

MULTIDISCIPLINARY ADVISORY COMMITTEE TELECONFERENCE MEETING MINUTES

Pursuant to Governor Gavin Newsom's Executive Order [N-29-20](#), issued on March 17, 2020, the Multidisciplinary Advisory Committee (Committee) of the Veterinary Medical Board (Board) met via teleconference/WebEx Events with no physical public locations on **Wednesday, April 21, 2021**.

9:00 a.m., Wednesday, April 21, 2021

1. [Call to Order/ Roll Call/ Establishment of a Quorum](#)

Committee Chair, Kristi Pawlowski, Registered Veterinary Technician (RVT), called the meeting to order at 9:00 a.m. Board Executive Officer, Jessica Sieferman, called roll; eight members of the Committee were present, and a quorum was established. Dr. Margaret Warner was absent.

Members Present

Kristi Pawlowski, RVT, Chair
Kevin Lazarcheff, Doctor of Veterinary Medicine (DVM), Vice-Chair
Christina Bradbury, DVM, Board Liaison
Jennifer Loreda, RVT, Board Liaison
Jamie Peyton, DVM
Maria Salazar Sperber, JD
Leah Shufelt, RVT
Richard Sullivan, DVM

Staff Present

Jessica Sieferman, Executive Officer
Matt McKinney, Enforcement Program Manager
Timothy Rodda, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rob Stephanopoulos, Enforcement Manager
Cheryl Douglas, Enforcement Analyst
Wendy Garski, Enforcement Analyst
Kimberly Gorski, Enforcement Analyst
Amber Kruse, Enforcement Analyst
Terry Perry, Enforcement Technician
Justin Sotelo, Lead Administrative & Policy Analyst
Jennifer Tarrant, Enforcement Analyst
Karen Halbo, Regulatory Counsel, Department of Consumer Affairs (DCA)
Tara Welch, Board Counsel, DCA

Guests Present

Dan Baxter, California Veterinary Medical Association (CVMA)
Kathy Bowler, Board Vice President
Loren Breen, Animal Policy Group
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association (CaRVTA)
Carrie Holmes, Deputy Director of Board and Bureau Relations, DCA
Aubrey Jacobsen, Legislative Analyst, DCA, Division of Legislative Affairs
Shelley Jones, Moderator, DCA, SOLID
Bonnie Lutz, Esq., Klinedinst
Grant Miller, DVM, CVMA
Erin Norwood, Norwood Associates
Mark Nunez, DVM, Board President
John Pascoe, DVM, University of California, Davis
Ken Pawlowski, DVM, CVMA
Bryce Penney, Television Specialist, DCA
Susan Riggs, American Society for the Prevention of Cruelty to Animals
Dianne Sequoia, DVM
Marie Ussery, RVT
Cheryl Waterhouse, DVM

2. Committee Chair's Remarks and Committee Member Comments

Ms. Pawlowski thanked Stuart Eckmann for his service on the Committee. She stated he was no longer serving, as he had moved out of state.

Ms. Pawlowski also stated Dr. Margaret Warner had accepted a position out of state and she would no longer be able to attend Committee meetings. Ms. Pawlowski shared that Dr. Warner wanted to thank all Committee members. Ms. Pawlowski thanked Dr. Warner for her service and congratulated her on her new position.

Ms. Pawlowski indicated she wanted to briefly comment on items that would be discussed at the Board meeting on the following day. She stated the Board would be voting on the RVT Foreign Graduate Review Program. She added the Board would also be considering recommendations and alternatives regarding a new fee structure.

Ms. Siefertman stated that revised meeting materials for the fee item would be posted to the Board's website by close of business that day. She explained that the Committee had recommended Option B, which would mostly increase the premises registration fees, and slightly increase veterinarian fees for the initial application and renewals. She added that comments received over the last several months expressed a concern that the Veterinary Assistant Controlled Substance Permit (VACSP) fees had not been increased with the other recent fee increases. She explained the fees had not been increased because they were already at their statutory cap. She stated there were also concerns the VACSP program would not be able to support itself because of the additional workload that is created because of all of the applicant convictions that the Board has to investigate. Ms. Siefertman stated she continued to work on the fiscal numbers after the last meeting, and ran them through the DCA Budget Office and the

Veterinary Premises Registration Fee Subcommittee, and they created an additional alternative for the Board's consideration. She explained this alternative would continue to raise the premises registration and renewal fees, but instead of raising fees for veterinarians, an initial VACSP fee would be added and the VACSP renewal fee would be raised. She stated this alternative would more proportionally raise fees and still address the revenue needs.

