ *(6)* Continuing education hours earned by attending courses sponsored or cosponsored by those entities listed in paragraph (1) between January 1, 2000, and January 1, 2001, shall be credited toward a veterinarian's continuing education requirement under this section.

(c) Every person renewing his or her license issued pursuant to Section 4846.4 or any person applying for relicensure or for reinstatement of his or her license to active status, shall submit proof of compliance with this section to the board certifying that he or she is in compliance with this section. Any false statement submitted pursuant to this section shall be a violation subject to Section 4831.

(d) This section shall not apply to a veterinarian's first license renewal. This section shall apply only to second and subsequent license renewals granted on or after January 1, 2002.

(e) The board shall have the right to audit the records of all applicants to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a period of four years and shall make these records available to the board for auditing purposes upon request. If the board, during this audit, questions whether any course reported by the veterinarian satisfies the continuing education requirement, the veterinarian shall provide information to the board concerning the content of the course; the name of its sponsor and cosponsor, if any; and specify the specific curricula that was of benefit to the veterinarian.

(f) A veterinarian desiring an inactive license or to restore an inactive license under Section 701 shall submit an application on a form provided by the board. In order to restore an inactive license to active status, the veterinarian shall have completed a minimum of 36 hours of continuing education within the last two years preceding application. The inactive license status of a veterinarian shall not deprive the board of its authority to institute or continue a disciplinary action against a licensee.

(g) Knowing misrepresentation of compliance with this article by a veterinarian constitutes unprofessional conduct and grounds for disciplinary action or for the issuance of a citation and the imposition of a civil penalty pursuant to Section 4883.

(h) The board, in its discretion, may exempt from the continuing education requirement any veterinarian who for reasons of health, military service, or undue hardship cannot meet those requirements. Applications for waivers shall be submitted on a form provided by the board.

(i) The administration of this section may be funded through professional license and continuing education provider fees. The fees related to the administration of this section shall not exceed the costs of administering the corresponding provisions of this section.

(j) For those continuing education providers not listed in paragraph (1) of subdivision (b), the board or its recognized national approval agent shall establish criteria by which a provider of continuing education shall be approved. The board shall initially review and approve these criteria and may review the criteria as needed. The board or its recognized agent shall monitor, maintain, and manage related records and data. The board may impose an application fee, not to exceed two hundred dollars ($200) biennially, for continuing education providers not listed in paragraph (1) of subdivision (b).

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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MEMORANDUM

DATE	April 15, 2015
TO	VMB
FROM	Annemarie Del Mugnaio, Executive Officer DCA/Veterinary Medical Board
SUBJECT	**Compounded Medications and Veterinary Practice**

Background:

For several years the VMB has fielded questions from the profession regarding the provisions governing compounding medications for use in day-to-day veterinary practices and for dispensing to clients. The provisions, Pharmacy Law (BPC Sections 4051, 4052, and 4127 & Title 16 CCR Sections 1735-1735.8 and 1751, et seq attached) have very specific requirements for pharmacies that compound and dispense medications. CFR Title 21 Part 530.13 (attached) provides parameters that would apply any time a veterinarian may be permitted to compound a medication within their office to treat an animal patient, provided the veterinarian has an established Veterinary-Client Patient Relationship.

Historically, the VMB has advised licensed veterinarians that it is only permissible to compound an oral or injectable medication if:

- There is no approved animal or human drug available that is labeled for, and in a concentration or form appropriate for, treating the condition diagnosed.
- *The compounding is performed by a licensed veterinarian within the scope of a professional practice.*
- Adequate measures are followed to ensure the safety and effectiveness of the compounded product.
- The quantity of compounding is commensurate with the established need of the identified patient.
- There is legitimate need for the drug when non-treatment would result in either suffering or death.

In addition, CCR Section 1735.2 allows for a prescriber to maintain a “reasonable quantity” of a compounded medication to administer to their patients within their facility or to dispense to their patient/client for no more than a 72-hour supply. The 72 hours or 3-day rule is to provide a continuity of care to the patient until such time that the medication may be filled by a compounding pharmacy.

At its October 20, 2014 meeting, the Multidisciplinary Committee (MDC) reviewed the issue of drug compounding by veterinarians for their animal patients. The issue as raised by former Legal Counsel Rebecca Bon, was the lack of authority in the Veterinary Medicine Practice Act for a veterinarian to compound *any* drugs under their existing scope of practice. The MDC examined

the lack of statutory guidance for veterinarians in California and ultimately recommended that the VMB consider a legislative proposal to grant veterinarians the authority to compound drugs for their animal patients under the existing limitations of CFR Title 21 Part 530.13.

Issues:

The following factors must be considered in pursuing a legislative solution:

- Current study underway by the Federal Governmental Audit's Office which may result in changes to CFR Title 21 Part 530.13.
- What impact will the grant of authority have on Pharmacy law?
- Implementing regulations will be necessary to address safety issues such as, reasonable quantity" of a compounded drug that may be stored at a veterinary premise, how long should the compounded drug be stored, and what happens to the drug's potency, efficacy and sterility if kept for too long?

Attachments:

- Business and Professions Code Sections 4051, 4052, 4127- Pharmacy Law
- Proposed California Code of Regulations Title 16, Sections 1735-1735.8 & 1751 et seq – Regulations Regarding Compounding
- Code of Federal Regulations Title 21, Part 530.13

Action:

- Consider recommendation from the MDC regarding a statutory change to authorize veterinarians to compound drugs for their animal patients pursuant to Federal Rule.
- Delegate to staff and counsel to work with legislature and interested parties on drafting language regarding drug compounding for veterinarians.

BOARD OF PHARMACY

BUSINESS & PROFESSIONS CODE

4051. Conduct Limited to Pharmacist; Conduct Authorized by Pharmacist

(a) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense a dangerous drug or dangerous device, or to dispense or compound a prescription pursuant to Section 4040 of
a prescriber unless he or she is a pharmacist under this chapter.
(b) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, pursuant to Section 4052.1, 4052.2, 4052.3, or 4052.6, and otherwise provide clinical advice, services, information, or patient consultation, as set forth in this chapter, if all of the following conditions are met:
(1) The clinical advice, services, information, or patient consultation is provided to a health care professional or to a patient.
(2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.
(3) Access to the information described in paragraph (2) is secure from unauthorized access and use.

4052. Furnishing to Prescriber; Permitted Procedures by Pharmacist

(a) Notwithstanding any other law, a pharmacist may:
(1) Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber.
(2) Transmit a valid prescription to another pharmacist.
(3) Administer drugs and biological products that have been ordered by a prescriber.
(4) Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1.
(5) Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is a physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan,
or a physician, as authorized by Section 4052.2.
(6) Perform procedures or functions as authorized by Section 4052.6.
(7) Manufacture, measure, fit to the patient, or sell and repair dangerous devices, or furnish instructions to the patient or the patient’s representative concerning the use of those devices.
(8) Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention.
(9) Provide professional information, including clinical or pharmacological information, advice, or consultation to other health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.
(10) Furnish the medications described in subparagraph (A) in accordance with subparagraph (B):
(A)(1) Emergency contraception drug therapy and self-administered hormonal contraceptives, as authorized by Section 4052.3.
(2) Nicotine replacement products, as authorized by Section 4052.9.

(3) Prescription medications not requiring a diagnosis that are recommended by the federal Centers for Disease Control and Prevention for individuals traveling outside of the United States.
(B) The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall
provide the patient with a written record of the drugs or devices furnished and advi
se the patient to consult a physician of the patient's choice.
(11) Administer immunizations pursuant to a protocol with a prescriber.
(12) Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.
(b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.
(c) This section does not affect the applicable requirements of law relating to either of the following:
(1) Maintaining the confidentiality of medical records.
(2)The licensing of a health care facility.

Article 7.5 Compounded Sterile Drug Products

4127. Board Shall Adopt Regulations Establishing Standards (Effective January 1, 2014, and Inoperative on July 1, 2014)

(a) The board shall adopt regulations establishing standards for compounding injectable sterile drug products in a pharmacy.
(b) The board shall adopt emergency regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) to establish policies, guidelines, and procedures to initially implement the provisions of this article that become operative on July 1, 2014. The initial adoption, amendment, or repeal of a regulation authorized by this section is deemed to address an emergency for purposes of Sections 11346.1 and 11346.6 of the Government Code, and the board is hereby exempted for that purpose from the requirements of subdivision (b) of Section 11346.1 of the Government Code. After the initial adoption, amendment, or repeal of an emergency regulation pursuant to this section, the board may request approval from the Office of Administrative Law to readopt the regulation as an emergency regulation pursuant to Section 11346.1 of the Government Code.
(c) This section shall become inoperative on July 1, 2014, and, as of January 1, 2015, is repealed, unless a later enacted statute, that becomes operative on or before January 1, 2015, deletes or extends the dates on which it becomes inoperative and is repealed.

4127. License to Compound Sterile Drug Products Required (Operative on July 1, 2014)
(a) A pharmacy that compounds sterile drug products for injection, administration into the eye, or inhalation shall possess a sterile compounding pharmacy license as provided in this article.
(b) The board shall adopt regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code)
to establish policies, guidelines, and procedures to implement this article.
(c) The board shall review any formal revision to General Chapter 797 of the United States Pharmacopeia and The National Formulary (USP–NF), relating to the compounding of sterile preparations, not later than 90 days after the revision becomes official, to determine whether amendments are necessary for the regulations adopted by the board pursuant to subdivision (b).
(d) This section shall become operative on July 1, 2014.

4127.1. License to Compound Injectable Sterile Drug Products Required (Effective January 1, 2014, and Inoperative on July 1, 2014)
(a) A pharmacy shall not compound injectable sterile drug products in this state unless the pharmacy has obtained a license from the board pursuant to this section. The license shall be renewed annually and is not transferable.
(b) A license to compound injectable sterile drug products may only be issued for a location that is licensed as a pharmacy. Furthermore, the license to compound injectable sterile drug products may only be issued to the owner of the pharmacy license at that location. A license to compound injectable sterile drug products may not be issued until the location is inspected by the board and found in compliance with this article and regulations adopted by the board.
(c) A license to compound injectable sterile drug products may not be renewed until the location has been inspected by the board and found to be in compliance with this article and regulations adopted by the board.

Title 16. Board of Pharmacy

Modified Text

Changes made to the originally proposed language are shown by ~~double strike-through~~ for deleted language and double underline for added language. Changes made to the modified proposed language are shown by ~~*strike-through italics*~~ for deleted language and *bold underline italics* for added language. Additionally, the new modified changes have been highlighted in yellow for color printers.

To Amend § 1735 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735. Compounding in Licensed Pharmacies.

(a) "Compounding" means any of the following activities occurring in a licensed pharmacy, by or under the supervision of a licensed pharmacist, pursuant to a prescription:

(1) Altering the dosage form or delivery system of a drug

(2) Altering the strength of a drug

(3) Combining components or active ingredients

(4) Preparing a compounded drug ~~product~~ preparation from chemicals or bulk drug substances

(b) "Compounding" does not include reconstitution of a drug pursuant to a manufacturer's direction(s) for oral, rectal, topical, or injectable administration, nor does it include the sole act of tablet splitting or crushing, capsule opening, or the addition of flavoring agent(s) to enhance palatability.

~~(c) "Compounding" does not include, except in small quantities under limited circumstances as justified by a specific, documented, medical need, preparation of a compounded drug product that is commercially available in the marketplace or that is essentially a copy of a drug product preparation that is commercially available in the marketplace.~~

~~(d)~~(c) The parameters and requirements stated by this Article 4.5 (Section 1735 et seq.) apply to all compounding practices. Additional parameters and requirements applicable solely to sterile ~~injectable~~ compounding are stated by Article 7 (Section 1751 et seq.).

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1735.1 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.1. Compounding Definitions.

(a) "Ante-area" ~~(also called ante-room)~~ means an area providing at least an ISO Class 8 or better air quality ~~area~~ where personnel hand hygiene and garbing procedures, staging of components, and other high-particulate-generating activities are performed, that is adjacent to the area designated for sterile compounding. It is a transition area that begins the systematic reduction of particles, prevents large fluctuations in air temperature and pressures in the buffer area *or cleanroom*, and maintains air flows from clean to dirty areas.

~~(b) "Batch" means compounding of two or more finished drug preparation units produced during the same continuous cycle of compounding and shall include any multiple dose vials prepared for administration to more than one patient.~~

~~(c)~~(b) "Beyond use date" means the date, or date and time, after which administration of a compounded drug preparation shall not be ~~stored or transported, or administration~~ begun, the preparation shall not be dispensed, and the preparation shall not be stored (other than for quarantine purposes).

(c) "Biological Safety Cabinet (BSC)" means a ventilated cabinet for compounded sterile drug preparations, having an open front with inward airflow for personnel protection, downward ~~high-efficiency particulate absorption (~~HEPA~~)~~-filtered laminar airflow for product protection, and HEPA-filtered exhausted air for environmental protection.

(d) "Buffer area" means an area *which maintains segregation fron the adjacent ante-area by means of specific pressure differentials. The principle of displacement airflow shall be employed. This concept utilizes a low pressure differential, high airflow principle. Using displacement airflow typically requires an air velocity of 40 ft per minute or more from the buffer area across the line of demarcation into the ante-area. The displacement concept may not be used to maintain buffer area requirements for sterile compounds which originate from any ingredient that was at any time non-sterile, regardless of intervening sterilization of the ingredient, for hazardous compounds, or for chemotherapy compounds.* ~~*providing at least an ISO Class 7 or better air quality where the primary engineering control (PEC) is physically located.*~~

(e) “Bulk drug substance~~s~~” means any substance ~~that is represented for use in a drug and~~ that, when used in the ~~*manufacturing*~~ *preparation* of a compounded drug preparation, processing, or packaging of a drug, becomes an active ingredient or a finished dosage form of the drug, but the term does not include intermediate~~s~~ used in the synthesis of such substances.

(f) “Cleanroom” ~~*(which may also be referred to as a buffer area)*~~ means a *physically* separate room ~~*or area*~~ with ~~*or without*~~ walls and doors that provide~~ing~~ at least an ISO Class 7 or better ~~area~~ *air quality* where the primary engineering control (PEC) is *physically* located. ~~This~~ ~~*The cleanroom may maintains segregation from the adjacent ante-area (ante-room) by means of specific pressure differentials. For cleanrooms providing a physical separation through the use of walls, doors, and pass-throughs, a*~~ *A* minimum differential positive pressure of 0.02- to 0.05-inch water column is required. ~~*For buffer areas not physically separated from the ante-areas, the principle of displacement airflow shall be employed. This concept utilizes a low pressure differential, high airflow principle. Using displacement airflow typically requires an air velocity of 40 ft per minute or more from the buffer area across the line of demarcation into the ante-area. The displacement concept shall may not be used for high-risk compounding to maintain cleanroom area requirements for sterile compounds which originated with non-sterile-to-sterile batch, with any ingredient that was at any time non-sterile, regardless of intervening sterilization of that ingredient, for hazardous compounds, or for chemotherapy compounds.*~~

(g) “Compounding Aseptic Isolator (CAI)” means a form of isolator specifically designed for compounding pharmaceutical ingredients or preparations. It is designed to maintain an aseptic compounding environment within the isolator throughout the compounding and material transfer processes. Air exchange into the isolator from the surrounding environment should not occur unless the air has first passed through a microbial retentive filter (HEPA minimum) system capable of containing airborne concentrations of the physical size and state of the drug being compounded.

(h) “Compounding Aseptic Containment Isolator (CACI)” means a compounding aseptic isolator (CAI) designed to provide worker protection from exposure to undesirable levels of airborne drug throughout the compounding and material transfer processes and to provide an aseptic environment for compounding sterile preparations. Air exchange with the surrounding

environment should not occur unless the air is first passed through a microbial retentive filter (HEPA minimum) system capable of containing airborne concentrations of the physical size and state of the drug being compounded. Where volatile hazardous drugs are prepared, the exhaust air from the isolator should be appropriately removed by properly designed building ventilation.

~~(c)~~(i) "Controlled cold temperature" means 2~~.~~2 degrees to ~~7.7~~ 8 degrees C (~~36~~35.6 degrees to ~~46~~46.4 degrees F) (USPN.F 37-NF-32).

~~(h)~~(j) "Controlled freezer temperature" means -25 degrees to -10 degrees C (-13 degrees to 14 degrees F) *or at a range otherwise specified by the pharmaceutical manufacturer*. ~~*Preparations may be stored at an alternate temperature range in accordance with the manufacturer's recommendations or literature.*~~

~~(i)~~(k) "Controlled room temperature" means 20 degrees to 25 degrees C (68 degrees to 77 degrees F).

(l) "Copy or essentially a copy" of a commercially available drug product includes all preparations that are comparable in active ingredients to commercially available drug products, except that it does not include any preparations in which there has been a change, made for an identified individual patient, which produces for that patient a significant difference, as determined by a prescribing practitioner, between that compounded preparation and the comparable commercially available drug product.

~~(j)~~(m) "Daily" means occurring every day that a pharmacy is operating.

(n) "Dosage unit" means a quantity sufficient for one administration to one patient, except that for self-administered ophthalmic drops, a quantity sufficient for 30 days or less shall be considered one dosage unit.

~~(a)~~ ~~(j)~~(o) "Equipment" means items that must be calibrated, maintained or periodically certified.

~~(k)~~(p) "First air" means the air exiting the HEPA filter in a unidirectional air stream that is essentially particle free.

~~(l)~~(q) "Gloved fingertip sampling" means a process where~~by,~~ compounding personnel lightly press each fingertip and thumb onto appropriate growth media, which ~~that~~ are then

incubated at a temperature and for a time period conducive to multiplication of microorganisms, and then examined for growth of microorganisms.

(r) "Hazardous" means all anti-neoplastic agents ~~as~~ identified by the National Institute for Occupational Safety and Health (NIOSH) *as meeting the criteria for a hazardous drug* and any other drugs, compounds, or materials identified as hazardous by the pharmacist-in-charge.

~~(b)~~~~(m)~~(s) "Integrity" means retention of potency ~~that all aspects of quality including sterility, packaging, chemical stability and potency, handling, and transport and storage are maintained throughout the drug preparation process, and~~ until the ~~expiration~~ beyond use date ~~noted~~ provided on the label, so long as the preparation is stored and handled according to the label directions after it is dispensed.

(t) "Lot" means one or more compounded drug preparation(s) prepared during one uninterrupted continuous cycle of compounding from one or more common active ingredient(s).

~~(n)~~(u) "Media-fill test" means a test that mimics compounding procedures using a growth-based media to demonstrate that aseptic techniques of compounding personnel or processes routinely employed do not result in microbial contamination. To be valid, media-fill tests ~~are~~ must be conducted on both the most routine and the most challenging ~~and routine~~ compounding procedures performed.

(v) "Non-sterile-to-sterile batch" means any compounded drug preparation containing ~~one (1)~~*two (2)* or more dosage units with any ingredient that was at any time non-sterile, regardless of intervening sterilization of that ingredient.

~~(o)~~(w) "Parenteral" means a ~~sterile~~ preparation of drugs ~~for injection or implantation through one or more layers of skin~~ administered in a manner other than through the digestive tract. This includes, but is not limited to, injection through one or more layers of skin, administration into the eye, and by inhalation.

~~(p)~~(x) "Personal protective equipment" means clothing or devices that protect the employee from exposure to drug products and minimize the contamination of compounded preparations. These include shoe covers, head and facial hair covers, face masks, gowns, and gloves.

~~(c)~~~~(q)~~(y) "Potency" means active ingredient strength within +/- 10% (or the range specified

in USP37-NF32, 37th Revision, Through 2nd Supplement Effective December 1, 2014) of the labeled amount.

~~(r)~~(z) "Preparation" means a drug or nutrient compounded in a licensed pharmacy; the preparation may or may not be ~~contain~~ sterile ~~products~~.

~~(s)~~(aa) "Prescriber's office" or "prescriber office" means an office or suite of offices in which a prescriber regularly sees patients for outpatient diagnosis and treatment. This definition does not include any hospital, pharmacy, or other facility, whether or not separately licensed, that may be affiliated with, adjacent to, or co-owned by, the prescriber's practice environment.

~~(t)~~(ab) "Primary Engineering Control (PEC)" means a device that provides an ISO Class 5 or better environment ~~or better~~ through the use of unidirectional HEPA-filtered first air for the exposure of critical sites when compounding sterile preparations. Examples of PEC devices include, but are not limited to, laminar airflow workbenches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators.

~~(u)~~(ac) "Process validation" means demonstrating that when a process is ~~operated~~ *repeated* within specified limits, the process will consistently produce preparations complying with predetermined requirements. If any aspect of the process is changed, the process would need to be revalidated.

~~(v)~~(ad) "Product" means a commercially manufactured drug or nutrient ~~that has been~~ evaluated for safety and efficacy by the FDA.

~~(d)~~~~(w)~~(ae) "Quality" means the absence of harmful levels of contaminants, including filth, putrid, or decomposed substances, ~~and~~ the absence of active ingredients other than those listed on the label, and the absence of inactive ingredients other than those listed ~~noted~~ on the ~~*compounding log*~~*master formula record* ~~label~~.

~~(x)~~(af) "Segregated sterile compounding area" means a designated space for sterile-*to-sterile* compounding where a ~~device that provides unidirectional airflow of ISO Class 5 air quality, including compounding aseptic isolators,~~ PEC is located within either a demarcated area (at least three foot perimeter) or in a separate room. Such area or room shall not contain and shall be void of activities and materials that are extraneous to sterile compounding. The

segregated sterile compounding area shall not be in a location that has unsealed windows or doors that connect to the outdoors, in a location with high traffic flow, or in a location that is adjacent to construction sites, warehouses, or food preparation. ~~, and~~ *The segregated sterile compounding area* shall not have a sink*, other than an emergency eye-washing station,* located within ~~*at least*~~ three feet of the a PEC. ~~This~~ The segregated sterile compounding area ~~will~~ shall be restricted to preparing non-hazardous sterile-to-sterile compounded preparations.

~~(y) "Smoke test" means an analysis of the airflow in the ISO Class 5 PEC using a smoke-generating device.~~

~~(e)~~~~(z)~~(ag) "Strength" means amount of active ingredient per ~~*dosage*~~ unit of a compounded drug ~~product~~ preparation.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1735.2 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.2. Compounding Limitations and Requirements; Self-Assessment.

(a) Except as specified in (b) and (c), no drug ~~product~~ preparation shall be compounded prior to receipt by a pharmacy of a valid prescription for an individual patient where the prescriber has approved use of a compounded drug ~~product~~ preparation either orally or in writing. Where approval is given orally, that approval shall be noted on the prescription prior to compounding.

(b) A pharmacy may prepare and store a limited quantity of a compounded drug ~~product~~ preparation in advance of receipt of a patient-specific prescription where and solely in such quantity as is necessary to ensure continuity of care for an identified population of patients of the pharmacy based on a documented history of prescriptions for that patient population.

(c) A "reasonable quantity" ~~as used in~~ that may be furnished to a prescriber for office use by the prescriber as authorized by Business and Professions Code section 4052, subdivision (a)(1), means that amount of compounded drug ~~product~~ preparation that:

(1) ~~*i*~~*I*s ordered by the prescriber or the prescriber's agent and paid for by the prescriber at a price that fairly reflects the fair market value of each drug preparation, using a purchase order or

other documentation received by the pharmacy prior to furnishing that lists the number of patients seen or to be seen in the prescriber's office for whom the drug is needed or anticipated, and the quantity for each patient that is sufficient for either office administration ~~or application to patients in the prescriber's office, or for distribution of not more than~~ or furnishing of a 72-hour supply ~~to the prescriber's patients, as estimated by the prescriber~~; and

(2) ~~i~~*I*s delivered to the prescriber's office and signed for by the prescriber or the prescriber's agent; and

(3) ~~i~~*I*s sufficient for administration or application to patients solely in the prescriber's office, or for furnishing of not more than a 72-hour supply *for human medical practices, or a 120-hour supply for veterinary medical practices,* solely to the prescriber's own patients seen as part of regular treatment in the prescriber's office, as fairly estimated by the prescriber and documented on the purchase order or other documentation submitted to the pharmacy prior to furnishing; and

(4) That the pharmacist has a credible basis for concluding is reasonable considering the intended use of the compounded medication and the nature of the prescriber's practice; and

~~(3)~~ (5) ~~for~~ With regard to any individual prescriber to whom the pharmacy furnishes, and with regard to ~~for~~ all prescribers to whom the pharmacy furnishes, ~~taken as a whole~~, is an amount which the pharmacy is capable of compounding in compliance with pharmaceutical standards for integrity, potency, quality and strength of the compounded drug ~~product~~ preparation; and

(6) does not exceed an amount the pharmacy can reasonably and safely compound.

(d) No pharmacy or pharmacist shall compound a drug preparation that:

(1) ~~i~~*I*s classified by the FDA as demonstrably difficult to compound;

(2) ~~a~~*A*ppears on a*n* FDA list of drugs that have been withdrawn or removed from the market because such drugs or components of such drugs have been found to be unsafe or not effective; or

(3) ~~i~~*I*s a copy or essentially a copy of one or more commercially available drug products, unless that drug product appears on an ASHP (American Society of Health-System Pharmacists) or FDA list of drugs that are in short supply at the time of compounding and at the time of dispense, and the compounding of that drug preparation is justified by a specific, documented medical

need made known to the pharmacist prior to compounding. The pharmacy shall retain a copy of the documentation of the shortage and the specific medical need in the pharmacy records for three years from the date of receipt of the documentation.

(~~d~~ e) A drug ~~product~~ preparation shall not be compounded until the pharmacy has first prepared a written master formula record that includes at least the following elements:

(1) Active ingredients to be used.

(2) Equipment to be used.

(3) ~~Expiration dating requirements. The rationale or reference source for determining t~~The maximum allowable beyond use date for ~~this~~ the preparation, and the rationale or reference source justifying its determination.

(4) Inactive ingredients to be used.

(5) ~~Process and/or procedure~~ Specific compounding steps used to prepare the drug.

(6) Quality reviews required at each step in preparation of the drug.

(7) Post-compounding process or procedures required, if any.

(8) Instructions for storage and handling of the compounded drug preparation.

(~~e~~ f) Where a pharmacy does not routinely compound a particular drug ~~product~~ preparation, the master formula record for that ~~product~~ preparation may be recorded on the prescription document itself.

(~~f~~ g) The pharmacist performing or supervising compounding is responsible for the integrity, potency, quality, and labeled strength of a compounded drug ~~product~~ preparation until the beyond use date indicated on the label, so long as label instructions for storage and handling are followed after the preparation is dispensed.

(~~g~~ h) All chemicals, bulk drug substances, drug products, and other components used for drug compounding shall be stored and used according to compendia~~l~~ and other applicable requirements to maintain their integrity, potency, quality, and labeled strength.

(~~h~~ i) Every compounded drug ~~product~~ preparation shall be given a~~n expiration~~ beyond use date representing the date beyond which, in the professional judgment of the pharmacist performing or supervising the compounding, it should not be used, stored, transported, or administration begun. This “beyond use date” of the compounded drug ~~product~~ preparation

shall not exceed ~~180 days from preparation or~~ the shortest expiration date of any component in the compounded drug ~~product~~ preparation, nor shall it exceed 180 days from preparation unless a ~~longer~~ later date is supported by stability studies of finished drugs or compounded drug ~~products~~ preparations using ~~the same~~ *identical* components and packaging. Shorter dating than set forth in this subsection may be used if it is deemed appropriate in the professional judgment of the responsible pharmacist.

(~~i~~ j) The pharmacist performing or supervising compounding is responsible for the proper preparation, labeling, storage, and delivery of the compounded drug ~~product~~ preparation.

~~(j k) Prior to allowing any drug product preparation to be compounded in a pharmacy, the pharmacist-in-charge shall complete a self-assessment for compounding pharmacies developed by the board (Incorporated by reference is "Community Pharmacy & Hospital Outpatient Pharmacy Compounding Self-Assessment" Form 17M-39 Rev. 02/12.) as required by Section 1715 of Title 16, Division 17, of the California Code of Regulations. That form contains a first section applicable to all compounding, and a second section applicable to sterile injectable compounding. The first section must be completed by the pharmacist-in-charge before any compounding is performed in the pharmacy. The second section must be completed by the pharmacist-in-charge before any sterile injectable compounding is performed in the pharmacy. The applicable sections of the self-assessment shall subsequently be completed before July 1 of each odd-numbered year, within 30 days of the start date of a new pharmacist-in-charge or change of location, and within 30 days of the issuance of a new pharmacy license. The primary purpose of the self-assessment is to promote compliance through self-examination and education.~~

~~(l)~~(k) Packages of ingredients, both active and inactive, that lack a supplier's expiration date are subject to the following limitations:

(1) such ingredients cannot be used for any non-sterile compounded drug preparation more than three (3) years after the date of receipt by the pharmacy unless either appropriate and documented inspection or analytical testing indicates that the ingredient has retained its purity and quality for use in compounded drug preparations, considering the container in which it is packaged and the storage conditions, and

(2) such ingredients cannot be used for any sterile compounded drug preparation more than one (1) year after the date of receipt by the pharmacy, unless either appropriate and documented inspection or analytical testing indicates that the ingredient has retained its purity and quality for use in compounded drug preparations, considering the container in which it is packaged and the storage conditions.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code, Sections 1735, 1735.1, 1735.8, and 1751.1-1751.8 of Title 16, Division 17, of the California Code of Regulations.

To Amend § 1735.3 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.3. ~~Records~~ Recordkeeping ~~of~~ for Compounded Drug ~~Products~~ Preparations.

(a) For each compounded drug ~~product~~ preparation, ~~the~~ pharmacy records shall include:

(1) The master formula record.

(2) The date the drug ~~product~~ preparation was compounded.

(3) The identity of ~~the~~ any pharmacy personnel ~~who compounded the~~ engaged in compounding the drug ~~product~~ preparation.

(4) The identity of the pharmacist reviewing the final drug ~~product~~ preparation.

(5) The quantity of each component used in compounding the drug ~~product~~ preparation.

(6) The manufacturer, expiration date and lot number of each component. If the manufacturer name is demonstrably unavailable, the name of the supplier may be substituted. If the manufacturer does not supply an expiration date for any component, the records shall include the date of receipt of the component in the pharmacy, and the limitations of section 1735.2, subdivision (k) shall apply. Exempt from the requirements in this paragraph are sterile ~~products~~ preparations compounded ~~on a one- time basis~~ in a single lot for administration within seventy-two (72) hours to an inpatient in a health care facility licensed under section 1250 of the Health and Safety Code and stored in accordance with standards for "Redispensed CSPs" found in Chapter 797 of the United States Pharmacopeia – National Formulary (USP37-NF32)

Through 2nd Supplement (~~35~~ 37th Revision, Effective ~~May~~ December 1, ~~2012~~ 2014), hereby incorporated by reference~~, to an inpatient in a health care facility licensed under section 1250 of the Health and Safety Code~~.

(7) A pharmacy-assigned reference or lot number for the compounded drug ~~product~~ preparation.

(8) The ~~expiration~~ beyond use date or beyond use date and time of the final compounded drug ~~product~~ preparation, *expressed in the compounding record in a standard date and time format ~~(MM/DD/YYYY and HH:MM)~~*.

(9) The final quantity or amount of drug ~~product~~ preparation compounded for dispensing.

~~(10) Storage for the drug preparation.~~

(b) Pharmacies shall maintain records of the proper acquisition, storage, and destruction of chemicals, bulk drug substances, drug products, and components used in compounding.

(c) Active ~~pharmaceutical~~ ingredients shall be obtained from a ~~FDA registered~~ supplier registered with the Food and Drug Administration (FDA). All other ~~C~~chemicals, bulk drug substances, and drug products~~, and components~~ used to compound drug ~~products~~ preparations shall be obtained, whenever possible, from ~~reliable~~ FDA- registered suppliers. The pharmacy shall acquire and retain ~~any available~~ certificates of purity or analysis, either written in English or translated into English, for chemicals~~,~~ *~~and~~* bulk drug substances, *and* drug products~~, and components~~ used in compounding. ~~Certificate s of purity or analysis are not required for drug products that are approved by the Food and Drug Administration.~~ Certificates of purity or analysis are not required for drug products that are approved by the FDA. Any ~~C~~certificates of purity or analysis acquired by the pharmacy ~~are to~~ shall be matched to the corresponding product received.

(d) Pharmacies shall maintain and retain all records required by this article in the pharmacy in a readily retrievable form for at least three years from the date the record was created. If only recorded and stored electronically, on magnetic media, or in any other computerized form, the records shall be maintained as specified by Business and Professions Code section 4070 subsection (c).

Authority cited: Sections 4005, 4127, and 4169, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1735.4 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.4. Labeling of Compounded Drug ~~Products~~ Preparations.

(a) In addition to the labeling information required under Business and Professions Code section 4076, the label of a compounded drug ~~product~~ preparation shall contain the generic or brand name(s) of the principal active ingredient(s).

(b) A statement that the drug has been compounded by the pharmacy shall be included on the container ~~or on the receipt~~ provided to the patient. Exempt from the requirements of this paragraph are those sterile drug preparations compounded within a health care facility solely for administration, by a licensed health care professional, to *~~an in~~*patient *~~in~~* of the facility. To be treated as such, the "health care facility" must be licensed under Health and Safety Code section 1250.

(c) Drug ~~products~~ preparations compounded into unit-dose containers that are too small or otherwise impractical for full compliance with subdivisions (a) and (b) shall be labeled with at least the name of the compounding pharmacy and dispensing pharmacy, if different, the name(s) of the active ingredient(s), ~~concentration or~~ strength, volume or weight of the preparation, pharmacy reference or lot number, and ~~expiration~~ beyond use date.

Note: Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, 4076 and 4127, Business and Professions Code.

To Amend § 1735.5 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.5. Compounding Policies and Procedures.

(a) Any pharmacy engaged in compounding shall maintain a written policies and procedures manual for compounding that establishes procurement procedures, methodologies for the formulation and compounding of drugs, facilities and equipment cleaning, maintenance, operation, and other standard operating procedures related to compounding. ~~The pharmacy shall follow its policies and procedures~~. Any ~~F~~failure to follow ~~the~~se pharmacy's written policies and procedures shall constitute a basis ~~grounds~~ for disciplinary action.

(b) The policies and procedures manual shall be reviewed and such review shall be documented on an annual basis by the pharmacist-in-charge. The policies and procedures manual ~~and~~ shall be updated whenever changes in policies and procedures ~~processes~~ are implemented.

(c) The policies and procedures manual shall include at least the following:

(1) Procedures for notifying staff assigned to compounding duties of any changes in ~~processes or to the~~ policies or procedures ~~manual~~.

~~*(2) Evidence Documentation demonstrating that staff have been educated and trained on all policies and procedures.*~~

(~~2~~ *3*2) ~~Documentation of a~~ A written plan for recall of a dispensed compounded drug ~~product~~ preparation where subsequent ~~verification~~ information demonstrates the potential for adverse effects with continued use ~~of a compounded drug product~~. The plan shall ensure that ~~A~~all affected doses can be accounted for during ~~as part of~~ the recall.

(~~3~~ *43*) The procedures for maintaining, storing, calibrating, cleaning, and disinfecting equipment used in compounding, and for training on these procedures as part of the staff training and competency evaluation process.

(~~5~~*4*) The procedures for evaluating, maintaining, certifying, cleaning, and disinfecting the facility (physical plant) used for compounding, and for training on these procedures as part of the staff training and competency evaluation process.

(~~4~~*65*) Documentation of the methodology ~~appropriate to compounded drug preparations~~ used to ~~test~~ validate integrity, potency, quality, and labeled strength of compounded drug ~~products~~ preparations. The methodology must be appropriate to compounded drug preparations.

(~~5~~ *76*) Documentation of the methodology and rationale or reference source used to determine appropriate ~~expiration~~ beyond use dates for compounded drug ~~products~~ preparations.

(~~8~~7) ~~Dates of annual reviews of the policy and procedure manual by the pharmacist-in-charge, signed and dated by the pharmacist-in-charge.~~ Dates and signatures reflecting all annual reviews of the policies and procedures manual by the pharmacist-in-charge.

(~~9~~8) Dates and signatures accompanying ~~of~~ any revisions to the policies and procedures manual approved by the pharmacist-in-charge~~, signed and dated by the pharmacist-in-charge.~~

(~~10~~9) Policies and procedures for storage of compounded ~~sterile~~ drug preparations in the pharmacy and daily documentation of all room, refrigerator, and freezer temperatures within the pharmacy.

(~~11~~10) Policies and procedures regarding ensuring appropriate functioning of refrigeration devices, monitoring refrigeration device temperatures, and actions to take regarding any out of range temperature variations within the pharmacy.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, ~~and~~ 4127, and 4301, Business and Professions Code.

To Amend § 1735.6 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.6. Compounding Facilities and Equipment.

(a) Any pharmacy engaged in compounding shall maintain written documentation regarding the facilities and equipment necessary for safe and accurate compounded drug ~~products~~ preparations. This shall include records of maintenance and cleaning of the facilities and equipment. Where applicable, this shall also include records of certification(s) of facilities or equipment.

(b) Any equipment used to compound drug ~~products~~ preparations shall be stored, used, ~~and~~ maintained, and cleaned in accordance with manufacturers' specifications.

(c) Any equipment that weighs, measures, or transfers ingredients used to compound drug ~~products~~ preparations for which calibration or adjustment is appropriate shall be calibrated prior to use, on a schedule and by a method determined by the ~~per~~ manufacturer's

specifications, to ensure accuracy. Documentation of each such calibration shall be recorded ~~in writing~~ in a form which is not alterable and these records of calibration shall be maintained and retained in the pharmacy.

(d) Any pharmacy engaged in any hazardous drug compounding shall maintain written documentation regarding appropriate cleaning of facilities and equipment to prevent cross-contamination with non-hazardous drugs.

Note: Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052 and 4127, Business and Professions Code.

To Amend § 1735.7 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.7. Training of Compounding Staff.

(a) Any pharmacy engaged in compounding shall maintain written documentation sufficient to demonstrate that pharmacy personnel have the skills and training required to properly and accurately perform their assigned responsibilities relating to compounding. *Additionally, documentation demonstrating that staff have been trained on all policies and procedures shall be maintained.*

(b) The pharmacy shall develop and maintain an ongoing competency evaluation process for pharmacy personnel involved in compounding, and shall maintain documentation of any and all training related to compounding undertaken by pharmacy personnel.

(c) Pharmacy personnel assigned to compounding duties shall demonstrate knowledge about processes and procedures used in compounding prior to compounding any drug ~~product~~ preparation.

Note: Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052 and 4127, Business and Professions Code.

To Amend § 1735.8 in Article 4.5 of Division 17 of Title 16 of the California Code of

Regulations to read as follows:

1735.8. Compounding Quality Assurance.

(a) Any pharmacy engaged in compounding shall maintain, as part of its written policies and procedures, a written quality assurance plan designed to monitor and ensure the integrity, potency, quality, and labeled strength of compounded drug ~~products~~ preparations.

(b) The quality assurance plan shall include written procedures for verification, monitoring, and review of the adequacy of the compounding processes and shall also include written documentation of review of those processes by qualified pharmacy personnel.

(c) The quality assurance plan shall include written standards for qualitative and quantitative analysis of compounded drug preparations to ensure integrity, potency, quality, and labeled strength, including the frequency of testing, ~~analysis~~ of compounded drug ~~products~~ preparations. All qualitative and quantitative analysis reports for compounded drug ~~products~~ preparations shall be retained by the pharmacy and ~~collated~~ maintained along with the compounding record and master formula. The quality assurance plan shall include a schedule for routine testing and analysis of compounded drug preparations to ensure integrity, potency, quality, and labeled strength, on at least an annual basis.

(d) The quality assurance plan shall include a written procedure for scheduled action in the event any compounded drug ~~product~~ preparation is ever discovered to be below minimum standards for integrity, potency, quality, or labeled strength.

(e) The quality assurance plan shall include a written procedure for responding to out-of-range temperature variations within the pharmacy or within patient care areas of a hospital where a furnished drug is returned for redispensing. ~~including for preparations furnished to patient care areas.~~

Note: Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052 and 4127, Business and Professions Code.

To Amend § 1751 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

Article 7. Sterile ~~Injectable~~ Compounding

1751. Sterile ~~Injectable~~ Compounding; Compounding Area; Self-Assessment.

(a) Any pharmacy engaged in compounding sterile ~~injectable~~ drug ~~products~~ preparations shall conform to the parameters and requirements stated by Article 4.5 (Section 1735 et seq.), applicable to all compounding, and shall also conform to the parameters and requirements stated by this Article 7 (Section 1751 et seq.), applicable solely to sterile ~~injectable~~ compounding.

(b) Any pharmacy compounding sterile ~~injectable~~ drug ~~products~~ preparations shall have a ~~designated~~ compounding area designated for the preparation of sterile ~~injectable~~ drug ~~products~~ preparations that is in a restricted location where traffic has no impact on the performance of the PEC(s). The buffer area *or cleanroom*, including the walls, ceilings, and floors, shall be constructed in accordance with Section 1250.4 of Title 24, Part 2, Chapter 12, of the California Code of Regulations. The pharmacy shall be ventilated in a manner in accordance with Section 505.~~12~~*25* of Title 24, Part 4, Chapter 5 of the California Code of Regulations. ~~which shall meet the following standards:~~ The environments within the pharmacy shall meet the following standards:

(1) ~~Clean Room and Work Station Requirements, shall be in accordance with Section 1250 of Title 24, Part 2, Chapter 12, of the California Code of Regulations.~~

~~(2) Walls, ceilings and floors shall be constructed in accordance with Section 1250 of Title 24, Part 2, Chapter 12, of the California Code of Regulations.~~

~~(3) Be ventilated in a manner in accordance with Section 505.12 of Title 24, Chapter 5 of the California Code of Regulations.~~

~~(4) Be~~ Each ISO environment shall be certified ~~annually~~ at least every six months by a qualified technician ~~who is familiar with the methods and procedures for certifying laminar air flow hoods and clean room requirements, in accordance with standards adopted by the United States General Services Administration~~ *in accordance with Section 1751.4* ~~of Title 16, Division~~

~~17, of the California Code of Regulations~~. Certification records must be retained ~~*for* at least 3 years~~ in the pharmacy.

~~(5)~~ (2) ~~The pharmacy shall be arranged in accordance with Section 1250 of Title 24, Part 2, Chapter 12, of the California Code of Regulations.~~ Items related to the compounding of sterile ~~injectable~~ drug ~~products~~ preparations within the compounding area shall be stored in such a way as to maintain the integrity of an aseptic environment.

~~(6)~~ (3) A sink shall be included in accordance with Section 1250.4 of Title 24, Part 2, *Chapter 12*, of the California Code of Regulations. Sinks and drains shall not be present in ~~an~~ any ISO Class 7 or better buffer area *or cleanroom*, nor in a segregated sterile compounding area within three feet of an ISO Class 5 or better PEC ~~or better located in segregated compounding areas~~, with the exception of emergency eye-rinsing stations. A sink may be located in an ante-area.

~~(7)~~ (4)There shall be a refrigerator and, ~~/or~~ where appropriate, a freezer, of sufficient capacity to meet the storage requirements for all material requiring refrigeration or freezing, and a backup plan to ensure continuity of available compounded drug preparations in the event of a power outage.

~~(c) Any pharmacy compounding a sterile injectable drug product preparation from one or more non-sterile ingredients shall comply with Business and Professions Code section 4127.7.~~

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127 ~~and 4127.7~~, Business and Professions Code; Sections 1735, 1735.1,-1735.8., and 1751.1-1751.8. of Title 16, Division 17, of the California Code of Regulations; and Section 18944, Health and Safety Code.