Ms. Pawlowski stated the Committee's last discussion regarding telemedicine did not go as well as they would have liked, and the Board was not completely satisfied with the Committee's recommendation. She explained the Committee made a recommendation to the Board to keep the condition-specific veterinarian-client-patient relationship (VCPR); however, the Board has also opted to have its own task force to review the issue of access to veterinary care. She stated the Committee was given authority to further define telemedicine, telehealth, telerriage, and teleconsultation. She stated the Telemedicine Subcommittee went ahead and further defined those terms and that those definitions would be considered by the Committee during this meeting.

Ms. Pawlowski stated she appreciated everything that the Committee does, even though it is sometimes not appreciated by others. She added that the work they do is difficult and members work exceptionally hard because they feel a duty to consumers and pet protection. She stated she has trust in all of the work members do and that she cannot thank them enough.

She added the Committee would also be addressing VCPR issues.

Ms. Pawlowski next welcomed the newest Committee member, Maria Salazar Sperber.

Ms. Sperber stated she was very grateful and thanked the Committee for the opportunity to serve. She stated she currently works for the California Hospital Association as a legislative advocate, and she is also a licensed attorney in California. She added she served on the California State Board of Optometry for four years and had the pleasure of working with Ms. Sieferman at that time. She stated she was very happy to be on the Committee and looked forward to meeting and working with everyone.

There were no other Committee member or public comments.

3. Public Comment on Items Not on the Agenda

There were no public comments.

4. Review and Approval of January 27, 2021 Committee Meeting Minutes

The Committee reviewed the January 27, 2021 meeting minutes.

- Dr. Richard Sullivan moved and Dr. Kevin Lazarcheff seconded the motion to approve the January 27, 2021 meeting minutes. The motion carried 6-0-2, with Dr. Christina Bradbury and Ms. Sperber abstaining.

There were no public comments.

5. Discussion and Potential Recommendation on Section 2032.1, Article 4, Division 20, Title 16 of the California Code of Regulations Regarding Telemedicine – Kristi Pawlowski, RVT, and Richard Sullivan, DVM, Telemedicine Subcommittee

Dr. Sullivan stated the cover memo explained the origin of the discussion and what has evolved with the Telemedicine Subcommittee. He explained the issue really came down to looking at the definition of the practice of veterinary medicine. He stated that Business and Professions Code (BPC) section 4826 requires a license to practice veterinary medicine in California in order to diagnose. He added that diagnosing is part of developing the VCPR. He explained the Subcommittee took all of the definitions that they researched and focused on what the needs are and how they could utilize the definition of telehealth, in particular, to broaden the scope of it to define what a non-veterinarian can do and define what a veterinarian can do in light of being able to diagnose through telehealth. He stated they were then able to focus more specifically on what telemedicine is and is not. He also added they refined the definitions of teletriage and teleconsulting, as to what their understanding is now. Dr. Sullivan also stated their proposed definition of telehealth was in close alignment with the American Association of Veterinary State Boards' (AAVSB) definition of telehealth and Ontario's pre-pandemic regulations.

Dr. Jamie Peyton thanked Dr. Sullivan and Ms. Pawlowski for their work on this issue and stated the definitions were very helpful. Dr. Lazarcheff concurred.

Ms. Pawlowski stated she felt they now had more information to go to the Board with and that this would help the telemedicine discussion along.

- Dr. Kevin Lazarcheff moved and Ms. Maria Salazar Sperber seconded a motion to recommend to the Board the adoption of a regulatory proposal to amend California Code of Regulations (CCR), title 16, section 2032.1 to add definitions for telemedicine, telehealth, teletriage, and teleconsultation. The motion passed 7-0. (Dr. Christina Bradbury was not present for the vote).

There were no public comments.

Based on comments and discussion under Agenda Item 6, the Committee returned to Agenda Item 5 to reconsider the motion above.

- Dr. Richard Sullivan moved and Dr. Kevin Lazarcheff seconded a motion to reconsider the previous motion. The motion passed 8-0.

Dr. Sullivan stated with regard to the definition of diagnosis, they may encounter issues when it comes to large animal practices.

Ms. Pawlowski stated she recalled discussing this issue and she would go back and review her notes.

There were no public comments.

Under Agenda Item 10, Ms. Pawlowski indicated the Committee needed to consider withdrawing the original motion, instead of reconsidering the original motion.

- Dr. Richard Sullivan moved and Dr. Christina Bradbury seconded a motion to withdraw the original motion. The motion passed 8-0.

There were no public comments.

6. Discussion and Potential Recommendation Regarding Veterinarian-Client-Patient Relationship (VCPR) and Development of Frequently Asked Questions – Kristi Pawlowski, RVT, and Richard Sullivan, DVM, VCPR Subcommittee

Ms. Pawlowski stated Board staff is frequently asked complex and situational questions by the profession or consumers, and they are unable to interpret the law and provide specific answers. She stated the VCPR Subcommittee was therefore tasked with providing answers to these frequently asked questions. She added that questions also came up at a Board meeting when they were talking about the VCPR. She stated since the VCPR was so closely related to the telemedicine issue, it was decided she and Dr. Sullivan should review and address this issue as a subcommittee. Ms. Pawlowski explained the frequently asked questions would be available online, so staff can direct individuals to them without having to answer the questions. She added additional questions will likely come up, and this will be a continuous work in progress.