To Amend § 1751.1 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.1. Sterile ~~Injectable~~ Compounding Recordkeeping Requirements.

(a) ~~Pharmacies compounding sterile injectable products for future use pursuant to section 1735.2 shall, in addition to those records required by section 1735.3, make and keep records~~

~~indicating the name, lot number, amount, and date on which the products were provided to a prescriber.~~

~~(b)~~ In addition to the records required by section 1735.3 ~~and subdivision (a)~~, any pharmacy engaged in any compounding of ~~for~~ sterile ~~compounded~~ drug ~~products~~ preparations ~~compounded from one or more non-sterile ingredients~~, shall make and keep the following records ~~must be made and kept by~~ within the pharmacy:

(1) Documents evidencing ~~The~~ training and competency evaluations of employees in sterile ~~product~~ drug preparation policies and procedures.

(2) Results of hand hygiene and garbing assessments with integrated gloved fingertip testing.

(3) Results of assessments of personnel for aseptic techniques including results of media-fill tests and gloved fingertip testing performed in association with media-fill test~~s~~~~ing~~.

(4) Results of viable volumetric air and surface sampling.

~~(2)~~ (5) Documents indicating ~~D~~daily recordation ~~documentation~~ of room, ~~R~~ refrigerator, and freezer temperatures appropriate for sterile compounded drug preparations consistent with the temperatures listed in section 1735.1 for:~~:~~

(A) Controlled room temperature.

(B) Controlled cold temperature.

(C) Controlled freezer temperature.

~~(3)~~ (6) Certification(s) of the sterile compounding environment(s).

(7) Documents indicating ~~D~~daily recordation ~~documentation~~ of air pressure differentials or air velocity measurements between all adjoining ~~all~~ ISO rooms or areas ~~and measurement between all ISO rooms or areas~~, including those associated with compounding aseptic (containment) isolators, and air pressure differentials or air velocity measurements between all rooms or spaces with an immediate entry or opening to ISO rooms or areas.

~~(4)~~ (8) Other facility quality control ~~logs~~ records specific to the pharmacy's policies and procedures (e.g., cleaning logs for facilities and equipment).

~~(5)~~ (9) Logs or other documentation of ~~i~~inspections for expired or recalled ~~pharmaceutical products or raw ingredients~~ chemicals, bulk drug substances, drug products, or other ingredients.

~~(6)~~ (10) Preparation records including the master work sheet, the preparation work sheet, and records of end-product evaluation results.

(b) Pharmacies compounding sterile drug preparations for future use pursuant to section 1735.2 shall, in addition to those records required by section 1735.3, make and keep records indicating the name ~~of the compounded drug preparation~~, lot number, and amount of any drug preparation compounded for future use, ~~and~~ the date on which ~~*the*~~*any* preparation was provided to a prescriber, and the name, address, and license number of the prescriber.

(c) Pharmacies shall maintain and retain all records required by this article in the pharmacy in a readily retrievable form for at least three years from the date the record was created. If only recorded and stored electronically, on magnetic media, or in any other computerized form, the records shall be maintained as specified by Business and Professions Code section 4070 subsection (c).

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1751.2 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.2. Sterile ~~Injectable~~ Compounding Labeling Requirements.

In addition to the labeling information required under Business and Professions Code section 4076 and California Code of Regulations section 1735.4, a pharmacy ~~which~~ that compounds sterile ~~injectable~~ drug ~~products~~ preparations shall include the following information on the label~~s~~ for each such ~~those~~ ~~products~~ preparation:

(a) The ~~T~~telephone number ~~*is not required on the label*~~ of the pharmacy. ~~, except~~ The telephone number is not required on the label for sterile ~~injectable~~ drug ~~products~~ preparations dispensed ~~for~~ to ~~*in*~~patients ~~of~~ ~~*by a*~~ *within the* hospital ~~*pharmacy*~~.

(b) Name and ~~*concentrations*~~ *strength, volume, or weight* of each ingredient~~s~~ contained in the sterile ~~injectable~~ drug ~~product~~

preparation.

(c) Instructions for storage and handling.

(d) All ~~cytotoxic~~ hazardous agents shall bear a special label which states ~~"Chemotherapy - Dispose of Properly" or~~ "~~Cytotoxic~~ Hazardous – Dispose of Properly~~.~~" or "Chemotherapy - Dispose of Properly~~,~~" ~~*if applicable*~~.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, 4076 and 4127, Business and Professions Code.

To Amend § 1751.3 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.3. Sterile ~~Injectable~~ Compounding Policies and Procedures.

(a) Any pharmacy engaged in compounding sterile ~~injectable~~ drug ~~products~~ preparations shall maintain a written policies and procedures manual for compounding that includes, in addition to the elements required by section 1735.5, written policies and procedures regarding the following:

~~(1) Compounding, filling, and labeling of sterile injectable compounds drug preparations.~~

~~(2) Labeling of the sterile injectable drug product preparations based on the intended route of administration and recommended rate of administration.~~

~~(3) Proper use of Equipment and supplies.~~

~~(4) Training of staff in all aspects of the preparation of sterile injectable drug products preparations including didactic training and knowledge/competency assessments that include at minimum: hand hygiene and garbing; cleaning and disinfection of controlled compounding areas and proper aseptic technique.~~

~~(5) Hand hygiene and garbing.~~

~~(6) Cleaning and maintenance of ISO environments and segregated compounding areas.~~

~~(7) An environmental sampling plan and procedures specific to viable air, surface and gloved fingertip sampling as well as nonviable particle sampling.~~

~~(8) For compounding aseptic isolators and compounding aseptic containment isolators, documentation of the manufacturer's recommended purge time.~~

~~(9) Media fill testing procedure.~~

~~(10) Compounded sterile drug preparation stability and beyond use dating.~~

~~(11) Visual inspection and other final quality checks of sterile drug preparations.~~

~~(5) (12) Procedures for handling, compounding and disposal of cytotoxic hazardous agents.~~

~~(6) (13) Quality assurance program.~~

~~(7) (14) Record keeping requirements.~~

~~(b) The ingredients and the compounding process for each preparation must be determined in writing before compounding begins and must be reviewed by a pharmacist.~~

~~(c) Pharmacies compounding sterile injectable drug products preparations shall have written policies and procedures for the disposal of infectious materials and/or materials containing cytotoxic hazardous residues. The written policies and procedures shall describe the pharmacy protocols for cleanups and spills in conformity with local health jurisdiction standards.~~

~~(d) Pharmacies compounding sterile injectable drug products preparations from one or more non-sterile ingredients must have written policies and procedures that comply with the following:~~

~~(1) All written policies and procedures shall be immediately available to all personnel involved in these activities and board inspectors.~~

~~(2) All personnel involved must read the policies and procedures before compounding sterile injectable drug products preparations, and any additions, revisions, and deletions to the written policies and procedures must be communicated to all personnel involved in sterile compounding.~~

~~(3) Policies and procedures must address at least the following:~~

~~(A) Orientation, training, and Ccompetency evaluation of compounding personnel.~~

~~(B) Storage and handling of products and supplies.~~

~~(C) Storage and delivery of final products.~~

~~(D) Media fill testing and Pprocess validation.~~

~~(E) Personnel access and movement of materials into and near the controlled area Conduct of~~

~~personnel in controlled areas and aseptic technique overview.~~

~~(F) Use and maintenance of environmental control devices PECs used to create the critical direct compounding area for manipulation of sterile products compounding of sterile drug preparations (e.g., laminar airflow workstations, biological safety cabinets, class 100 cleanrooms, and barrier isolator workstations).~~

~~(G) Regular Daily and monthly cleaning and disinfection schedule for the controlled areas and any equipment in the controlled area and the alternation of disinfectants as specified in California Code of Regulations section 1751.4. Pharmacies subject to an institutional infection control policy may follow that policy as it relates to cleaning schedules and the alternation of disinfectants in lieu of complying with this subdivision.~~

~~(H) Disposal of packaging materials, used syringes, containers, and needles to enhance sanitation and avoid accumulation in the controlled area. Non-viable particle testing.~~

~~(I) For sterile batch compounding, written policies and procedures must be established for the use of master formulas and work sheets and for appropriate documentation. Viable air sampling.~~

~~(J) Sterilization. Surface sampling.~~

~~(K) End-product evaluation and testing. Airflow considerations and pressure differential monitoring.~~

~~(L) Temperature and humidity monitoring in compounding and controlled storage areas.~~

~~(M) Facility management including certification and prevention preventative maintenance of controlled environments and related equipment.~~

~~(N) Gloved fingertip sampling.~~

~~(O) Compounded sterile product stability and assignment of beyond use dating.~~

~~(P) Use of automated compounding devices (if applicable).~~

~~(Q) Hazardous drug compounding (if applicable).~~

~~(i) Hazardous drug employee training and safety program.~~

~~(ii) Hazardous drug handling, storage, labeling and transport.~~

~~(iii) Hazardous drug compounding techniques.~~

~~(iv) Hazardous drug spill, deactivation and waste management.~~

~~(R) Preparing sterile solutions from nonsterile components (if applicable).~~

~~(S) Hand hygiene and garbing.~~

~~(4) Pharmacies subject to an institutional infection control policy may follow that policy as it relates to cleaning schedules and the alternation of disinfectants in lieu of complying with this subparagraph.~~

~~(A) Disposal of packaging materials, used syringes, containers, and needles to enhance sanitation and avoid accumulation in the controlled area.~~

~~(B) For sterile batch compounding:~~

~~(i) use of master formulas and compounding work sheets;~~

~~(ii) appropriate documentation; and~~

~~(iii) appropriate sterility and bacterial endotoxin testing.~~

~~(C) For non-sterile to sterile compounding:~~

~~(i) Sterilization methods~~

~~(ii) End-product evaluation and testing.~~

~~(D) Action levels for colony-forming units (CFUs) detected during viable surface testing, glove-fingertip and volumetric air sampling.~~

(1) Compounding, filling, and labeling of sterile drug preparations.

(2) Labeling of ~~*the*~~ sterile *compounded* drug preparations based on the intended route of administration and recommended rate of administration.

(3) Proper use of equipment and supplies.

(4) Hand hygiene and garbing.

(5) Media-fill testing procedure.

(6) Quality assurance program.

(7) Record keeping requirements.

(8) Compounded sterile drug preparation stability and beyond use dating.

(9) Visual inspection and other final quality checks of sterile drug preparations.

(10) Use of automated compounding devices (if applicable).

(11) Preparing sterile ~~*solutions*~~ *compounded drug preparations* from non-sterile components (if applicable).

(12) Orientation, training, and competency evaluation of staff in all aspects of the preparation of sterile drug preparations including didactic training and knowledge/competency assessments that include at minimum: hand hygiene and garbing; decontamination (where applicable); cleaning and disinfection of controlled compounding areas; and proper aseptic technique.

(13) Airflow considerations and pressure differential monitoring.

(14) Cleaning and maintenance of ISO environments and segregated compounding areas.

(15) An environmental sampling plan and procedures specific to viable air, surface and gloved fingertip sampling as well as nonviable particle sampling.

(16) For compounding aseptic isolators and compounding aseptic containment isolators, documentation of the manufacturer's recommended purge time.

(17) Temperature monitoring in compounding and controlled storage areas.

(18) Facility management including certification and maintenance of controlled environments and related equipment.

(19) Action levels for colony-forming units (CFUs) detected during viable surface testing, glove fingertip and volumetric air sampling.

(20) The determination and approval by a pharmacist of ingredients and the compounding process for each preparation before compounding begins.

(21) Procedures for handling, compounding and disposal of hazardous agents. The written policies and procedures shall describe the pharmacy protocols for cleanups and spills in conformity with local health jurisdiction standards.

(22) Procedures for handling, compounding and disposal of infectious materials. The written policies and procedures shall describe the pharmacy protocols for cleanups and spills in conformity with local health jurisdiction standards.

(23) Daily and monthly cleaning and disinfection schedule for the controlled areas and any equipment in the controlled area as specified in section 1751.4.

(b) For lot compounding, the pharmacy shall maintain a written policies and procedures manual that includes, in addition to the elements required by section 1735.5 and 1751.3(a), written policies and procedures regarding the following:

(1) Use of master formulas and compounding work sheets

(2) Appropriate documentation

(3) Appropriate sterility and potency testing.

(c) For non-sterile-to-sterile batch compounding, the pharmacy shall maintain a written policies and procedures manual for compounding that includes, in addition to the elements required by section 1735.5 and 1751.3(a), written policies and procedures regarding the following:

(1) Sterilization methods

(2) End-product evaluation and testing

(d) All written policies and procedures manuals and materials shall be immediately available to all personnel involved in compounding activities and to board inspectors.

(e) All personnel involved must read the policies and procedures before compounding sterile drug preparations, and any additions, revisions, and deletions to the written policies and procedures must be communicated to all personnel involved in sterile compounding. This review must be documented by a signature and date.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1751.4 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.4. Facility and Equipment Standards for Sterile ~~Injectable~~ Compounding.

(a) No sterile ~~injectable~~ drug ~~product~~ preparation shall be compounded if it is known, or reasonably should be known, that the compounding environment fails to meet criteria specified in the pharmacy's written policies and procedures for the safe compounding of sterile ~~injectable~~ drug ~~products~~ preparations.

(b) During the compounding of ~~preparation of~~ sterile ~~injectable~~ drug ~~products~~ preparations, access to the areas designated ~~area or cleanroom~~ for compounding must be limited to those individuals who are properly attired.

(c) All equipment used in the areas designated ~~area or cleanroom~~ for compounding must be

made of a material that can be easily cleaned and disinfected.

(d) Cleaning and disinfecting surfaces in the ISO Class 5 PEC shall occur frequently, including:

(1) at the beginning of each shift;

(2) before and after each ~~batch~~ lot;

(3) after each spill; and

(4) when surface contamination is known or suspected.

~~(d)~~ (e) ~~Exterior workbench surfaces and other hard surfaces in the designated area, such as walls, floors, ceilings, shelves, tables, and stools, must be disinfected weekly and after any unanticipated event that could increase the risk of contamination.~~ Counters, cleanable work surfaces and floors shall be cleaned with a germicidal detergent and water and disinfected with a suitable agent ~~(e.g., sterile isopropyl alcohol)~~ daily. Walls, ceilings, storage shelving, tables and stools shall be cleaned with a germicidal detergent and water and disinfected with a suitable agent ~~(e.g., sterile isopropyl alcohol)~~ monthly. Cleaning and disinfecting shall occur after any unanticipated event that could increase the risk of contamination.

~~(e)~~ (f) Pharmacies preparing sterile compounded preparations require the use of a PEC that provides ISO Class 5 air or better *air quality*. Certification and testing of primary and secondary engineering controls shall be performed no less than every six months and whenever the device or area designated for compounding is relocated, altered or a service to the facility is performed that would impact the device or area. Certification must be completed by a qualified technician who is familiar with certification methods and procedures in accordance with CETA Certification Guide for Sterile Compounding Facilities (CAG-003-2006-11, Revised January 31, 2012). Certification records must be retained for at least 3 years. Compounding aseptic isolators or compounding aseptic containment isolators may be used outside of an ISO Class 7 buffer area *or cleanroom* if the isolator meets the following criteria:

(1) particle counts sampled approximately 6-12 inches upstream of the critical exposure site shall maintain ISO Class 5 levels during compounding operations.

(2) not more than 3520 particles (0.5 um and larger) per cubic meter shall be counted during material transfer, with the particle counter probe located as near to the transfer door as possible without obstructing transfer.

(3) recovery time to achieve ISO Class 5 air quality shall be documented and internal procedures developed to ensure that adequate recovery time is allowed after material transfer before and during compounding operations.

Compounding aseptic isolators or compounding aseptic containment isolators that do not meet the requirements as outlined in this subdivision ~~and~~*or* are not located within an ISO Class 7 buffer area may only be used to compound preparations that meet the criteria specified in accordance with subdivision (d) of Section 1751.8 of Title 16, Division 17, of the California Code of Regulations.

(g) Pharmacies preparing ~~parenteral cytotoxic~~ sterile hazardous agents shall do so in accordance with Section 505.~~12~~5.1 of Title 24, Chapter 5, of the California Code of Regulations, requiring a ~~laminar air flow hood~~ negative pressure PEC. The ~~hood~~ negative pressure PEC must be certified ~~annually~~ every six months by a qualified technician who is familiar with ~~the methods and procedures for certifying laminar air flow hoods and cleanroom requirements, in accordance with National Sanitation Foundation Standard 49 for Class II (Laminar Flow) Biohazard Cabinetry, as revised May, 1983 (available from the National Sanitation Foundation, 3475 Plymouth Road, P.O. Box 1468, Ann Arbor, Michigan 48106, phone number (313) 769-8010) or manufacturer's specifications.~~ CETA Certification Guide for Sterile Compounding Facilities (CAG-003-2006-11, Revised January 31, 2012). ~~Certification records must be retained for at least 3 years.~~ Any drug preparation that is compounded in a ~~*hazardous drug*~~ PEC where hazardous drugs are prepared must be labeled as hazardous, regardless of whether the drug ingredients are considered hazardous.

During the hazardous drug compounding that is performed in a compounding aseptic containment isolator, full hand hygiene and garbing must occur, complete with hair cover, facemask, beard cover (if applicable), ~~polyprophylen~~ polypropylene or low shedding gown that closes in the back, shoe covers, and two layers of gloves *with the outermost glove* ~~*must be sterile and that have been*~~ tested to meet ASTM 6978-05~~ with the outermost glove that contacts the sterile drug preparation~~. Where the documentation provided by CACI manufacturer does not require garbing, only the two glove requirement shall apply.

(h) If a compounding aseptic isolator is certified by the manufacturer to maintain ISO Class 5 air

quality during dynamic operation conditions during compounding as well as during the transfer of ingredients into and out of the compounding aseptic isolator, then it may be placed into a non-ISO classified room. Individuals that use compounding aseptic isolators in this manner must ensure appropriate garbing, which consists of donning sterile gloves over the isolator gloves immediately before non-hazardous compounding. These sterile gloves must be changed by each individual whenever continuous compounding is ceased and before compounding starts again.

(i) Viable surface sampling shall be done at least ~~monthly for low and medium risk level compounding and weekly for high-risk compounding~~ quarterly for all sterile-to-sterile compounding and monthly for all non-sterile-to-sterile compounding. Volumetric air sampling by impaction shall be done at least once every six months ~~for low and medium risk level compounding and weekly for high risk compounding~~. Viable surface and volumetric air sampling shall be performed by a qualified individual who is familiar with the methods and procedures for surface testing and air sampling. Viable air sampling is to be performed under dynamic conditions that simulate actual production. Surface sampling is to be performed under dynamic conditions of actual compounding. When the environmental monitoring action levels are exceeded, the pharmacy shall identify the CFUs at least to the genus level in addition to conducting an investigation. Remediation shall include an immediate investigation of cleaning and compounding operations and facility management.

(j) The pharmacy shall have a comfortable and well-lighted working environment, which includes a room temperature of 20 degrees Celsius (68 degrees Fahrenheit) or cooler to maintain comfortable conditions for compounding personnel when attired in the required compounding garb. ~~Humidity levels should be consistent ASHRAE Standard 55 (30-65% RH).~~

Note: Authority Cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052 and 4127, Business and Professions Code; and Section 18944, Health and Safety Code.

To Amend § 1751.5 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.5. Sterile ~~Injectable~~ Compounding Attire.

~~(a) When preparing cytotoxic agents, gowns and gloves shall be worn.~~

~~(b)~~ (a) When compounding sterile drug ~~products~~ preparations ~~from one or more non-sterile ingredients~~ the following standards must be met:

(1) ~~Cleanroom garb~~ Personal protective equipment consisting of a ~~low~~ non-shedding ~~coverall~~ gown, head cover, face mask, facial hair covers (if applicable), and shoe covers must be worn inside the designated area at all times, unless the compounding aseptic isolator or compounding aseptic containment isolator manufacturer can provide written documentation, based on validated environmental testing, that any component of the personal protective equipment or personnel cleansing ~~are~~*is* not required.

(2) ~~Cleanroom garb~~ Personal protective equipment must be donned and removed ~~outside the designated area~~ in an ante-area or immediately outside the segregated compounding area.

(3) Personnel shall don personal protective equipment in an order that proceeds from those activities considered the dirtiest to those considered the cleanest. The following order is to be followed unless the pharmacy has a procedure in place that documents a method equivalent to or superior to the method described here: The donning of shoe covers or dedicated shoes, head and facial hair covers and face masks shall be followed by the washing of hands and forearms up to the elbows for 30 seconds with soap and water, drying hands, and then the donning of a non-shedding gown.

~~(3)~~ (4) Compounding personnel shall not wear ~~H~~hand, finger, ~~and~~ or wrist jewelry ~~must be eliminated~~. If jewelry cannot be removed then it must be thoroughly cleaned and covered with a sterile glove.

~~(4) Head and facial hair must be kept out of the critical area or be covered.~~

(5) ~~Gloves made of low-shedding materials are required.~~ Sterile gloves that have been tested for compatibility with disinfection with isopropyl alcohol are required. Hand cleansing with a persistently active alcohol-based product followed by the donning of sterile gloves may occur within the ante or buffer area *or cleanroom*. Gloves are to be routinely disinfected with sterile

70 percent isopropyl alcohol before entering or re-entering the PEC and after contact with non-sterile objects. Gloves shall also be routinely inspected for holes, punctures, or tears and replaced immediately if such are detected.

(6) Individuals experiencing rashes, sunburn, weeping sores, conjunctivitis, active respiratory infections, or those wearing cosmetics shall be excluded from the ISO Class 5 and ISO Class 7 compounding areas until their conditions are remedied.

~~(c) The requirements of subdivision (b) do not apply if a barrier isolator is used to compound sterile injectable products from one or more non-sterile ingredients.~~

(b) When preparing hazardous agents, appropriate gowns and personal protective equipment shall be worn regardless of the PECs used (e.g., biological safety cabinet and compounding aseptic containment isolator).

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1751.6 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.6 ~~Training of Sterile Injectable Compounding Staff, Patient, and Caregiver.~~ Sterile Compounding Consultation; Training of Sterile Compounding Staff.

(a) Consultation shall be available to the patient and/or primary caregiver concerning proper use, storage, handling, and disposal of sterile ~~injectable~~ drug ~~products~~ preparations and related supplies furnished by the pharmacy.

(b) The pharmacist-in-charge shall ~~be responsible to~~ ensure that all pharmacy personnel engaging in compounding sterile ~~injectable~~ drug ~~products~~ preparations ~~shall~~ have training and demonstrated competence in the safe handling and compounding of sterile ~~injectable~~ drug ~~products~~ preparations, including ~~cytotoxic~~ hazardous agents if the pharmacy compounds products with ~~cytotoxic~~ hazardous agents.

(c) Records of training and demonstrated competence shall be available for each individual and

shall be retained for three years beyond the period of employment.

(d) The pharmacist-in-charge shall be responsible to ensure the continuing competence of pharmacy personnel engaged in compounding sterile ~~injectable~~ drug ~~products~~ preparations.

(e) Pharmacies that compound sterile *drug* ~~products from one or more non-sterile ingredients~~ preparations must comply with the following training requirements:

(1) The pharmacy must establish and follow a written program of training and performance evaluation designed to ensure that each person working in the designated area has the knowledge and skills necessary to perform their assigned tasks properly. This program of training and performance evaluation must address at least the following:

(A) Aseptic technique.

(B) Pharmaceutical calculations and terminology.

(C) Sterile ~~product~~ preparation compounding documentation.

(D) Quality assurance procedures.

(E) Aseptic preparation procedures using media fill tests which are as complicated as the most complex manipulations performed by staff and which contain the same amount or greater of volume transferred during the selected manipulations.

(F) Proper hand hygiene, gowning and gloving technique.

(G) General conduct in the controlled area.

(H) Cleaning, sanitizing, and maintaining of the equipment and ~~used in~~ the controlled area.

(I) Sterilization techniques for compounding sterile drug preparations from one or more non-sterile ingredients.

(J) Container, equipment, and closure system selection.

(2) Each person ~~assigned to the controlled area~~ engaged in sterile compounding must successfully complete practical skills training in aseptic technique and aseptic area practices. Evaluation must include written testing and a written protocol of periodic routine performance checks involving adherence to aseptic area policies and procedures. Each person's proficiency and continuing training needs must be reassessed at least every 12 months. Results of these assessments must be documented and retained in the pharmacy for three years.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1751.7 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.7. Sterile ~~Injectable~~ Compounding Quality Assurance and Process Validation.

(a) Any pharmacy engaged in compounding sterile ~~injectable~~ drug ~~products~~ preparations shall maintain, as part of its written policies and procedures, a written quality assurance plan including, in addition to the elements required by section 1735.8, a documented, ongoing quality assurance program that monitors personnel performance, equipment, and facilities. The end product shall be examined on a periodic sampling basis as determined by the pharmacist-in-charge to assure that it meets required specifications. The ~~Q~~quality ~~A~~assurance ~~P~~program shall include at least the following:

(1) Procedures for ~~C~~cleaning and sanitization of the ~~parenteral~~ ~~medication~~ sterile preparation area.

~~(2) The storage of compounded sterile injectable products in the pharmacy and periodic documentation of refrigerator temperature.~~

~~(3)~~ (2) Actions to be taken in the event of a drug recall.

~~(4)~~ (3) ~~Written justification of~~ Documentation justifying the chosen ~~expiration~~ beyond use dates for compounded sterile ~~injectable~~ drug ~~products~~ preparations.

(b) Each individual involved in the preparation of sterile ~~injectable~~ drug ~~products~~ preparations must first successfully demonstrate competency by successfully performing aseptic media fill tests ~~complete a validation process on technique~~ before being allowed to prepare sterile ~~injectable~~ drug ~~products~~ preparations. ~~The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of all types of manipulations, products and batch sizes the individual is expected to prepare.~~ The media fill testing process shall be as complicated as the most

complex manipulations performed by staff and contain the same amount or greater of volume transferred during the compounding process. The same personnel, procedures, equipment, and materials must be involved. Media used must have demonstrated the ability to support and promote~~d~~ growth. Completed ~~medium~~ media samples must be incubated in a manner consistent with the manufacturer's recommendations. If microbial growth is detected, then the employee's sterile preparation process must be evaluated, corrective action taken and documented, and the ~~validation process~~ media fill testing repeated. Personnel competency must be revalidated at least every twelve months for sterile to sterile compounding and at least every six months for individuals compounding sterile products from non-sterile ingredients. Aseptic work practice assessments via media fill tests must be revalidated, as appropriate to the circumstance ~~and~~ or personnel found to be deficient, whenever the quality assurance program yields an unacceptable result, when the compounding process changes, equipment used in the compounding of sterile ~~injectable~~ drug ~~products~~ preparations is ~~are repaired or~~ replaced, the facility is modified in a manner that affects airflow or traffic patterns, or whenever improper aseptic techniques are observed. Revalidation must be documented.

(c) All sterile compounding personnel must successfully complete an initial competency evaluation. In addition, immediately following the initial hand hygiene and garbing procedure, all compounding personnel must successfully complete a gloved fingertip sampling procedure (zero colony forming units for both hands) at least three times before initially being allowed to compound sterile drug preparations.

(d) Re-evaluation of garbing and gloving competency shall occur at least every 12 months for personnel compounding products made from sterile ingredients and at least every six months for personnel compounding products from non-sterile ingredients.

~~(c)~~ (e) ~~Batch-produced sterile injectable drug products preparations compounded from one or more non-sterile ingredients~~ Non-sterile-to-sterile ~~batch~~ drug preparations shall be subject to documented end product testing for sterility and pyrogens ~~that are exposed longer than 12 hours at 2 to 8 degrees C and longer than 6 hours at warmer than 8 degrees C before they are sterilized shall meet the sterility test in accordance with methodologies and processes found in Chapter 71 of the United States Pharmacopeia—National Formulary (USP37-NF32) Through~~

~~2nd Supplement (37th Revision, Effective December 1, 2014), and testing for pyrogens in accordance with the methods of Chapters 85 and 151 of the United States Pharmacopeia – National Formulary (USP37-NF32) Through 2nd Supplement (37th Revision, Effective December 1, 2014), hereby incorporated by reference,~~ and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens, per USP chapter 85 limits, before dispensing. This requirement of end product testing confirming sterility and acceptable levels of pyrogens prior to dispensing shall apply regardless of any sterility or pyrogen testing that may have been conducted on any ingredient or combination of ingredients that were previously non-sterile.

~~In a circumstance where a batch-produced sterile drug preparation compounded from one or more non-sterile ingredients is necessary for immediate dispensing where failure to dispense could result in loss of life or intense suffering, the drug preparation may be dispensed before receipt of test results so long as the pharmacy complies with a written procedure included in the pharmacy's policies and procedures that includes:~~

~~(1) Prior to dispensing:~~

~~(A) Notifying the prescriber of the inability to conduct testing;~~

~~(B) Suggesting an available alternative product to the prescriber; and~~

~~(C) Securing the prescriber's written consent to dispense.~~

~~(2) And subsequent to dispensing:~~

~~(A) Daily observation of the incubating test specimens; and~~

~~(B) Immediate recall of the dispensed compounded sterile preparation's when there is any evidence of microbial or pyrogen growth in the test specimens.~~

~~Any such dispensing shall be only in such quantity as is necessary to meet the immediate need and the circumstance causing the immediate need shall be documented in accordance with policies and procedures.~~

~~(d) Batch-produced sterile to sterile transfers shall be subject to periodic testing through process validation for sterility as determined by the pharmacist-in-charge and described in the written policies and procedures.~~

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1751.8 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.8. Beyond Use Dating for Sterile Compounded Drug Preparations.

In conformity with and ~~i~~in addition to the requirements and limitations of section 1735.2, subdivision (h), every sterile compounded drug preparation shall be given and labeled with a beyond use date that ~~conforms to the following limitations, except that the beyond use date shall~~ does not exceed ~~any~~ the expiration date or beyond use date provided by the manufacturer for any component in the preparation~~.~~, and that, in the absence of passing a sterility test in accordance with standards for sterility testing found in Chapter 797 of the United States Pharmacopeia – National Formulary (USP37-NF32) Through 2nd Supplement (37th Revision, Effective December 1, 2014), hereby incorporated by reference, that would justify a more extended beyond use date, conforms to the following limitations:~~,~~

(a) The beyond use date shall specify that storage and exposure periods cannot exceed 48 hours at controlled room temperature, 14 days at controlled cold temperature, and 45 days at controlled freezer temperature, ~~W~~where the sterile compounded drug preparation ~~was~~ is compounded solely with aseptic manipulations and all of the following apply:

(1) The preparation is compounded entirely within an ISO Class 5 PEC located in an ISO Class 7 buffer area or *cleanroom* with an ante-area, using only sterile ingredients, products, components, and devices; and

(2) ~~t~~The compounding process involves transferring, measuring, and mixing manipulations using not more than three commercially manufactured packages of sterile preparations and not more than two entries into any one sterile container or package of sterile preparations or administration containers/devices to prepare the drug preparation; and

(3) Compounding manipulations are limited to aseptically opening ampules, penetrating

disinfected stoppers on vials with sterile needles and syringes, and transferring sterile liquids in sterile syringes to sterile administration devices, package containers of other sterile preparations, and containers for storage dispensing. ~~in the absence of passing a sterility test in accordance with standards for sterility testing found in Chapter 797 of the United States Pharmacopeia—National Formulary (USP37-NF32) Through 2nd Supplement (37th Revision, Effective December 1, 2014), hereby incorporated by reference, that would justify a more extended beyond use date, the beyond use date shall specify that storage and exposure periods cannot exceed the following: 48 hours at controlled room temperature; 14 days at controlled cold temperature; and 45 days at controlled freezer temperature.~~

(b) The beyond use date shall specify that storage and exposure periods cannot exceed 30 hours at controlled room temperature, 9 days at controlled cold temperature, and 45 days at controlled freezer temperature, ~~W~~where the sterile compounded drug preparation ~~was~~ is compounded solely with aseptic manipulations and all of the following apply:

(1) The preparation is compounded entirely within an ISO Class 5 PEC located in an ISO Class 7 buffer area *or cleanroom* with an ante-area, using multiple individual or small doses of sterile preparations combined or pooled to prepare a compounded sterile preparation that will be administered either to multiple patients or to one patient on multiple occasions; and

(2) ~~t~~The compounding process involves complex aseptic manipulations other than the single-volume transfer; and

(3) ~~t~~The compounding process requires unusually long duration such as that required to complete dissolution or homogenous mixing. ~~in the absence of passing a sterility test in accordance with standards for sterility testing found in Chapter 797 of the United States Pharmacopeia—National Formulary (USP37-NF32) Through 2nd Supplement (37th Revision, Effective December 1, 2014), hereby incorporated by reference, that would justify a more extended beyond use date, the beyond use date shall specify that storage and exposure periods cannot exceed the following: 30 hours at controlled room temperature; 9 days at controlled cold temperature; and 45 days at controlled freezer temperature~~

(c) The beyond use date shall specify that storage and exposure periods cannot exceed 24 hours at controlled room temperature, 3 days at controlled cold temperature, and 45 days at

controlled freezer temperature, ~~W~~where the sterile compounded drug preparation ~~was~~ is compounded solely with aseptic manipulations ~~entirely within an ISO Class 5 PEC located in an ISO Class 7 buffer area with an ante-area,~~ using non-sterile ingredients, including manufactured preparations not intended for sterile routes of administration, or non-sterile devices, before terminal sterilization, or where the sterile compounded drug preparation lacks effective antimicrobial preservatives. ~~in the absence of passing a sterility test in accordance with standards for sterility testing found in Chapter 797 of the United States Pharmacopeia – National Formulary (USP37-NF32) Through 2nd Supplement (37th Revision, Effective December 1, 2014), hereby incorporated by reference, that would justify a more extended beyond use-date, the beyond use-date shall specify that storage and exposure periods cannot exceed the following: 24 hours at controlled room temperature; 3 days at controlled cold temperature; and 45 days at controlled freezer temperature.~~

For the purposes of this ~~paragraph~~ subdivision, "non-sterile" includes sterile contents of commercially manufactured preparations, sterile surfaces of devices, and containers for the preparation, transfer, sterilization, and packaging of compounded sterile preparations, that are exposed to worse than ISO Class 5 air quality for more than one hour.

(d) The beyond use date shall specify that storage and exposure periods cannot exceed 12 hours ~~*in a laminar air flow workbench or biological safety cabinet*~~ ~~W~~where the sterile compounded drug preparation ~~was~~ is compounded solely with aseptic manipulations and all of the following apply:

(1) The preparation was compounded entirely within an ISO Class 5 PEC that is located in a segregated sterile compounding area and restricted to sterile compounding activities, using only sterile ingredients, components, and devices, by personnel properly cleansed and garbed; and

(2) ~~t~~The compounding process involves simple transfer of not more than three commercially manufactured packages of sterile nonhazardous preparations or diagnostic radiopharmaceutical preparations from the manufacturer's original containers; and

(3) ~~t~~The compounding process involves not more than two entries into any one container or package (e.g., bag, vial) of sterile infusion solution or administration container/device. ~~in~~

~~the absence of passing a sterility test in accordance with standards for sterility testing found in Chapter 797 of the United States Pharmacopeia – National Formulary (USP37-NF32) Through 2nd Supplement (37th Revision, Effective December 1, 2014), hereby incorporated by reference, that would justify a more extended beyond use date, the beyond use date shall specify that storage and exposure periods cannot exceed 12 hours in a laminar air flow workbench or biological safety cabinet.~~

~~*(e) The beyond use date shall specify that storage and exposure periods cannot exceed 12 hours. W*~~*w*~~*here the sterile compounded drug preparation was compounded under both of the following conditions:*~~

~~*(1) U*~~*u*~~*sing or containing hazardous drugs or components; and*~~

~~*(2) I*~~*i*~~*n facilities that prepare a low volume of hazardous drugs, where low volume is defined as five or less per a week, and the use of two tiers of containment (e.g., closed system transfer device within a biological safety cabinet or compounding aseptic containment isolator that is located in a non-negative pressure room).*~~ ~~the beyond use date shall specify that storage and exposure periods cannot exceed 12 hours.~~

(~~*e*~~*f*)(1) Where any sterile compounded drug preparation was compounded either outside of an ISO class 5 PEC or under conditions that do not meet all of the requirements for any of subdivisions (a) through (e), the sterile compounded drug preparation shall be labeled "for immediate use only" and administration shall begin no later than one hour following the start of the compounding process. Unless the "immediate use" preparation is immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the preparation shall bear a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared the compounded sterile preparation, and the exact one-hour beyond use date and time. If administration has not begun within one hour following the start of the compounding process, the compounded sterile preparation shall be promptly, properly, entirely, and safely discarded. This provision does not preclude the use of a PEC to compound an "immediate use" preparation. A PEC used solely to compound 'immediate use' preparations need not be place~~s~~*d* within an ISO Class 7 buffer area or cleanroom, with an ante-area.

(2) Such "immediate use" preparations shall be compounded only in those limited situations where there is a need for immediate administration of a sterile preparation compounded outside of an ISO class 5 environment and where failure to administer could result in loss of life or intense suffering. Any such compounding shall be only in such quantity as is necessary to meet the immediate need and the circumstance causing the immediate need shall be documented in accordance with policies and procedures.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Add § 1751.9 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.9 Single-Dose and Multi-Dose Containers; Limitations on Use

(a) Single-dose ampules are for immediate use only, and once opened shall not be stored for any time period.

(b) Unless otherwise specified by the manufacturer, any single-dose container of a compounded sterile drug preparation other than an ampule, such as a bag, bottle, syringe or vial, shall be used in its entirety or its remaining contents discarded within the following time limit, depending on the environment:

(1) When needle-punctured in an environment with air quality worse than ISO Class 5, within one (1) hour;

(2) When needle-punctured in an environment with ISO Class 5 or better air quality, within six (6) hours.

(c) Unless otherwise specified by the manufacturer, a multi-dose container stored according to the manufacturer's specifications shall be used in its entirety or its remaining contents discarded within twenty eight (28) days from initial opening or puncture. Any multi-dose

container not stored according to the manufacturer's specifications shall be discarded immediately upon identification of such ~~*condition*~~*storage circumstance*.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1751.10 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

~~1751.8.~~ 1751.10. Sterile ~~Injectable~~ Compounding Reference Materials.

In any pharmacy engaged in compounding sterile ~~injectable~~ drug ~~products~~ preparations, there shall be current and appropriate reference materials regarding the compounding of sterile ~~injectable~~ drug ~~products~~ preparations located in or immediately available to the pharmacy.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Add Article 7.5 of Division 17 of Title 16 of the California Code of Regulations to read as follow

Article 7.5 Furnishing for Home Administration

To Amend § 1751.10 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

~~1751.10.~~ 1752. Furnishing to Parenteral Patient at Home.

Subject to all provisions of this article, a pharmacist may carry and furnish to a patient at home dangerous drugs, other than controlled substances, and devices for parenteral therapy when the dangerous drug or device is one currently prescribed for the patient.

Authority cited: Section 4005, Business and Professions Code. Reference: Section 4005, Business and Professions Code.

To Amend § 1751.11 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

~~1751.11.~~ 1753. Furnishing to Home Health Agencies and Licensed Hospices.

Subject to the following conditions, a licensed pharmacy may furnish to a home health agency licensed under provisions of Chapter 8 (commencing with section 1725 of Division 2 of the Health and Safety Code) or to a hospice licensed under provisions of Chapter 8.5 (commencing with section 1745 of Division 2 of the Health and Safety Code) dangerous drugs for parenteral therapy other than controlled substances, in a portable container for furnishing to patients at home for emergency treatment or adjustment of parenteral drug therapy by the home health agency or licensed hospice.

(a) The pharmacy, having ownership and responsibility for the portable containers, shall ensure that each portable container is:

(1) furnished by a registered pharmacist;

(2) sealed in such a manner that a tamper-proof seal must be broken to gain access to the drugs;

(3) under the effective control of a registered nurse, pharmacist or delivery person at all times when not in the pharmacy;

(4) labeled on the outside of the container with a list of the contents;

(5) maintained at an appropriate temperature according to United States Pharmacopeia Standards (1995, 23rd Revision), and protected at all times from extreme temperatures that could damage the contents.

(b) The portable container may contain up to:

(1) 1000mL of 0.9% sodium chloride intravenous infusion in containers of a size determined by the pharmacy;

(2) 1000mL of 5% dextrose in water injection in containers of a size determined by the pharmacy;

(3) two vials of urokinase 5000 units;

(4) Each of the following items shall be in sealed, unused containers; the furnishing pharmacy may select any or all of these dangerous drugs in up to five dosage units for inclusion in the sealed, portable container:

(A) heparin sodium lock flush 100 units/mL;

(B) heparin sodium lock flush 10 units/mL;

(C) epinephrine HCl solution 1:1000;

(D) epinephrine HCl solution 1:10,000;

(E) diphenhydramine HCl 50mg/mL;

(F) methylprednisolone 125mg/2mL;

(G) normal saline, preserved, up to 30 mL vials;

(H) naloxone 1mg/mL 2 mL;

(I) droperidol 5mg/2mL;

(J) prochlorperazine 10mg/2mL;

(K) promethazine 25mg/mL;

(L) dextrose 25gms/50mL;

(M) glucagon 1mg/mL;

(N) insulin (human) 100 units/mL;

(O) bumetamide 0.5mg/2mL;

(P) furosemide 10mg/mL;

(Q) EMLA Cream 5 gm tube;

(R) Lidocaine 1 percent 30mL vials.

(5) The pharmacy shall ensure that the specific dangerous drugs and quantities to be included in the portable container are listed in the home health agency's or licensed hospice's policies and procedures.

(c) The pharmacy shall not supply a portable container to a home health agency or licensed hospice which does not:

(1) implement and maintain policies and procedures for:

(A) the storage, temperature stability and transportation of the portable container;

(B) the furnishing of dangerous drugs from the portable container upon the written or oral authorization of a prescriber; and

(C) a specific treatment protocol for the administration of each medication contained in the portable container.

(2) have the policies, procedures and protocols reviewed and revised (as needed) annually by a group of professional personnel including a physician and surgeon, a pharmacist and a registered nurse.

(d) A copy of these policies, procedures and protocols shall be maintained by the furnishing pharmacy from each home health agency or licensed hospice for which the pharmacy furnishes portable containers.

(e) In cases where a drug has been administered to a patient pursuant to the oral order of a licensed prescriber, the pharmacy shall ensure that the oral order is immediately written down by the registered nurse or pharmacist and communicated by copy or fax within 24 hours to the furnishing pharmacy, with a copy of the prescriber-signed document forwarded to the dispensing pharmacy within 20 days.

(f) The pharmacy shall ensure that within seven days (168 hours) after the seal has been broken on the portable container, the home health agency's director of nursing service or a registered nurse employed by the home health agency or licensed hospice returns the container to the furnishing pharmacy. The furnishing pharmacy shall then perform an inventory of the drugs used from the container, and if the container will be reused, must restock and reseal the container before it is again furnished to the home health agency or licensed hospice.

(g) The furnishing pharmacy shall have written policies and procedures for the contents, packaging, inventory monitoring, labeling and storage instructions of the portable container.

(h) The furnishing pharmacy shall ensure that the home health agency or licensed hospice returns the portable containers to the furnishing pharmacy at least every 60 days for

verification of product quality, quantity, integrity and expiration dates, or within seven days (168 hours) after the seal has been broken.
(i) The furnishing pharmacy shall maintain a current inventory and record of all items placed into and furnished from the portable container.

Note: Authority cited: Sections 4005 and ~~and~~ 4057, Business and Professions Code. Reference: Sections 4040, 4057, 4081 and 4332, Business and Professions Code.

To Amend § 1751.12 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

~~1751.12~~ 1754. Obligations of a Pharmacy Furnishing Portable Containers.

(a) A licensed pharmacy shall not issue portable containers to any home health agency or licensed hospice unless the home health agency or licensed hospice complies with provisions of section 1751.11.
(b) A licensed pharmacy shall cease to furnish portable containers to a home health agency or licensed hospice if the home health agency or licensed hospice does not comply with provisions of section 1751.11.

Note: Authority cited: Sections 4005 and 4057, Business and Professions Code. Reference: Sections 4040, 4057, 4081 and 4332, Business and Professions Code.

CODE OF FEDERAL REGULATIONS:

TITLE 21--FOOD AND DRUGS
CHAPTER I--FOOD AND DRUG ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBCHAPTER E--ANIMAL DRUGS, FEEDS, AND RELATED PRODUCTS

PART 530 EXTRALABEL DRUG USE IN ANIMALS

Sec. 530.13 Extralabel use from compounding of approved new animal and approved human drugs.

(a) This part applies to compounding of a product from approved animal or human drugs by a veterinarian or a pharmacist on the order of a veterinarian within the practice of veterinary medicine. Nothing in this part shall be construed as permitting compounding from bulk drugs.

(b) Extralabel use from compounding of approved new animal or human drugs is permitted if:

(1) All relevant portions of this part have been complied with;

(2) There is no approved new animal or approved new human drug that, when used as labeled or in conformity with criteria established in this part, will, in the available dosage form and concentration, appropriately treat the condition diagnosed. Compounding from a human drug for use in food-producing animals will not be permitted if an approved animal drug can be used for the compounding;

(3) The compounding is performed by a licensed pharmacist or veterinarian within the scope of a professional practice;

(4) Adequate procedures and processes are followed that ensure the safety and effectiveness of the compounded product;

(5) The scale of the compounding operation is commensurate with the established need for compounded products (e.g., similar to that of comparable practices); and

(6) All relevant State laws relating to the compounding of drugs for use in animals are followed.

(c) Guidance on the subject of compounding may be found in guidance documents issued by FDA.

Veterinary Medical Board Action Plan Excerpts 2012 - 2014

Multidisciplinary Committee Proposed Assignments

Revised February 2015 for VMB Approval

EXISTING PRIORITIES

- **Examine the feasibility of implementing an approval process for alternate route programs for obtaining Registered Veterinary Technician licensure. (In Progress)**

  - Develop regulations establishing criteria and an approval process for alternate route programs

- **Examine the current system of licensure exemptions for UC Davis and Western University and determine if legislative options are available to affect change. (In Progress)**

  - Develop proposed statutory language for a university license/temporary license.

- **Pursue regulations to define Registered Veterinary Technician student exemptions (in accordance with BPC Section 4841.1). (In Progress)**

- ~~**Review minimum standards regulation implementation and interpretation issues including veterinary premises, small animal vaccination clinics, veterinary-client-patient relationships, and written prescriptions in absence of original prescribing veterinarian (Completed- To VMB for Reg Approval)**~~

- **Review Business and Professions Code Section 4830(5) regarding veterinary student exemption, duties and supervision at a California veterinary university *(Off –site surgery programs- should they be limited to 3rd/4th year students?)***

- **Develop minimum standards for alternate premises (equine mobile, shelter medicine, ambulatory, etc.)**

- **Review standard of care for animal dentistry**

- **Pursue "extended duty" for Registered Veterinary Technicians.**

FUTURE MDC ISSUES

- **Review 1st year licensure as a temporary license, working under the supervision of a currently licensed Veterinarian.**

  - Review feasibility of 1st year licensure with Multidisciplinary Committee.

- ~~**(Strategic Plan Action Item 3.5) - Review the feasibility of requiring written estimates for fees and implementation of Euthanasia forms in conjunction with the Multidisciplinary Committee.**~~

- ~~**(Strategic Plan Action Item 5.5) - Add English language proficiency as a requirement for licensure.**~~

  ~~- Discuss expanding current regulations to include non-English colleges with MDC.~~

- **Revisit the provisions for temporary licenses during disaster situations for out-of-state practitioners. *(AB 316- Before the VMB)***

- ~~**(Strategic Plan Action Item 5.12) - Discuss responsibility for electronic record keeping and confidentiality requirements for electronic records.**~~

Veterinary Medical Board/Multidisciplinary Advisory Committee
Interview Questions

April 28, 2015

The mission of the Veterinary Medical Board (Board) is to protect consumers and animals through development and maintenance of professional standards, licensing of veterinarians, registration of veterinary technicians and veterinary premises, and diligent enforcement of the California Veterinary Medicine Practice Act. The Multidisciplinary Committee (MDC) is a statutorily established advisory committee to the Board that consists of four veterinarians, two registered veterinary technicians, one public member, and two Board (one veterinarian and one registered veterinary technician) members.

Opening Questions

1. Why are you interested in this position?

2. Are you familiar with the functions of a licensing board/committee and the laws governing veterinary medicine in California?

Interview Questions

1. How do you feel your education and experience have prepared you for this position?

2. Recommendations made by the MDC are based on its consumer protection mandate and are not always popular with the general profession. How do you think you will be able to handle making decisions based on the needs of consumers and their pets that may be unpopular with your colleagues?

3. Are you familiar with current trends in veterinary medicine? Are there any issues that have affected you directly?

4. Is there any reason of which you are aware that would prevent you from completing your duties as a member of the MDC.

5. Is there anything else you would like to share with the committee or board?

Dr. Barry Baum
VET 5209

March 31, 2015

To the Members of the Veterinary Medical Board:

I respectfully submit my name for consideration for appointment to the Multidisciplinary Advisory Committee.

Professional Background

I received my D.V.M. from Cornell University in 1971. Since obtaining my California license in 1972 I have practiced as a full time veterinarian in California since 1973. I have owned and operated Center Sinai Animal Hospital in Los Angeles, California since 1979. During my tenure, the hospital has grown from one to six veterinarians as well as a staff that now numbers thirty eight people.
I have been a longtime member of the AVMA, CVMA, SCVMA and AAHA. I have had the privilege to serve on the SCVMA Board of Trustees for the last six years as well as to be chosen as a delegate to the CVMA House of Delegates.

Personal Statement

I believe that my real life experiences make me the ideal candidate for this position. After forty three years of practice I can still say that I love what I do and am continually motivated by the outpourings of gratitude that I receive on a daily basis. That is my ultimate paycheck. My goal is always to look out for the best interests of my clients and my patients. I am keenly aware of the spiraling costs that are challenging the ability of many people to maintain responsible pet ownership. I believe that the profession, as well as its governing body, needs to work as partners in determining the manner in which veterinary care is delivered to the pet owning public.
As I review the legislative agenda I am amazed and somewhat humbled by the diverse issues in which veterinary medicine, in its custodial responsibilities to the public, is involved. The diverse settings, and the different challenges faced by each workplace surely offers challenges for those who hope to apply a one style fits all set of rules to the entire profession. My experiences as a member of the Board of Trustees of the SCVMA have honed my ability to work as a member of a group to find solutions to the issues that we are constantly presented with.
I am concerned about protecting the public interest from a proliferation of unlicensed activities as well as how we can apply the regulatory structure and environment to allow our professionals to deliver top quality veterinary services in the most cost effective manner.

I am equally concerned about the length of time that it takes to adjudicate cases that come before the Board. When wait times exceed a year, something in the system is broken. Neither the pet owner, nor the accused deserve to be in limbo for that length of time. What is worse, though, is that the public interest is not served by allowing the abusive activity to go on in the interim.

I believe that by forming a real partnership with our practicing veterinarians and tapping into the knowledge and wisdom that they can provide, will enable us to find the solutions that will lead an environment where the common interests of the public, the veterinary profession and our patients will be better served. The people who have the biggest stake in how the veterinary profession is perceived are the veterinarians themselves. Let them be of help.

I feel that I am highly qualified to serve on the committee because I have:

Over forty years of successfully running a successful veterinary practice

Broad experience with organized veterinary medical organizations

The managerial skills and personality characteristics including: dedication, high integrity, problem solver, good judgment, excellent communication skills, compassion and an ability to get things done quickly and fairly.

I care deeply about my profession and the people and pets that we serve and are committed to the betterment of all. I would be honored to serve on the committee.

I am available to answer any questions that you might have, in person or on the phone.

Barry M Baum DVM

ASSOCIATION

March 2015

To Whom It May Concern:

This letter is on behalf of the application of Dr. Barry Baum for a position on the Veterinary Medical Board Multi-Disciplinary Committee. It represents the opinions of the entire Board of Trustees of the Southern California Veterinary Medical Association.

PASSIONATE. That one word best describes Barry Baum, DVM. Barry is passionate about people, pets and veterinary medicine and it is reflected in everything he does as a practicing veterinarian and member of the Board.

OPINIONATED. There is no question that Dr. Baum has strong beliefs and opinions. This comes from his passion. On areas that he feels strongly about, Barry will go to all ends to share his thoughts and debate and discuss.

REASONABLE. It may seem contrary to passionate and opinionated, but reasonable is a marvelous trait to have as well. When it comes to the end of a discussion or debate, Dr. Baum is willing to see all sides and even accept defeat If the logic is there to support it.

DEVOTED. Barry is devoted to his family, friends, French Bulldogs, practice and most importantly to veterinary medicine. He spends countless amounts of energy dedicated to helping pet owners and their pets. And similarly to the SCVMA and his family.

With the above mentioned words in mind combined with the MDC role in assisting the VMB in issues important to both consumer protection and the protection of the veterinary profession in California, there is nobody more prepared for a position on the MDC than Dr. Barry Baum. If you take into account his years in practice, his involvement with organized veterinary medicine and its responsibilities, and his own experiences with the veterinary medical board, it is unlikely that the VMB will find a better candidate.

Please feel free to reach out to the SCVMA Board of Trustees with any questions you may have about Dr. Baum

Sincerely,

DVM

President

[redacted]

MOLLY'S MUTTS & MEOWS

Making Adoption Your First Option

April 2, 2015

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

Re: Recommendation letter for Dr. Barry Baum

Dear Board and/or Ethan Mathes,

This letter is on behalf of the application of Dr. Barry Baum for a position on the Veterinary Medical Board Multi-Disciplinary Committee. My name is Molly Wootton. I am the founder of the Los Angeles based animal rescue organization, Molly's Mutts & Meows. I have worked with Dr. Baum on a personal level (for my own pets) for 22 years. The volunteers, foster homes and board of directors at our animal rescue have also worked with Dr. Baum and the vets at his hospital, Center Sinai Animal Hospital, since we founded our organization in 2005.

Dr. Baum is an incredibly gifted vet. He is passionate about the care he gives the animals he treats. I implicitly trust him. If Dr. B thinks an x-ray is needed, an x-ray is truly needed. If he thinks surgery is needed, a surgery is needed. If he thinks your pet needs a specialist, he will recommend a phenomenal one. Yet Dr. Baum never recommends ancillary treatments and services *simply to incur costs.* He has also been very gracious with discounted services with our animal rescue. Speaking as the founder of a non-profit that sustains on donations, this is so important...and so very appreciated.

Dr. Baum also has a terrific bedside manner. He remembers prior conversations about your pet and about you, your family, your work, etc. Many vets, like many people who volunteer in animal rescue, are great with animals, horrible with people. Dr. Baum is lovely and caring with both.

It should also be noted that Dr. Baum has hired other vets for his practice that have been with him for many, many years. One of my prior bosses and mentors (I work in advertising) told me a long time ago that an intelligent business person always hires people every bit as smart, if not smarter than he or she is. It makes the whole company run better. *I believe Dr. Baum has done this brilliantly.* I feel very comfortable and confident seeing any vet in his practice. In fact, I have become personal friends with some of them. Even the desk and kennel staffs at Center Sinai Animal Hospital have worked for Dr. Baum for many, many years. As the old maxim goes, "Leaders become great, not because of their power, but because of their ability to empower others." Dr. Baum is a great leader.

Dr. Barry Baum is devoted to his family, his friends, his faith, his beloved Frenchies, his vet practice and most importantly to veterinary medicine. He spends countless amounts of energy dedicated to helping pet guardians and their pets. I hope my words convey that there is nobody more prepared for a position on the MDC than Dr. Barry Baum.

Please feel free to call me or email me with any questions you may have about Dr. Baum.

Warm regards,

Molly Wootton

[redacted]

Molly Wootton
Founder, Molly's Mutts & Meows

BOX 321, 1171 South Robertson Blvd. Los Angeles, CA 90035 ✿ www.mollysmuttsandmeows.org ✿ P: 310-837-MUTT F: 310-280-0470

Mathes, Ethan@DCA

From: [redacted]
Sent: Thursday, April 02, 2015 2:24 PM
To: Mathes, Ethan@DCA
Cc: 'Barry Baum'
Subject: Recommendation to Multidiciplinary Advisory Committee

Dear Veterinary Medical Board:

I have been a very satisfied client (and my dog too) of Dr. Baum for over a dozen years. In that time I got to know Dr. Baum and feel strongly that I can categorically recommend him for a member to the Multidisciplinary Advisory Committee. I say this because Dr. Baum has:

1. Over 40+ years of practicing veterinary medicine successfully at his large vet hospital.
2. Unselfishly given back to many organizations such as SCVMA, AVMA, CVMA, and the AAHA.
3. A passion and love for what he does. He even has made house calls when clients couldn't come in.
4. The managerial skills and personality characteristics of a successful member and leader for this committee:
    - Responsible
    - Good judgment
    - High integrity
    - Excellent problem solver
    - Compassionate
    - Good communicator both verbally and in writing
    - Highly intelligent
5. A devotion to the profession. He goes to dog shows on his time off both showing his French Bull dogs and now as a judge too.

Because of Dr. Baum's skill set and combined with the MDC role in assisting the VMB in issues important to both consumer protection and the protection of the veterinary profession in California, I think Dr. Baum would make an excellent member of the MDC team. In conclusion, with Dr. Baum's years in practice, his involvement with organized veterinary medicine and its responsibilities, as well as his own experiences with the veterinary medical board, I believe he will make an outstanding member.

Thanks for your consideration.

[redacted]

Mathes, Ethan@DCA

From: [redacted]
Sent: Thursday, April 02, 2015 6:15 PM
To: Mathes, Ethan@DCA
Subject: letter of support for Dr. Barry Baum

Dear Members of the Veterinary Medical Board:

I am very pleased to write this letter of enthusiastic support for Dr. Barry Baum, as a candidate for the Multidisciplinary Advisory Committee. I think he would be an outstanding choice.

I have known Dr. Baum for 29 years - ever since i came to California. I have worked with him on numerous cases that he has referred to me over the years, and i have always been thoroughly impressed with not only his medical knowledge and skills, but equally with his professionalism and integrity. He is devoted to his patients and clients - and devoted to the profession as well. He has served for years on the SCVMA Board of Trustees, and i know they will wholeheartedly endorse his candidacy.

Dr. Baum epitomizes what a veterinarian should strive to be. he is talented, energetic, and he truly desires to make positive changes for the good of the profession, and the clients and patients we treat. I recommend him most highly to you, as a candidate for this position.
scott m. anderson dvm dacvs, dacvecc, dabvp

April 1, 2015

[redacted]

The Veterinary Medical Board
1747 N. Market Blvd. Suite 230
Sacramento, California 95834

Re.: Dr. Barry Baum/Multidisciplinary Advisory Committee.

I have known Dr. Barry Baum since 1973 and you would certainly benefit having him on the Advisory Committee.

I do know from personal experience that Barry does care deeply about the pets we treat and their owners (He worked in my practice 40 years ago). His service to the profession speaks for itself.

I second everything in the letter of recommendation from Dr. Henderson and the SCVMA Board. I could not say it better. The only thing I might add is that Barry will not over extend himself and will "deliver". I have been trying to recruit Barry for years to serve on the Board of Trustees of the Animal Health Foundation (www.AnimalHealthFoundation.org), which he supports financially for many years. He has told me many times that he would only join our Board if he were sure he had the time to do the best job possible.

[redacted]

Sincerely,

Richard S. Glassberg

Richard S. Glassberg, D.V.M

SOUTHERN CALIFORNIA VETERINARY MEDICAL ASSOCIATION

March 2015

To Whom It May Concern:

This letter is on behalf of the application of Dr. Barry Baum for a position on the Veterinary Medical Board Multi-Disciplinary Committee. It represents the opinions of the entire Board of Trustees of the Southern California Veterinary Medical Association.

PASSIONATE. That one word best describes Barry Baum, DVM. Barry is passionate about people, pets and veterinary medicine and it is reflected in everything he does as a practicing veterinarian and member of the Board.

OPINIONATED. There is no question that Dr. Baum has strong beliefs and opinions. This comes from his passion. On areas that he feels strongly about, Barry will go to all ends to share his thoughts and debate and discuss.

REASONABLE. It may seem contrary to passionate and opinionated, but reasonable is a marvelous trait to have as well. When it comes to the end of a discussion or debate, Dr. Baum is willing to see all sides and even accept defeat If the logic is there to support it.

DEVOTED. Barry is devoted to his family, friends, French Bulldogs, practice and most importantly to veterinary medicine. He spends countless amounts of energy dedicated to helping pet owners and their pets. And similarly to the SCVMA and his family.

With the above mentioned words in mind combined with the MDC role in assisting the VMB in issues important to both consumer protection and the protection of the veterinary profession in California, there is nobody more prepared for a position on the MDC than Dr. Barry Baum. If you take into account his years in practice, his involvement with organized veterinary medicine and its responsibilities, and his own experiences with the veterinary medical board, it is unlikely that the VMB will find a better candidate.

Please feel free to reach out to the SCVMA Board of Trustees with any questions you may have about Dr. Baum

Sincerely,

[redacted] DVM

President

[redacted]

April 1st, 2015

To whom it may concern,

It is with great pleasure to write a recommendation letter for Dr. Barry Baum who is applying for a position on the Veterinary Medical Board Multi-Disciplinary Committee. I have known Dr. Baum for 15 years as I work with him, use his facility for my rescue organization. This man has more common sense, patience, and respect for his fellow man. I have watched him, listened to him, and learned from him how to treat people fairly. Your committee can only benefit from this man's integrity, work ethic, and wisdom.

Sincerely,

Nancy Sarnoff
President
Perfect Pet Rescue
[redacted]

April 2015

To Whom It May Concern:

It is a pleasure to write this letter on behalf of Dr. Barry Baum for a position on the Veterinary Medical Board Multi-Disciplinary Committee. I am qualified to speak on his behalf having known him personally and professionally for over thirty-five years.

As a client and having our beloved pets be his patients, has provided me the opportunity to see firsthand his compassion, dedication and integrity in a professional capacity. As a psychotherapist in private practice, I know the importance of connecting with clients and patients.

On a personal note our families have shared a close friendship for the last thirty-five years and we have been fortunate to spend many quality times together. The same dedication, integrity and compassion he exhibits in his practice is evident in his personal relationships. These qualities make him an ideal candidate for this position.

Respectfully yours,

Francie Okun, LMFT

Klinedinst
ATTORNEYS

[redacted]

April 6, 2015

VIA E-MAIL
Ethan Mathes
Veterinary Medical Board
1747 North Market Boulevard, Suite 230
Sacramento, CA 95834-2987
Ethan.mathes@dca.ca.gov

Re: ***Barry Baum, DVM***

Dear Mr. Mathes:

I am writing in support of the application of Barry Baum, DVM ("Baum") for a position on the Multidisciplinary Advisory Committee ("MDC").

I have known Baum for several years. Over those years we have had many discussions regarding the provisions of the California Veterinary Medicine Practice Act ("Act") and the practical aspects of providing veterinary medicine services in California. Baum is particularly knowledgeable regarding the provisions in the Act and passionate about the need to provide quality veterinary services while complying with the Act. I believe that his experiences as a veterinarian and his knowledge of the Act make him especially qualified for a position on the MDC.

Baum is intelligent and articulate, two qualities that allow him to be very effective in a group setting. He is also a realist and a problem solver, additional qualities that will make him a valuable member of the MDC.

The notice regarding the vacancy on the MDC on the Veterinary Medical Board website states that the "MDC assists the Board in its deliberation of issues important to consumer protection and the veterinary medical profession in California." I believe that Baum's personality and background make him an ideal candidate for a position on the MDC.

Please do not hesitate to contact me with any questions.

Very truly yours,

KLINEDINST PC

Bonnie L Lutz

BONNIE L. LUTZ

BLL:jmy

cc: Barry Baum, DVM (Via E-Mail: [redacted]

Mathes, Ethan@DCA

From: Lawrence Kosmin [redacted]
Sent: Monday, April 06, 2015 2:31 PM
To: Mathes, Ethan@DCA
Subject: Barry Baum DVM MDC appointment

To Who it May Concern;

In the past I served with Dr Baum for 3 years while I was on the Board of Trustees of the SCVMA and 1 year as President. Barry and I have also served on the House of Delegates of the CVMA together. I have found him to be passionate in his approach to veterinary medicine. Though his opinions are strong, I have always found him to be reasonable.

My experience as an Inspector for the VMB and my time on the Board of Governors of the CVMA as well as CVMA President elect has taught me that there are few people out there with Dr Baum's commitment and interest in bettering the profession of veterinary medicine. It is therefor without reservation that I strongly recommend Barry Baum DVM for a position on the MDC

Sincerely;

Lawrence Kosmin DVM
President Elect of CVMA &
Interim Program Director
Stanbridge College RVT Program
[redacted]

Mathes, Ethan@DCA

From: Georja Umano [redacted]
Sent: Thursday, April 09, 2015 11:10 PM
To: Mathes, Ethan@DCA
Cc: Dr. Barry Baum
Subject: Letter of Recommendation for Dr. Barry Baum.

Dear Mr. Mathes,

I am writing on behalf of Dr. Barry Baum.

I have been Barry's client for several years at the Center Sinai Animal Hospital with my pets, and have come to rely on his advice where they are concerned. He became especially important to me when he helped me with a much beloved but difficult dog and even helped my husband understand how I felt.

I trust Dr. Baum. He is a man of integrity and is easy to work with. He is very caring and practical at the same time.

Dr. Baum is also community-minded. He has contributed time and effort to help with animal welfare projects. I am the President and founder of Unleash The Beach, a nonprofit organization in Santa Monica. We have been working with the City of Santa Monica on getting a pilot dog beach on the Santa Monica State Beach. In the past ten years we have acquired much support but still have been unable to get the get the vote of the California State Parks. Dr. Baum has been very interested in this project and has helped in many ways. He has also been supportive of me in my work to save wildlife.

Dr. Barry Baum would make a wonderful addition to the Multi-Disciplinary Committee and I hope he is given this opportunity.

Sincerely,

Georja Umano Jones
Pres,, Unleash The Beach
Co-Organizer, Global March for Elephants, Rhinos and Lions
[redacted]

Mathes, Ethan@DCA

From: Diane Craig [redacted]
Sent: Thursday, April 09, 2015 1:14 PM
To: Mathes, Ethan@DCA
Cc: Dr. Barry Baum
Subject: Open position in Multi Disciplinary Committee

To Whom It May Concern:

This letter is in support of the application of Dr. Barry Baum for a position on the Veterinary Medical Board Multi-Disciplinary Committee.

I feel Dr. Baum is a very compassionate and involved veterinary practitioner. He has participated in organized veterinary medicine at the local and state level with a deep understanding of the issues facing our profession. He is devoted to the veterinary profession and has a working knowledge of the challenges and concerns facing the veterinary practices in California. He is also a passionate pet owner with deep ties in the community and a thorough understanding of the perspectives and daily concerns of pet owners.
I would strongly urge you to consider Dr. Barry Baum for the position as he will bring a reasonable, informed opinion to the table during discussions of concern to our profession.

Sincerely,

Diane Craig, D.V.M., D.A.C.V.S.
Veterinary Surgical Specialists, Inc
[redacted]

VETERINARY SURGICAL SPECIALISTS

April 10, 2015

Veterinary Medical Board
1747 N. Market Blvd. Suite 230
Sacramento, CA 95834

To Whom It May Concern:

This letter is in support of Dr. Barry Baum who is a candidate for the veterinary seat at the Multidisciplinary Committee. I have known Barry for about six years when he began serving on the SCVMA Board of Trustees as well as the CVMA House of Delegates.

When you first meet Barry, you realize that this is a person who makes his ideas known. His passion for the field of veterinary medicine is immediately apparent. He is always actively immersed in conversation, yet eager to lend a helping hand. Barry's strong opinions may come across initially as a passion to debate. It takes more time to see an individual who truly cares and wishes to make a difference. Barry is not one to be swayed by general opinion; he instead stands his grounds and pursues an idea. In the end, Barry remains part of the team and that is a quality of an effective leader.

In addition to Barry's love of the veterinary profession, Barry is a true animal lover. His eyes always light up when he talks about his dogs. He is actively involved in his community and has in the past advocated strongly for his clients and supported various projects they had adopted. I have seen him support clients in their drive to create a dog's play area and have read a newsletter he participates in for his local community. Both show a caring veterinarian and a consumer advocate.

Veterinarians are not as homogenous as they may seem. We all have our opinions and lifestyles; when it comes to the Veterinary Board, it is no surprise to anyone that these opinions may be strong or conflicting. Yet, at the end of the day, we all have a common goal which is to safeguard the profession while protecting the consumer's rights and needs. I see the MDC as the platform where differing opinions should unite towards the common goal. Let those who serve on the MDC be the individuals who truly wish to be there and make a difference.

Barry truly wants to serve on the MDC Board; he is active in the community, has extensive experience as a practitioner and in organized veterinary medicine, he cares deeply for the profession and I feel he will be fully dedicated to assuming his role and responsibilities.

Sincerely

Nada Khalaf, DVM
VCA McClave Animal Hospital
[redacted]

Dedicated to Quality Care With Integrity

[redacted]

April 9, 2015

To Whom It May Concern:

I am writing this letter on behalf of Dr. Barry Baum, who has made application to the Multi-Disciplinary Committee of the California VMB.

I have had the great pleasure of working with Dr. Baum during his service as a Board of Trustee of the Southern California Veterinary Medical Assn and as a member of the House of Delegates of the CVMA. I have found him to be amiable, practical and passionate in his beliefs and concern about the veterinary profession—as viewed from both sides of the exam table. He is hard-working and dedicated to continuing to make veterinary medicine in California the absolute best that it can be.

Dr. Baum would bring an immense amount of enthusiasm and energy to the MDC table, should he be selected for this position. He is respected by his peers for his ability to express thoughtful opinions and to process solutions to sometimes complex problems.

As the immediate past VMB liaison to the CVMA Board of Governors, I have attended many MDC meetings over the last several years. I think I understand the type of person that is needed to help the MDC fulfill its mission and believe Dr. Baum would make a great addition to this committee of dedicated individuals.

Please contact me if you have any additional questions.

Sincerely,

Ronald M. Kelpe DVM

Ron Kelpe, DVM

Dr. George Dyke
VET 6553

GEORGE W. D.V.M. INC.

[redacted]

March 29th, 2015

California Veterinary Medical Board
1747 North Market Boulevard
Suite 230
Sacramento, CA 95834

Dear Board Members:

I am very interested in an appointment to the Multidisciplinary Advisory Committee. I am currently involved in a related area as an examiner for AVMA's ECFVG. I am an examiner at the Western Veterinary Conference site in Las Vegas. I am also a board member of the Western Veterinary Conference.

I carry the same philosophy as a WVC board member. There is no personal agenda but commitment to team work for the betterment of our patients and profession.

I have been practicing in California since 1978. I am an equine practitioner, but have other large animal and small animal experience. I am also a member of AVMA, CVMA, and AAEP.

I have arrived at a point where it is important to give back to the profession as shown by my activity with WVC and AVMA.

Thank you for your consideration,

George W. Dyck, D.V.M.

GD/jmd

Dr. William Grant
VET 10365

Community Veterinary Hospital, Inc.

[redacted]

SMALL ANIMAL MEDICINE
SURGERY & DENTISTRY

[redacted]

March 24, 2015

Veterinary Medical Board

1747 N. Market Street Suite 230

Sacramento, CA 90630

Dear Board Members

I respectfully submit this request for reappointment to the Multidisciplinary Committee (MDC).

Thank you for your consideration.

William A Grant II

William A Grant II, DVM

Diana Woodward Hagle

DIANA WOODWARD HAGLE

[redacted]

April 6, 2015

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

Re: Request for Re-Appointment to Multidisciplinary Advisory Committee (MDAC)

I have been the public member of the MDAC since its formation by the Board in 2009.

While in the Attorney General's Office, I was, for many years, the liaison deputy to the VMB. The position of liaison deputy affords the Board's Executive Officer and staff access to a single deputy in the AG's Office with expertise in the laws and procedures of the Board and a familiarity with the profession; the liaison deputy is, also, a resource for other deputies in the AG's Office who are handling Board cases.

Over the years, I have seen the evolution of the practice of veterinary medicine, and understand how each new development presents challenges to the Board. Each such challenge calls for thoughtful and knowledgeable resolution with respect to both legal and policy implications.

I have represented the Board in numerous disciplinary proceedings. I am familiar with the Veterinary Practice Act and regulations and understand the legislative process and the procedures of the Office of Administrative Law. I know the importance of budget limitations.

I trust that I have been a valuable contributor to the business of the MDAC; it would be an honor to be reappointed to the committee. My resume is attached.

Diana Woodward Hagle

DIANA WOODWARD HAGLE

Encl. a/n

DIANA WOODWARD HAGLE

[redacted]

[redacted]

Admitted to State Bar of California – January 1970 (SBN 46181)

Education:

Stanford University
Palo Alto, CA
B.A., Political Science (June, 1964)

UCLA Law School
Los Angeles, CA
J.D., Law (June, 1969)

Employment:

Deputy Attorney General
Department of Justice
State of California
Office of the Attorney General
Sacramento, CA
July 1, 1969 – September 18, 2004

Trial attorney representing state agencies and constitutional officers. Assignments involved civil litigation—including complex litigation---in both state and federal courts and before administrative tribunal, as well as appellate advocacy. Sections: Consumer and Investment Law; Health, Education and Welfare; Administrative Law; and Criminal Appeals.

Administrative Law Judge
New Motor Vehicle Board
State of California
Sacramento, CA
June 1, 2006 – present

Judge for state agency created to adjudicate franchise and reimbursement disputes between vehicle manufacturers and California new vehicle dealers. Duties involve presiding over hearings (complex business litigation) and drafting proposed decisions for nine-member board, as well as conducting pre-hearing and settlement conferences. Retired annuitant position.

Appointment:

Public Member
Multidisciplinary Advisory Committee
Veterinary Medical Board
Department of Consumer Affairs
State of California
May 1, 2009 – present

Member of committee created to advise Veterinary Medical Board on various issues important to consumer protection and the veterinary medical profession in California.

Military:

Colonel, Judge Advocate General Corps

Additional qualification as Civil Affairs Officer, Special Operations Forces (1991)
Qualified as Military Judge under the Uniform Code of Military Justice (1996)
Retired 30 Nov 02

California Army National Guard
Staff Judge Advocate
40th Infantry Division (Mech), 175th Medical Brigade and STARC HQ(-)
1975 – 1999

United States Army Reserve
Command Judge Advocate
6045th Garrison Support Unit
1999 – 2002

Personal:

Married to Richard Hagle, D.V.M. (CA Veterinarian License # 3657)

Member: Marines' Memorial Club, San Francisco
Commonwealth Club, San Francisco

Philip Homsey

PHILIP R. HOMSEY II, Esq.
ATTORNEY AT LAW
[redacted]

April 9, 2015

Veterinary Medical Board
1747 N. Market Blvd., Suite 230
Sacramento, California 95834

Via Federal Express (916) 515-5227

Dear Board Members:

This is my letter of interest as a candidate for appointment to the Multidisciplinary Advisory Committee as a public member. I am a California attorney, who, for the past forty years, has participated in various aspects of the veterinary industry including buying and selling and building animal hospitals; creating business models for delivery of animal health care and as well as participating in academic and other professional endeavors to better understand the challenges and opportunities facing the veterinary industry.

My hope is that I can bring a unique and valuable perspective to this position.. Although I am a member of the public, I have substantial experience working within the dynamics of the veterinary industry both on a macro and a micro level. I have been personally involved in and have witnessed the major trends over the past forty years including the growth of specialization, consolidation, the feminization of the profession; the reshaping of animal shelters and rescues and the rise of consumer groups' influence. I have a special interest in the relationship between the veterinary profession and food production, which is becoming more crucial with the drought. These trends will continue to present challenges as well as opportunities.

I was one of the first voices to express concern over the downward trend in the number of visits to animal hospitals during the past twenty years. This is a trend that until very recently was ignored, in part, due to the upward trend in pricing of veterinary medicine. I am very concerned about the sustainability of specialty medicine as it is practiced today. The primary challenge is the lack of viable succession plans for these large hospitals. The fact that the consolidators have not figured out how to operate hospitals on a sustainable basis is of a concern, especially in light of the current frenzy of speculation in the consolidator marketplace as evidenced by the recent NVA sale at 13.5 EBIDTA; the recent investment by the Canadian Teachers Union in Pet Care Centers, Inc. This speculation is not sustainable, yet the fate of many hospitals will be hanging in the after math.

The VMB faces its own challenges especially in light of the United Supreme Court's decision in North Carolina State Board of Dental Examiners vs FTC. As an example, it would not be surprising to see non-anesthetic dental practitioners and others utilize this precedence to press their causes. Resolving these issues will require a balanced approach. I am very familiar with California Business and Professions Code Sections 4800 and CCR Title 16 and the VMB's duties and functions.

My participation in the North American Veterinary Medical Educational Conference (NAVMEC) afforded me the opportunity to gain a better understanding of the challenges and opportunities facing the veterinary colleges as well as the veterinary students in our state. The increasing cost of education and the increasing expectations for core competencies of our future veterinarians will continue to require study, assessment and action by all constituents including regulators.

My goal, as a public member of the MDC, would be to bring a balanced, fair and valuable perspective to the discussion of these and other issues. My purpose in serving is simply to do whatever I can to help the profession, of which I have become very fond, to continue to provide quality health care for the animals we love.

I have attached my Curriculum Vitae. I am happy to provide references upon request.

Sincerely Yours,

Philip R. Homsey II

CIRRICULUM VITAE
PHILIP R. HOMSEY II, ESQ.

Academic: B.A. 1973 University of Hawaii, J.D. Degree 1976, University of the Pacific, McGeorge School of Law, LLM Degree, 1987 Taxation University of San Diego, School of Law; American Jurisprudence Award for Outstanding Academic Achievement in the field of Contracts.

Professor of Law: Whittier University College of Law, Glendale College of Law; Subjects taught; 'Contracts', 'Real Estate', 'Business Law' and 'Civil Trial Advocacy'. California State University, Los Angeles, Criminal Science Dept., Subjects taught, 'Evidence' and 'Constitutional Law', Business Department, Subjects taught, Business Contracts.

Private Practice: Mr. Homsey has been in private law practice for 39 years and practices exclusively in the Veterinary Industry providing business and strategic planning for veterinarians including, creating business models for delivery of veterinary medicine, formation of strategic alliances through independent contractor agreements, formation of partnerships and corporations and merges and acquisitions of small animal and specialty practices.

Veterinary Industry: **VetPartners** formerly (AVPMCA) President 2010, founding member; **(AVMLA)** American Veterinary Medical Law Association Founding Member, past- Regional Director; North American Veterinary Medical Education Conference (NAVMEC).

Guest Speaker: Guest Speaker at: Western Veterinary Conference, Pacific Veterinary Conference, Central Veterinary Conference, CVMA, SCVMA, AAHA, and other local Veterinary Medical Associations and Western Veterinary College graduating class of 2014. Topics include: 'What We Can Learn from the History of California Veterinary Medicine'; 'Visions for the Future of Veterinary Medicine in California'; 'Succession Planning for Veterinary Practices'; 'The Future Trends of Specialization and the Effect on Veterinarians' Compensation'; 'Buying and Selling a Veterinary Practice'; and 'Where is the Veterinarian's Voice in Society Today?'.

Community Service: Human Health; past Chairman of the Board of Glendale Memorial Hospital, California Regional Board of Directors of Catholic Health Care West, City of Los Angeles; Mayors Bradley and Riordan Appointee, Greek Theater Advisory Commission, and Commissioner of the Los Angeles Transportation Commission.

[redacted]

Dr. Jon Klingborg
VET 11500

[redacted]

March 17, 2015

Dear Veterinary Medical Board:

I am writing to express my continued interest in a position on the Multi-Disciplinary Committee. As a member of the MDC over the past six years, I have been involved in numerous task forces to clarify issues and write potential regulations.

These include task forces on issues pertaining to:

- Hospital Inspection Guidelines
- Telehealth/Telemedicine
- University Licensure
- Minimum Standards Task Forces regarding these specific areas:
  - 2030.05. Minimum Standards - Licensee Manager.
  - 2030.2. Small Animal Mobile Clinic.
  - 2030.3. Small Animal Vaccination Clinic.
  - 2032.1. Veterinarian-Client-Patient Relationship.
  - 2032.15. Veterinarian-Client-Patient Relationship in Absence of Client Communication.
  - 2032.2. Written Prescriptions.
  - 2032.25. Written Prescriptions in Absence of Originally Prescribing Veterinarian.
  - 2032.35. Altering Medical Records.

Additionally, I have been very involved in ongoing issues such as:

- Compounding
- Consultation
- Exemptions (4830)

I would appreciate the opportunity to continue my work on the MDC and hope that you will reappoint me to another three year term.

Sincerely,

Jon Klingborg, DVM

Leah Shufelt, RVT
TEC 6284

April 2, 2015

Veterinary Medical Board
1747 N. Market Blvd. Suite 230
Sacramento, CA 95834

Dear California Veterinary Medical Board,

I am writing to express my continued interest in appointment to the Multidisciplinary Advisory Committee (MDC).

Throughout my career, it has been important to me to continually learn as well as keep up on important issues in Veterinary Medicine. I always want what is best for myself, my patients, and clients, and in order to do that I feel it is necessary to hold our entire profession to higher standards. I also have been lucky enough to work with and by mentored by amazing Veterinarians and Technicians that have instilled in me the need to be involved in and stand up for the things I believe in. It is because of these things, and my willingness to challenge myself that I initially became interested in a position on the MDC and was excited to hear that another RVT position was posted this year.

I am aware of a lot of the work that the MDC has recently done in order to In order to improve our profession, including work on unlicensed activity, antibiotic legislation, and revisiting RVT licensure routes and testing procedures. These are all issues which will impact our profession, patients, and the consumers within the state of California, and therefore are issues that I have watched closely and are important to me as well. As a member of the MDC I feel that I would have the ability to represent the Registered Veterinary Technicians in the state of California on many important issues, find out what areas of the Profession need to be looked at, discuss important topics, make recommendations to the VMB as necessary, and therefore ultimately have a positive impact on Veterinary Medicine as well as the public's opinion of our profession.

With my strong educational background, varied work experiences, and experience on both the San Diego County Veterinary Medical Association board as well as the RVT Committee and House of Delegates for the California Veterinary Medical Association, I feel that I would bring dedication, experience, and energy to the MDC if given the chance to serve. I look forward to hearing from you.

Sincerely,

LL Shufelt BS, RVT

Leah Shufelt BS, RVT

Leah Shufelt BS, RVT

[redacted]

[redacted]

California RVT License TEC 6284

Objective

My goal is to be appointed to the California Veterinary Medical Board's Multidisciplinary Advisory Committee in order to utilize my skills to strengthen the Veterinary Medical Profession in the state of California.

Work Experience

December 2011 - Current
Radiation Oncology Technician, California Veterinary Specialists, Carlsbad, CA
Responsible for all areas of care of radiation patients: anesthesia, setting up radiation fields, operating CT machine and linear accelerator, and client communications. Designed and implemented in house training program for Veterinary Assistants.

October 200 2 - December 2011
Medical Supervisor, Adobe Animal Hospital, Ramona, CA
Set up all nursing care protocols, direct supervisor of all nursing staff, daily nursing care duties of all patients at the hospital including anesthesia, surgical nursing, radiology and vaccine appointments. Managed inventory, OSHA, radiation safety, and CURES records.

June 2002 - Present (relief)
Lead Veterinary Technician, Emergency Service, Pet Emergency and Specialty Center, La Mesa, CA
Utilize all RVT skills to work as an Emergency and Critical Care technician in a fast paced environment while ensuring the entire team works toward the goal of providing outstanding and compassionate care to all of our patients.

Veterinary Board Experience

August 2006 - Present
Affiliate Chapter Representative, San Diego County Veterinary Medical Association
Serve as a resource for RVTs, Vet Assistants, hospital managers, and other support staff
Research topics of discussion, bring feedback from my chapter to the board for further discussion at meetings
Facilitate and host CE meetings for the Chapter

February 2013 – Present
House of Delegates, RVT Delegation, California Veterinary Medical Association
Represent the RVTs at the State Level of the CVMA organization, discuss and vote on issues that are important to Veterinary Medicine, make recommendations to the Board of Governors.

July 2012 – Present

RVT Committee District 1 Representative, California Veterinary Medical Association

Represent the interests of my geographical chapter at the meetings of the state level of the CVMA RVT board. Discuss and make recommendations to the CVMA Board on topics of interest that impact RVTs in our state.

August 2006 - Present

Affiliate Chapter Representative, San Diego County Veterinary Medical Association

Serve as a resource for RVTs, Vet Assistants, hospital managers, and other support staff. Discuss topics of interest with affiliate chapter members for presentation at monthly board meetings.

Facilitate Continuing Education and social meetings for the Chapter.

Education

June 2002

College of Veterinary Medicine, Michigan State University, East Lansing, MI

Completed classroom, laboratory, and clinical rotations in the Veterinary Teaching Hospital, held part time job in the Food Animal Department while going to school.

Bachelor's of Science, Veterinary Technology

Special Care From the Heart

April 3, 2015

To Whom It May Concern at the Veterinary Medical Board;

I am writing to you in regards to Leah Shufelt, RVT and her interest in joining your Multidisciplinary Advisory Committee.

I first met Leah three and a half years ago when she was hired at our hospital as an Emergency and Critical Care Technician. Shortly after she started with the hospital, I realized her skill level and potential and approached her about joining my Radiation Oncology team. In a short amount of time I was able to train her in Radiation Oncology, the setup and treatment of patients, and the operation of the linear accelerator. In her position as Radiation Oncology Technician Leah is responsible for anesthetizing, treating, and recovering on average of 10 patients per day, as well as communicating with their owners and other staff members as to their care. This requires not only a high level of technical expertise, but also time management skills, communication skills, and extreme attention to detail. She always completes all of her own tasks, as well as helping other team members, and does things efficiently and with a positive attitude.

Leah also has shown a passion for her profession and the education of others by developing and implementing an in house education program for the Veterinary Assistants at our hospital. With her years of education and experience as well as her involvement in organized Veterinary Medicine, she is often a resource for other staff members.

Through my experiences with her, Leah has shown that she is a dedicated professional that truly cares about her patients, our clients, and her fellow co-workers. I feel she is an asset to our company, and also would be an asset to your committee.

Sincerely,

David Proulx, DVM, DACVIM (Oncology), DACVR (Radiation Oncology)

[redacted]

San Diego County Veterinary Medical Association

V.M.A. SAN DIEGO 1941-2015

April 3, 2015

To whom this may concern regarding Leah Shufelt, RVT:

It has been my pleasure to get to know Leah over the course of the past ten years. Most of my interaction with Leah has been on a professional level and setting as an Executive Board member of this Association, but I have also had the opportunity to share some social interaction at various meetings and other functions.

It is evident to me that Leah is a dedicated Registered Veterinary Technician. She is serving her profession above and beyond at the local and the State level.

I have always found Leah to represent herself politely and professionally. Most importantly, she is always helpful and responsive to my inquiries for information or assistance. She contributes thoughtfully and constructively to discussions and is on-point when issues are being studied and decisions are made.

Leah's dedication to a task is always evident with exclamation! She has eagerly planned and hosted numerous educational offerings for our membership. I learned early on that I could count on her to provide all the requested and required materials in a timely fashion for whatever event or task she is working on. She is a fully engaged participant.

When I learned that Leah was interested in serving on the Multidisciplinary Committee, I was compelled to share my opinion that she would be a great asset to the effort.

It is without hesitation that I eagerly offer my unconditional recommendation for Leah Shufelt, RVT as the consummate professional, and a genuinely pleasant person to work with!

Most sincerely,

Pauline White,
Executive Director

April 5th 2015

To Whom it May Concern,

I am writing this letter on behalf of my very dear friend and coworker, Leah Shufelt. I have known Leah for close to 15 years. Our first contact together was working together as RVT's at a specialty hospital. The hospital has an extremely busy emergency service and Leah was always able to handle emergent situations with skill and grace. Her compassion for the pets we worked on was and is exemplary. After leaving that hospital Leah took on a lead RVT position at a day practice and eventually took on many management responsibilities, while still continuing to fill in part time at the specialty hospital. I have watched Leah grow into one of the most competent and skillful nurses in our field. Her knowledge base of anesthesia is bountiful. Her client communication skills are precise, tactful, concise, and compassionate. I now work with Leah in another specialty hospital where she has taken on a lead role in the Radiation department. Leah continues to stay current with education and is always looking for ways to not only improve her skills, but improve the veterinary community by actively taking roles on in many significant committees. I could not think of anyone I would more highly recommend for this position, as Leah could only be an asset. Leah's work ethic, drive, and compassion make her an example of what many technicians could strive to be in the veterinary field today.

Please do not hesitate to call or email if there are any further questions.

[redacted]

Sincerely,

Anita Peake RVT

Anita Peake RVT

Linda Starr

Linda Starr
[redacted]

Ethan Mathes
Veterinary Medical Board
747 N Market Blvd., Suite 230
Sacramento, CA 95834

Re: Public Member Vacancy on the Multidisciplinary Committee

Dear Mr. Mathes,

This is my letter of interest in being a public member on the Board's Multidisciplinary Committee (MDC).

Having served as a public member on the Veterinary Medical Board (Board) for nine years, I believe that I have insight and knowledge of Board related issues that would benefit the MDC and the Board.

Helping animals and consumers is my passion and I am very interested in serving on the MDC. I worked in the Senate for 30 years, so I have a broad knowledge of the legislative process and I currently serve as co-chair on the California State Senate Alumni Association. I am a current Board member with the Sacramento SPCA. I am very involved with the SPCA thrift shop and have volunteered there for over 20 years.

Again, my passion is helping animals and consumers. I would very much appreciate the opportunity to interview for the public members position on the MDC and believe that my experience would be an asset to committee and the Board. I am available to attend the required three to four meeting a year.

I am available on April 28, 2015 for an interview at the Board meeting and look forward to hearing from you.

Sincerely,

Linda Starr

Fatima Trujillo
TEC 9702

April. 4, 2015

Veterinary Medical Board,

Veterinary Science has always fascinated me since I was young; the combination of medicine, science, and animals intrigued me right away. I've always tried to educate myself regarding my pets' health; anything that gave me more information, I completely soaked in. I want to be able to be a vessel through which people can get more information from. Giving back to the veterinary community would be a privilege for me because instead of finding information on their own, clients would be able to receive accurate, up-to-date information from me.

I received a Bachelor's in Animal Health Science from California State Polytechnic University, Pomona. I became a registered veterinary technician in June of 2012. I have worked in general practice, emergency, lab animal, and (currently) in high volume spay/neuter. Having picked up tidbits from each one of these fields has better equipped my educational tool belt since they are all different. Having all of these fields in mind, I can be a great asset to the veterinary community.

My current workplace is SNPLA (Spay/Neuter Project of Los Angeles) in Pico Rivera, CA. Our mission is to substantially reduce animal shelter intake by providing high quality, low-cost spay and neuter services to undeserved communities in the Los Angeles area. These communities are the ones that also need the most education about being responsible pet owners. The majority of the clientele that we help at SNPLA have no clue as to why it is important to spay or neuter their animal or even know what "basic healthcare" is. It is not necessarily their fault as to why they are uneducated on the matter, however, I feel as though it is my responsibility to educate them on these topics.

Educating others is a task a love performing. I love educating clients and future students of the veterinary field. At SNPLA we get a lot of volunteers and interns that would like to get experience on what we do and some basic veterinary care. Along with spay/neuter services, we offer vaccine clinics, and general veterinary care for a nominal fee. I am the intern supervisor at SNPLA Pico Rivera and have had the pleasure to work with great talents and have also helped many students with their technique skills. A lot of the students come into SNPLA knowing how to do certain skills, but they don't ask "why." Explaining to the students why we do certain things is part of my job and helping them grasp the concepts always brings me satisfaction.

I have participated in the preparation for the RVT examination workshop that was held last year. This particular workshop kept me up-to-date on the laws of practicing veterinary medicine (as an RVT) in California. I believe it is important to give back not only to the clients but also to the veterinary community. My time as a practicing RVT has been minimal, however, my willingness to help and strive for more have helped me along with my career as an RVT. I hope that you will consider me to serve in the committee. Thank you for your time.

Regards,

Fatima Trujillo

SNP|LA
spay neuter project of los angeles

Cristina Perez
Assistant Manager
Spay Neuter Project of Los Angeles
[redacted]

April 3, 2015

Veterinary Medical Board
1747 N. Market Blvd., Suite 230
Sacramento, California 95834

Dear Veterinary Medical Board,

I am writing this letter to strongly recommend Fatima Trujillo, whom I have worked with since May 2014, as a candidate to your Multidisciplinary Advisory Committee.

Fatima currently works for our non-profit organization as a registered veterinary technician and as her assistant manager I take great pride in having her be a part of our team. She has admirable work ethics in animal welfare, client communication, and problem solving. Watching her technical skills grow, I have no doubt she will be a great asset to your program.

If I can assist with any further questions feel free to contact me at (562) 942-2633 or cristina.perez@snpla.org.

Sincerely,

Cristina Perez

Elaine M. Lukic, DVM

Medical Director

Spay Neuter Project of Los Angeles

[redacted]

April 3, 2015

Veterinary Medical Board

1747 N. Market Blvd., Suite 230

Sacramento, California 95834

To Whom It May Concern;

Fatima Trujillo has been working as a registered veterinary technician under my direct supervision since May 2014. She has proven herself to be exceptionally motivated and skilled in both medical procedures and client communications. She has a high level of emotional intelligence that makes her uniquely adept at understanding client concerns and addressing them clearly, confidently, and while expressing genuine interest that draws people to her. Fatima has the ability to calm upset clients by compassionately listening and explaining different situations. Often clients request to specifically speak with her because of the trust that she has developed with them.

Fatima is very interested in continuing education. She frequently asks not only "how", but "why" something is done a specific way, and she constantly strives to improve. She has a heart for the community that we serve as a non-profit organization and passionately believes in animal welfare and our mission to reduce euthanasia in animal shelters through spay/neuter and the prevention of shelter relinquishment of pets for medical and behavioral conditions. She is very interested in exploring ways to educate and reach pet owners in underserved communities.

Fatima has expressed a sincere interest in contributing to the Multidisciplinary Committee and seeks to provide valuable insight as well as use the experience to develop professionally. I would recommend her to serve. Feel free to contact me by email at Elaine.lukic@snpla.org.

Sincerely,

Elaine M. Lukic, DVM

[redacted]

FATIMA TRUJILLO

EDUCATION

California State Polytechnic University, Pomona
3801 W. Temple Ave. Pomona, CA 2006-2011
B.S. Animal Health Science

Alhambra High School,
101 S. 2nd St. Alhambra, CA 2002-2006
High School Diploma

PROFESSIONAL EXPERIENCE

RVT Mar. 2014-Present
SNPLA Pico Rivera
9325 Slauson Ave. Pico Rivera, CA
- Physical exams on patients
- Inducing patients for spay/neuter
- Intubating patients
- Kennel Cleaning
- Administering vaccines, medications, and fluid therapy
- Providing basic nursing care
- Supervision of externs/interns

Animal Lab Technician I May 2012-May 2014
Cedars-Sinai Medical Center
8700 W Beverly Blvd. Los Angeles, CA
- Husbandry duties
- Paraveterinarian duties
- Writing up clinical cases
- Rodent and Large Animal (Canine, Swine, Lagomorph) treatments
- Writing SOP's
- Help with receiving of rodent animals
- Interacting with Principal Investigators

Veterinary Technician Oct. 2011-Jan. 2012
East Valley Emergency Pet Clinic
938 N Diamond Bar Blvd. Diamond Bar, CA
- Kennel Cleaning
- Restraining patients

Assist in Physical Exams and maintaining medical records
Assisting with venipuncture
Taking and processing radiographs
Assisting with catheterization/ultrasound
Providing basic nursing care
Administering vaccines, medications and fluid therapy

Internet Director's Assistant/BDC Supervisor July 2006-May 2012
Goudy Honda
1400 W Main St. Alhambra, CA
Providing direct assistance to Internet Director
Supervising Business Development Center
Create work schedules for assistants
Customer Greeting
Calling and emailing customers
Moving cars to get washed
Test drive cars

LANGUAGES

Fluent in Spanish

REFERENCES

Erin Goodwin

Veterinarian

Cedars-Sinai Medical Center, Los Angeles, CA

[redacted]

Bruce Kennedy

Compliance Associate/Lecturer

California State Polytechnic University, Pomona

[redacted]

Art Cheng

Internet Director

Goudy Honda: Internet Department, Alhambra, CA

[redacted]

LICENSES/CERTIFICATIONS

Registered Veterinary Technician (State of CA)

Registered Assistant Laboratory Animal Technician (AALAS)

PROFESSIONAL MEMBERSHIPS

Society of Veterinary Behavior Technicians (Student Member)

VetTechLife

Society of Laboratory Animal Veterinary Technicians

AALAS (American Association of Laboratory Animal Science)

SCVMA (Southern California Veterinary Medical Association)

CVMA (California Veterinary Medical Association)

NAVTA (National Association of Veterinary Technicians in America)

EO Report

Prepared by Annemarie Del Mugnaio **April 2015**

Pet Lovers License Plate Program

At the March 15, 2015 telephonic meeting, the Board voted to discontinue work on the disapproved regulatory proposal and instead, delegated me to work with the legislature on a statutory change that would either remove the VMB as the sponsoring agency of the Pet Lover's Program entirely, or seek a legislative amendment that would enable to VMB to delegate some administrative functions of the Program to a non-profit organization in order to minimize the resource impact to the VMB. Recently, Holly Fraumeni, Lobbyist for the California Spay and Neuter License Plate Fund, INC, prepared a statutory proposal that would limit the Board's administrative responsibilities of the Program and enable the Board delegate the process of reviewing grant applications and awarding funds to the Spay and Neuter License Plate Fund, INC. The proposal is pending review of the legislative consultant and has not been amended into a bill.

CHRB Rule on Bleeder Medication

At its January 20-21, 2015 the VMB approved the modifications to the CHRB Rule 1845 regarding Authorized Bleeder Medication (aka Lasix) during racing events. The amendments as discussed at the meeting preserve the VCPR prior to any treatment or administration of a drug to the race horse. To date, CHRB has not filed the proposed regulation with the Office of Administrative Law as the initial regulatory notice documents are still being finalized.

CURES Program Update

The CURES 2.0 Project is anticipated to launch on June 30, 2015 and the project is on schedule. The registration deadline for prescribers and dispensers is January 1. 2016. Public outreach events are planned in the next few months to update and educate licensees regarding the CURES 2.0 Project including: What is CURES? Why is it important? Who must register for CURES access? What is the registration process? How does a use maintain their registration? Who to contact for assistance? In May 2015, designated Board staff and selected licensees will begin User Acceptance Testing (UAT) of the new CURES Program to troubleshoot information fields for each license type. Candace Raney and Dr. Sullivan will be participating in UAT.

Hospital Inspection Program Update

Assigned: 505 Routine 51 Complaint/Probation Related Total: 556 Inspections total
Performed: 345 Routine 26 Complaint/Probation Related
Pending: 80
Expenditures: $94,169.17

Program Updates: Inspectors have been advised that Routine inspections must be completed by the end of May. We anticipate all inspection reports will be received in the office by mid-July.

A new staff analyst has been hired in the Hospital Inspection Program, Lori Kent, who will start April 30, 2015. Lori has been with the Department since 2009, and comes to us with several years of enforcement and field operations experience. She will be handling compliance issues and citations for the Inspection Program.

Many of the Inspectors will be returning next year however, we are currently recruiting efforts in geographic areas as needed. Currently, staff is planning for the annual Inspection Training session which will take place in August 2015. Staff is exploring the possibility of having representatives from

the Pharmacy Board, Radiologic Health Branch as well as Department of Justice, CURES program staff participate in the Inspector Training session.

Satisfaction Surveys: The VMB is receiving surveys back from the premises post inspection. Feedback has been very positive overall, with the majority of ratings as "Excellent". Several comments reflect how informative and educational the Inspectors are as well as how the Board has improved:

"The inspection process was very educational."
"The inspector was very professional, courteous and thorough in explaining the inspection process. He answered all our questions and explained how to correct all issues."
"The Board was very responsive to our questions."
"The Board has had a huge improvement over the past year."

Inspection Compliance Rate: Based on the inspection reports received on a monthly basis, it appears that the compliance rate is approximately 65%. This means about a third of premises still have deficiencies following the initial inspection. This may be attributed to several things such as: Inspectors dealing with office staff during inspections rather than the veterinarian, new Inspectors who are still learning the documentation process; and, most hospitals fail to review the checklist before an inspection is conducted. Unfortunately, we find that MGLs are unaware that the Self-Evaluation Checklist is available on the VMB website as is the actual Inspection Report that is used during an inspection. Given that most MGLs rely on office managers/staff who may not be as familiar with the minimum standards, it can be difficult to convey information via a third party. Despite thorough review of the detailed inspection report with staff, hospitals either fail to document corrections or submit inadequate documentation for several items.

VMB Publications/Outreach:
Like Us on Social Media! Check out the VMB's Facebook and Twitter Account: Look for posts regarding veterinary drug recalls, meeting announcements, important enforcement updates. Future posts to include 'How to' series, i.e.:

- Rodeo Injury Reporting Requirements
- Hospital Standards Self-Evaluation Checklist
- Protect Your Pet… Know Your Veterinary Healthcare Team publication
- Who's Who… In the Veterinarian's Office
- Record Keeping – All the Facts
- What Happens When a Complaint is Filed with the VMB

VETERINARY MEDICAL BOARD - 0777
BUDGET REPORT
FY 2014-15 EXPENDITURE PROJECTION
Feb-2015

	FY 2013-14		FY 2014-15				
OBJECT DESCRIPTION	ACTUAL EXPENDITURES (MONTH 13)	PRIOR YEAR EXPENDITURES 2/28/2014	BUDGET STONE 2014-15	CURRENT YEAR EXPENDITURES 2/28/2015	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	513,801	353,015	**1,108,685**	465,111	42%	**744,767**	363,918
Statutory Exempt (EO)	84,989	56,120	**81,732**	58,952	72%	**88,428**	(6,696)
Temp Help Reg (Seasonals)	57,280	48,516	**33,000**	5,753	17%	**34,518**	(1,518)
BL 12-03 Blanket	0	0		0		**0**	0
Temp Help (Exam Proctors)	0	0		0		**0**	0
Board Member Per Diem	8,900	8,900	**14,108**	0	0%	**9,000**	5,108
Committee Members (DEC)	2,200	2,200	**10,400**	0	0%	**2,000**	8,400
Overtime	9,928	8,810	**0**	11,114	0%	**25,000**	(25,000)
Staff Benefits	321,376	215,653	**631,921**	288,026	46%	**432,039**	199,882
TOTALS, PERSONNEL SVC	998,474	693,214	**1,879,846**	**828,956**	**44%**	**1,335,752**	544,094
OPERATING EXPENSE AND EQUIPMENT							
General Expense	29,150	17,545	**30,757**	34,053	111%	**58,377**	(27,620)
Fingerprint Reports	196	147	**6,259**	844	13%	**1,688**	4,571
Minor Equipment	8,810	8,810	**22,000**	22,675	103%	**22,675**	(675)
Printing	17,468	5,104	**19,566**	7,271	37%	**12,465**	7,101
Communication	9,697	4,285	**20,909**	2,117	10%	**10,000**	10,909
Postage	34,097	27,284	**28,149**	17,584	62%	**32,000**	(3,851)
Insurance	0	0	**0**	0		**0**	0
Travel In State	39,612	19,660	**148,423**	19,622	13%	**45,000**	103,423
Travel, Out-of-State	0	0	**0**	0		**0**	0
Training	430	430	**20,297**	558	8%	**1,000**	19,297
Facilities Operations	107,516	104,105	**102,456**	109,744	107%	**112,000**	(9,544)
Utilities	0	0	**0**	0		0	0
C & P Services - Interdept.	116,000	0	**0**	109,000	0%	**109,000**	(109,000)
C & P Services - External	37,117	19,819	**109,889**	122,673	112%	**122,673**	(12,784)
DEPARTMENTAL SERVICES:							0
Departmental Pro Rata	199,220	150,990	**300,549**	221,313	74%	**300,549**	0
Admin/Exec	130,412	98,396	**148,089**	105,576	71%	**148,089**	0
Interagency Services		0	**49,915**	0		**0**	49,915
IA w/ OER	17,406	0	**0**	40,573	0%	**40,573**	(40,573)
DOI-ProRata Internal	4,170	3,143	**4,597**	3,306	72%	**4,597**	0
Public Affairs Office	4,819	4,418	**4,527**	3,225	71%	**4,527**	0
CCED	4,759	3,788	**4,860**	3,525	73%	**4,860**	0
INTERAGENCY SERVICES:							0
Consolidated Data Center	1,070	901	**10,535**	449	4%	**2,500**	8,035
DP Maintenance & Supply	0	0	**4,647**	4,290	92%	**7,354**	(2,707)
Central Admin Svc-ProRata	110,291	82,718	**141,779**	106,334	75%	**141,779**	0
EXAM EXPENSES:							0
Exam Supplies	0	0	**557**	0	0%	**0**	557
Exam Freight	0	0	**0**	0	0%	**0**	0
Exam Site Rental	0	0	**5,399**	0	0%	**0**	5,399
C/P Svcs-External Expert Adı	46,420	46,420	**0**	51,652	0%	**51,652**	(51,652)
C/P Svcs-External Expert Exa	0	0	**30,699**	318	1%	**545**	30,154
C/P Svcs-External Subject M	16,694	9,595	**0**	29,209	0%	**43,814**	(43,814)
ENFORCEMENT:							0
Attorney General	451,008	246,805	**460,176**	277,790	60%	**460,176**	0
Office Admin. Hearings	77,225	30,158	**59,253**	49,446	83%	**111,768**	(52,515)
Court Reporters	3,885	1,832	**0**	1,663	0%	**4,000**	(4,000)
Evidence/Witness Fees	176,881	75,554	**163,297**	77,465	47%	**163,297**	0
DOI - Investigations	360,240	270,537	**645,027**	466,590	72%	**645,027**	0
Major Equipment	0	0	**66,000**	0	0%	**66,000**	0
Special Items of Expense	24	24	**112,000**	0	0%	**0**	112,000
Other (Vehicle Operations)	0	0	**2,580**	0	0%	**750**	1,830
TOTALS, OE&E	2,004,617	1,232,468	**2,723,191**	1,888,865	69%	**2,728,734**	(5,543)
TOTAL EXPENSE	3,003,091	1,925,682	**4,603,037**	2,717,821	113%	**4,064,486**	538,551
Sched. Reimb. - External/Private	(3,575)	(1,930)		(1,880)			0
Sched. Reimb. - Fingerprints			**(11,000)**	0	0%	**(11,000)**	0
Sched. Reimb. - Other			**(15,000)**	0		**(15,000)**	0
							0
Unsched. Reimb. - Other	(142,931)	(66,756)		(77,919)			0
NET APPROPRIATION	2,856,585	1,856,996	**4,577,037**	2,638,022	58%	**4,038,486**	**538,551**
						SURPLUS/(DEFICIT):	**11.8%**

Veterinary Medical Board
Summary of FY 2014/15 Expenditure by Line Item

Updated 9/26/2014

Line Item	Budget Appropriation	Summary of Expenses
Personal Services:		
Civil Service - Permanent	1,170,346	Board staff and EO's salaries
Civil Service - Temporary	33,000	Wages for temporary help such as a permanent-intermittent employees, students, seasonal employees, etc.
Appointed Per Diem	24,508	Board and Committee members' per-diem
Staff Benefits	592,223	OASDI, Dental, health, retirement, life, vision, Medicare
Salary Savings		Deduction for positions that are not continuously filled
Total Personal Services	**1,820,077**	
Operating Expenses & Equipment:		
General Expense	30,757	Office supplies, freight
Fingerprint Reports	6,259	Fingerprint expenses – reimbursed by candidate
Minor Equipment	22,000	Equipment less than $5K per unit
Printing	19,566	Printed forms, office copier, copying service
Communications	20,909	Phones, cellular phones
Postage	28,149	Stamps, DCA and EDD facility mailed postage
In-State Travel	148,423	Board, Committee, and Staff Air, car, bus, taxi, incidentals, service fees
Out-of-State Travel	0	Same as above - out-of-State
Training	20,297	Registration fees, subscriptions
Facilities Operations	102,456	Rent, storage, security
C&P Services External	109,889	Outside DCA contracts - includes: BreEZe - $22k, CURES $225k, Maximus - $18k, PSI - $45k
Examinations:		
Exam materials	557	
Exam site rental	5,399	Facility rental charge for vet exams administration
Expert Examiners (SME)	30,699	Subject matter experts for item writing, review and Angoff workshops VET and RVT
Department Distributed - (DCA Prorata)	449,261	DCA Svcs: Info systems, Administrative Svcs (HR, Accounting, Budgets, etc.), Legal, Publications, Public Affairs
Department Services	49,915	Office of Professional Examination Servoces
Consolidated Data Centers	10,535	CAS/Teale Data Center
Data Processing	4,647	Data processing supplies and maintenance
Statewide Prorata (Central Admin Services)	141,779	State services pro-rata (DGS, DOF, etc)
Enforcement:		
Attorney General	460,176	Office of the Attorney General/DAG legal services
Office of Admin Hearings	59,253	Office of Administrative Hearings, Admin. Law Judge and court reporter services
Evidence & Witness Fees	163,297	Expert Witness and In-house Consultants enforcement case review
Div of Investigation	622,120	DCA Division of Investigation services
Major Equipment (Replacement/Additional Equipment)	66,000	Equipment more than $5k per unit
Vehicle Operations	2,580	Leasing & maintenance of State vehicle (CPEI BCP)
Total OE&E	**2,574,923**	
Total Personal Services (above)	**1,820,077**	
Totals, Expenditures	**4,395,000**	
Reimbursements	(26,000)	Fingerprints and Document Sales
Net Total Expenditures	**4,369,000**	

0777 - Veterinary Medical Board
Analysis of Fund Condition - Governors Budget

Prepared 1/10/15

	ACTUALS 2013-14	CY 2014-15	BUDGET ACT BY 2015-16	BY+1 2016-17	BY+2 2017-18
BEGINNING BALANCE	$ 3,086	$ 3,827	$ 2,748	$ 1,872	$ 1,220
Prior Year Adjustment	$ 85	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 3,171	$ 3,827	$ 2,748	$ 1,872	$ 1,220
REVENUES AND TRANSFERS					
Revenues:					
125600 Other regulatory fees	$ 45	$ 55	$ 55	$ 55	$ 55
125700 Other regulatory licenses and permits	$ 737	$ 688	$ 688	$ 992	$ 992
125800 Renewal fees	$ 2,701	$ 2,710	$ 2,710	$ 2,710	$ 2,710
125900 Delinquent fees	$ 18	$ 18	$ 18	$ 18	$ 18
141200 Sales of documents	$ 15	$ 15	$ 15	$ 15	$ 15
142500 Miscellaneous services to the public	$ -	$ -	$ -	$ -	$ -
150300 Income from surplus money investments	$ 8	$ 13	$ 5	$ 4	$ 1
160400 Sale of fixed assets	$ -	$ -	$ -	$ -	$ -
161000 Escheat of unclaimed checks and warrants	$ 1	$ 1	$ 1	$ 1	$ 1
161400 Miscellaneous revenues	$ 1	$ 1	$ 1	$ 1	$ 1
164300 Penalty Assessments	$ -	$ -	$ -	$ -	$ -
Totals, Revenues	$ 3,526	$ 3,501	$ 3,493	$ 3,796	$ 3,793
Transfers from Other Funds					
F00683 Teale Data Center (CS 15.00, Bud Act of 2005)	$ -	$ -	$ -	$ -	$ -
Transfers to Other Funds					
T00001 GF loan per Item 1111-011-0069, BA of 2002	$ -	$ -	$ -	$ -	$ -
T00001 GF loan per Item 1111-011-0069, BA of 2003	$ -	$ -	$ -	$ -	$ -
Totals, Revenues and Transfers	$ 3,526	$ 3,501	$ 3,493	$ 3,796	$ 3,793
Totals, Resources	$ 6,697	$ 7,328	$ 6,241	$ 5,668	$ 5,013
EXPENDITURES					
Disbursements:					
0840 State Controller (S/O)	$ -	$ -	$ -	$ -	$ -
8860 FSCU (S/O)	$ -	$ -	$ -	$ -	$ -
1110 Program Expenditures (S/O)	$ 2,857	$ 4,577	$ 4,361	$ 4,448	$ 4,537
8880 Financial Information System for California (S/O)	$ 13	$ 3	$ 8	$ -	$ -
Total Disbursements	$ 2,870	$ 4,580	$ 4,369	$ 4,448	$ 4,537
FUND BALANCE					
Reserve for economic uncertainties	$ 3,827	$ 2,748	$ 1,872	$ 1,220	$ 476
Months in Reserve	10.0	7.5	5.1	3.2	1.2

NOTES:

A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2014-15 AND ON-GOING
B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING FY 2014-15
C. ASSUMES INTEREST RATE AT 0.3%.
D. ACTUAL DISPLAYS NET PROGRAM EXPENDITURES.

0777 - Veterinary Medical Board
Analysis of Fund Condition - w/BRZ, w/VACSP, w/BCP

Prepared 4/16/15

		ACTUALS 2013-14	CY 2014-15	BUDGET ACT BY 2015-16	BY+1 2016-17	BY+2 2017-18
BEGINNING BALANCE		$ 3,086	$ 3,827	$ 2,618	$ 1,994	$ 1,837
Prior Year Adjustment		$ 85	$ -	$ -	$ -	$ -
Adjusted Beginning Balance		$ 3,171	$ 3,827	$ 2,618	$ 1,994	$ 1,837
REVENUES AND TRANSFERS						
Revenues:						
125600	Other regulatory fees	$ 45	$ 55	$ 55	$ 55	$ 55
125700	Other regulatory licenses and permits	$ 737	$ 688	$ 688	$ 688	$ 688
	Chapter 515, Statutes of 2013 (SB 304)	$ -	$ -	$ 500	$ 500	$ 6
125800	Renewal fees	$ 2,701	$ 2,710	$ 2,710	$ 2,710	$ 2,710
	Chapter 515, Statutes of 2013 (SB 304)	$ -	$ -	$ -	$ -	$ 240
125900	Delinquent fees	$ 18	$ 18	$ 18	$ 18	$ 18
141200	Sales of documents	$ 15	$ 15	$ 15	$ 15	$ 15
142500	Miscellaneous services to the public	$ -	$ -	$ -	$ -	$ -
150300	Income from surplus money investments	$ 8	$ 13	$ 5	$ 5	$ 5
160400	Sale of fixed assets	$ -	$ -	$ -	$ -	$ -
161000	Escheat of unclaimed checks and warrants	$ 1	$ 1	$ 1	$ 1	$ 1
161400	Miscellaneous revenues	$ 1	$ 1	$ 1	$ 1	$ 1
164300	Penalty Assessments	$ -	$ -	$ -	$ -	$ -
Totals, Revenues		$ 3,526	$ 3,501	$ 3,993	$ 3,993	$ 3,739
Transfers from Other Funds						
		$ -	$ -	$ -	$ -	$ -
Transfers to Other Funds						
T00001	GF loan per Item 1111-011-0069, BA of 2002	$ -	$ -	$ -	$ -	$ -
T00001	GF loan per Item 1111-011-0069, BA of 2003	$ -	$ -	$ -	$ -	$ -
Totals, Revenues and Transfers		$ 3,526	$ 3,501	$ 3,993	$ 3,993	$ 3,739
Totals, Resources		$ 6,697	$ 7,328	$ 6,611	$ 5,987	$ 5,576
EXPENDITURES						
Disbursements:						
0840	State Controller (S/O)	$ -	$ -	$ -	$ -	$ -
8860	FSCU (S/O)	$ -	$ -	$ -	$ -	$ -
1110	Program Expenditures (S/O)	$ 2,857	$ 4,577	$ 4,361	$ 3,886	$ 3,964
	2015-16 BreEZe SFL	$ -	$ 130	$ 248	$ 264	$ -
8880	Financial Information System for California (S/O)	$ 13	$ 3	$ 8	$ -	$ -
Total Disbursements		$ 2,870	$ 4,710	$ 4,617	$ 4,150	$ 3,964
FUND BALANCE						
Reserve for economic uncertainties		$ 3,827	$ 2,618	$ 1,994	$ 1,837	$ 1,612
Months in Reserve		9.8	6.8	5.8	5.6	4.8

NOTES:

A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2014-15 AND ON-GOING

B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING FY 2014-15

C. ASSUMES INTEREST RATE AT 0.3%.

D. ACTUAL DISPLAYS NET PROGRAM EXPENDITURES.

0777 - Veterinary Medical Board
Analysis of Fund Condition - w/VACSP, w/BCP

4/16/2015

		ACTUALS 2013-14	CY 2014-15	BUDGET ACT BY 2015-16	BY+1 2016-17	BY+2 2017-18
BEGINNING BALANCE		$ 3,086	$ 3,827	$ 2,748	$ 2,372	$ 2,481
Prior Year Adjustment		$ 85	$ -	$ -	$ -	$ -
Adjusted Beginning Balance		$ 3,171	$ 3,827	$ 2,748	$ 2,372	$ 2,481
REVENUES AND TRANSFERS						
Revenues:						
125600	Other regulatory fees	$ 45	$ 55	$ 55	$ 55	$ 55
125700	Other regulatory licenses and permits	$ 737	$ 688	$ 688	$ 688	$ 688
	Chapter 515, Statutes of 2013 (SB 304)	$ -	$ -	$ 500	$ 500	$ 6
125800	Renewal fees	$ 2,701	$ 2,710	$ 2,710	$ 2,710	$ 2,710
	Chapter 515, Statutes of 2013 (SB 304)	$ -	$ -	$ -	$ -	$ 240
125900	Delinquent fees	$ 18	$ 18	$ 18	$ 18	$ 18
141200	Sales of documents	$ 15	$ 15	$ 15	$ 15	$ 15
142500	Miscellaneous services to the public	$ -	$ -	$ -	$ -	$ -
150300	Income from surplus money investments	$ 8	$ 13	$ 5	$ 7	$ 7
160400	Sale of fixed assets	$ -	$ -	$ -	$ -	$ -
161000	Escheat of unclaimed checks and warrants	$ 1	$ 1	$ 1	$ 1	$ 1
161400	Miscellaneous revenues	$ 1	$ 1	$ 1	$ 1	$ 1
164300	Penalty Assessments	$ -	$ -	$ -	$ -	$ -
Totals, Revenues		$ 3,526	$ 3,501	$ 3,993	$ 3,995	$ 3,741
Transfers from Other Funds						
		$ -	$ -	$ -	$ -	$ -
Transfers to Other Funds						
T00001	GF loan per Item 1111-011-0069, BA of 2002	$ -	$ -	$ -	$ -	$ -
T00001	GF loan per Item 1111-011-0069, BA of 2003	$ -	$ -	$ -	$ -	$ -
Totals, Revenues and Transfers		$ 3,526	$ 3,501	$ 3,993	$ 3,995	$ 3,741
Totals, Resources		$ 6,697	$ 7,328	$ 6,741	$ 6,367	$ 6,222
EXPENDITURES						
Disbursements:						
0840	State Controller (S/O)	$ -	$ -	$ -	$ -	$ -
8860	FSCU (S/O)	$ -	$ -	$ -	$ -	$ -
1110	Program Expenditures (S/O)	$ 2,857	$ 4,577	$ 4,361	$ 3,886	$ 3,964
8880	Financial Information System for California (S/O)	$ 13	$ 3	$ 8	$ -	$ -
Total Disbursements		$ 2,870	$ 4,580	$ 4,369	$ 3,886	$ 3,964
FUND BALANCE						
Reserve for economic uncertainties		$ 3,827	$ 2,748	$ 2,372	$ 2,481	$ 2,258
Months in Reserve		10.0	7.5	7.3	7.5	6.7

NOTES:

A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2014-15 AND ON-GOING

B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING FY 2014-15

C. ASSUMES INTEREST RATE AT 0.3%.

D. ACTUAL DISPLAYS NET PROGRAM EXPENDITURES.

ENFORCEMENT STATISTICS FISCAL YEAR 2014 - 2015

Veterinary Medical Board

		QTR 1 Jul - Sep	QTR 2 Oct - Dec	QTR 3 Jan - Mar	QTR 4 Apr - Jun	FY 2014 - 2015 TOTAL
	COMPLAINTS AND CONVICTIONS					
EM 10/PM 1	Complaints Received	122	124	180		
EM 10/PM 1	Convictions Received	2	25	16		
EM 10/PM 2	Average Days to Intake	82	107	70		
AR91	Closed	158	169	174		
AR91	Pending	532	571	609		

Average Days to Intake - Average cycle time from complaint received, to the date the complaint was assigned to an investigator.

		QTR 1 Jul - Sep	QTR 2 Oct - Dec	QTR 3 Jan - Mar	QTR 4 Apr - Jun	FY 2014 - 2015 TOTAL
	INVESTIGATIONS **Desk**					
EM10	Assigned	182	84	189		
EM10	Closed	134	117	109		
EM10	Average Days to Complete	299	252	277		
EM10	Pending	341	309	365		

Average Days to Complete Desk Investigations - Average cycle time from complaint receipt to closure of the investigation process.

ENFORCEMENT STATISTICS FISCAL YEAR 2014 - 2015

Veterinary Medical Board

		QTR 1 Jul - Sep	QTR 2 Oct - Dec	QTR 3 Jan - Mar	QTR 4 Apr - Jun	FY 2014 - 2015 TOTAL
	INVESTIGATONS Sworn					
EM10	Assigned	1	0	29		
EM10	Closed	12	6	12		
EM10	Average Days to Complete	432	788	1053		
EM10	Pending	61	52	70		

Average Days to Complete Sworn Investigations - Average cycle time from complaint receipt to closure of the investigation process.

ALL TYPES OF INVESTIGATIONS

EM10	Closed Without Discipline	131	121	109		
EM10/PM3	Cycle Time - No Discipline	271	399	345		

		QTR 1 Jul - Sep	QTR 2 Oct - Dec	QTR 3 Jan - Mar	QTR 4 Apr - Jun	FY 2014 - 2015 TOTAL
	CITATIONS/Cease&Desist					
EM10	Issued	16	2	0		
EM10	Avg Days to Complete Cite	482	673	0		
AR95	Cease & Desist Letter	5	0	20		

Average Days to Issue a Citation - Average cycle time from complaint receipt to the effective date of the citation.

ENFORCEMENT STATISTICS FISCAL YEAR 2014 - 2015

Veterinary Medical Board

		Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	FY 2014 - 2015 TOTAL
	ATTORNEY GENERAL CASES					
AR92 details	Initiated / Referred to the AG	7	15	11		
EM10	Pending at the AG	82	67	58		
EM10	Statement of Issues Filed	1	8	1		
EM10	Accusations Filed	2	1	9		

		QTR 1 Jul - Sep	QTR 2 Oct - Dec	QTR 3 Jan - Mar	QTR 4 Apr - Jun	FY 2014 - 2015 TOTAL
	ATTORNEY GENERAL CASE ACTIONS					
EM10	Closed Without Discipline	13	18	14		
EM10	Closed With Discipline	10	13	10		
AR96/Details	Probation	3	13	5		
AR96/Details	Public Letter of Reprimand	0	0	0		
AR96/Details	Surrender of License	4	0	2		
AR96/Details	License Revoked	1	0	3		
AR95	License Denied (SOI)	0	0	1		
AR96/Details	W/D, Dismissed, Declined	2	2	1		
EM10/PM4	Average Days to Close	928	1082	893		

Average Days to Close a Discipline Case - Average cycle time from complaint receipt to the effective date of the disciplinary order.

		QTR 1 Jul - Sep	QTR 2 Oct - Dec	QTR 3 Jan - Mar	QTR 4 Apr - Jun	FY 2014 - 2015 TOTAL
	AG CASE/VIOLATION TYPE					
AR96 details	Substance Abuse (A)	0	0	0		
AR96 details	Unsafe/Unsanitary Cond (E)	2	1	1		
AR96 details	Aiding or Abetting	0	0	0		
AR96 details	Incompetence/Gross Negligence (N)	2	6	2		
AR96 details	Unprofessional Conduct (R)	2	0	4		
AR96 details	Criminal Conduct/Conv (V)	3	6	1		
AR96 details	Discipline by Another State	0	0	0		
AR96 details	Unlicensed Activity (U)	0	0	0		

AR96 details

Drug Related Offenses (D)	1	0	2		

ENFORCEMENT STATISTICS FISCAL YEAR 2014 - 2015

Veterinary Medical Board

	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	FY 2014 - 2015 TOTAL
PROBATION					
New Probation Cases	9	15	4		
Probation Completed	1	0	0		
Active Cases	51	66	63		
Active Cases - Pending Conditions Precedent			7		
Tolled	3	4	2		
Petition to Revoke	2	4	4		
Compliance	34	52	55		
Pending Compliance Issues	18	14	8		

Examination/Licensing Report

Prepared by Ethan Mathes **April 2015**

Applications

Applications Received		
	Jan. 2014 - Dec. 2014	*Jan. 2015 - Dec. 2015**
Veterinarian Apps. Received	617	302
Veterinary Tech. Apps. Received	749	196
Veterinary Premise Apps. Received	371	39

**partial year to date*

Examinations

CALIFORNIA STATE BOARD EXAMINATION			
May 2014 – October 2014		November 2014 – April 2015*	
Candidates	Pass Pct.	Candidates	Pass Pct.
283	94%	206	92%

**partial examination cycle to date*

NORTH AMERICAN VETERINARY LICENSING EXAMINATION			
April 2014		Nov./Dec. 2014	
Candidates	Pass Pct.	Candidates	Pass Pct.
78	65%	355	84%

CALIFORNIA VETERINARY TECHNICIAN EXAMINATION					
Mar. – Jun. 2014		Jul. – Dec. 2014		Jan. – Jun. 2015*	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
125	66%	331	62%	182	96%

**partial examination cycle to date*

VETERINARY TECHNICIAN NATIONAL EXAMINATION					
Nov./Dec. 2014		Jul./Aug. 2014		Mar./Apr. 2015*	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
279	62%	312	70%	82	66%

**partial examination cycle to date*

Examination Development and Workshops

Examination Workshops include Item Writing, Item Review, Examination Construction, and Pass Score Setting.

California State Board	Cal. Veterinary Technician Examination
May 7 & 8, 2015	July 29 & 30, 2015
June 10 & 11, 2015	August 26 & 27, 2015
July 7, 8, & 9, 2015	October 6, 7, & 8, 2015
August 12 & 13, 2015	

Licensing

Licensees	
as of April 2015	
Veterinarian Licenses*/**	15,383/11,817
Veterinarian Licenses – California**	9,273
Veterinarian – Internship**	20
Veterinarian – Reciprocity**	37
Registered Veterinary Technician Licenses*/**	9,706/6,239
Registered Veterinary Technician Licenses – California**	5,796
Premise Permits**	3,537
Premise Permits – Exempt**	80
**includes delinquent, inactive, and clear licensees; **clear licensees*	

Licenses Issued		
as of April 2015		
	Jan. 2014 - Dec. 2014	*Jan. 2015 - Dec. 2015*
Veterinarian	521	104
Reciprocity	46	6
Intern	21	-
Registered Veterinary Technician	442	135
Premises	371	39

BreEZe

The BreEZe database system consists of two main components, Versa Regulation and Versa Online. Versa Regulation is the back-office component of the BreEZe database system and is utilized for internal processes that guide an initial application through licensure. Versa Online is the front facing component of the BreEZe database system and is used by external customers for online activities such as submitting a complaint, checking the status of a complaint, applying for examination eligibility, applying for licensure, renewing a license, updating an address of record, etc.

It is anticipated approximately 25% of staff will be dedicated to BreEZe database system configuration and testing tasks in the next six to ten months.

Major components of system configuration and testing include:

- *Configuration Interviews* – Staff meets with Iron Data and Accenture personnel to review examination, licensing and enforcement business processes as well as reviews and creates the BreEZe online interface.
- *Data Conversion/Validation* – Staff reviews existing application, licensee, and enforcement databases for data errors and outdated data records as well as reviews data converted from legacy databases to the BreEZe database.
- C*orrespondence Conversion* – Staff reviews existing correspondence to be converted to the BreEZe noticing system.
- *License Renewal Conversion* – Staff reviews and updates license renewals to the new BreEZe renewal template.
- *Script Writing and User Acceptance Testing* – Staff outline and test assorted Versa Regulation and Online interfaces and data entry scenarios in order to assess the functionality of the BreEZe database system.

Update [Apr. 2015] – Board staff continues to work on activities leading up to “Go-Live” of the BreEZe system. Preparation activities include drafting system scripts in order to provide a framework for system

testing in user acceptance testing. Staff also continues to validate legacy systems data to ensure that all legacy data will be accurately converted to the BreEZe system. User acceptance testing is scheduled for Fall 2015. Additionally, due to a delay in BreEZe contract appropriations, “Go-Live” is anticipated to occur in early 2016.

The Board was selected for and piloted the BreEZe Organizational Change Management (OCM) project in February and March 2015. OCM focuses on identification of the Board’s “as-is” business process activities, including cashiering, licensing, enforcement and premises inspections, and determination of how those processes change with “to-be” business process activities in the new BreEZe system. Identification of these process changes will help staff better prepare for the transition to and operate in the new BreEZe system. Board staff will begin its full OCM activities in April 2015 for completion in late 2015.

RVT School Approval

The Board directed staff, at its January 2015 meeting, to inspect both CalUMS and San Diego-Mesa College for California RVT program approval. Board staff continues to ramp up the RVT school approval program, within the next month they will begin reconstituting a site inspection team and finalizing the Request for Program Approval Application. Site inspections are anticipated for late-Spring or early-Summer.

Board staff also is continuing its research on Bureau of Private Postsecondary Education requirements and how those requirements apply to California approved RVT schools as well as in anticipation of approving alternate route RVT programs.

Continuing Education

The Board discussed, at its January 2015 meeting, continuing education program approval with Mark Cushing of the Animal Policy Group. At that meeting the Board discussed the approval request and asked to meet with Mr. Cushing at the Board’s April 2015 meeting to discuss the request further. Mr. Cushing will be unable to appear at the April 2015 meeting due to a scheduling conflict but has been re-scheduled to meet with the Board at its July 2015 meeting.