Dr. Sullivan emphasized this will be a work in progress, but will be a good way to get information out to licensees and the public to make things clearer without putting a burden on staff.

Leah Shufelt stated she really liked the concept and the questions; however, she noted, as she read over the questions, the answer to one question led her to have other questions.

Ms. Pawlowski suggested follow up questions be submitted to the Subcommittee, so they can be considered and addressed.

Dr. Sullivan stated if there are concerns about the proposed answers to questions, those should be addressed now.

Ms. Shufelt stated while one of the responses addressed a veterinarian establishing a VCPR with an animal patient at an emergency hospital and then treating the same animal at the veterinarian's home hospital without having to establish a new VCPR, another response made it sound like a VCPR was premises-specific.

Dr. Sullivan responded the bottom line is having access to the animal patient's medical records. He stated if the medical records are not accessible or on the premises, then a veterinarian cannot prescribe.

Dr. Lazarcheff stated he could share other scenarios for the frequently asked questions that could be considered.

Dr. Bradbury stated the frequently asked questions will be very helpful. She added that if they keep the focus on the medical records, then they will be easy to follow.

Dr. Sullivan stated there can be some gray areas when it comes to electronic records. He also stated there needs to be some business affiliation between the two clinics for an associate to access the digital medical records in order to fill a prescription. He added that if it is a totally different business, he was unsure if it would be covered, unless it was the veterinarian who established the VCPR.

Ms. Siefertman stated if any members had additional scenarios they would like to submit to please submit them to her so she can forward them to the Subcommittee and Ms. Welch, so they can be answered and brought back at the next Committee meeting.

Ms. Pawlowski stated they were looking for a motion so the frequently asked questions could get forwarded to the Board for approval and then made available to the public in order to assist staff.

- Ms. Leah Shufelt moved and Dr. Jamie Peyton seconded a motion to recommend that the Frequently Asked Questions Regarding the Veterinarian-Client-Patient Relationship be submitted to the Board for review and approval as a starting point. The motion carried 8-0.

Dr. Bradbury stated she wanted to stress the idea that the frequently asked questions are not being presented to the Board as a finished product, as there will likely be more scenarios and comments to clarify. She added that she felt it will be better accepted by the Board if presented that way.

Ms. Pawlowski reiterated the frequently asked questions will be a work in progress, and more questions will be received that will need to be addressed.

The Committee received public comment on this item. Bonnie Lutz, Esq., indicated she had comments on both Agenda Item 5 and 6. She stated the Subcommittee did a great job with the frequently asked questions. However, she stated she identified one issue. She explained with the issue of diagnosis without a VCPR, BPC section 4825.1 defines

diagnosis as the act or process of identifying or determining the health status of an animal through examination. She stated this poses a problem when looking at telehealth, if a veterinarian can diagnose a condition through electronic communication when there is a statute indicating an examination is required. She stated she understands the issue is confusing; however, it would be a good idea to look at because that is the official definition of diagnosis. She added even though the regulation talks about a VCPR, it does not say that a VCPR is necessary to diagnose.

Mr. Lutz stated she had the same comment on the frequently asked questions issue; specifically, with the question, "Can a veterinarian do laboratory tests on an animal patient where no VCPR is established?" She added she knows where they are coming from in that the laboratory tests are required to establish the VCPR.

Mr. Lutz also stated when looking at the Doctor A/Doctor B issue in the same facility, she looks at it as Doctor B standing in the shoes of Doctor A. She explained this has helped her clients understand when a second doctor in that practice can actually prescribe or do whatever they are going to do without a VCPR.

Dr. Sullivan thanked Ms. Lutz for her comments and noted her observation was something he had missed. He explained the difference they may need to utilize is that in CCR section 2032.1, subsection (b)(2), it does say "general or preliminary diagnosis," which is a slightly different definition, but something they will need to focus on and clarify.

Ms. Pawlowski stated the definition in CCR section 2032.1, subsection (b)(2), is what they used.

Ms. Welch stated the issue with CCR section 2032.1 would be with subsection (h), the definition of "telehealth", which would authorize a California licensed veterinarian to provide telehealth that would include a diagnosis of a condition, but would limit further action in the event treatment is required. She explained the latter would have to be through a VCPR. Ms. Welch stated this is a really important point and that she did not want to rush this through. She explained this is difficult because they are trying to thread the needle between access to care, how to better utilize teleservices, and where to draw the line. She stated the point about diagnosis requiring an examination under the statute is a complication and she was not sure if this should be moved to the Board without further consideration. Or, she clarified they could move it to the Board and continue to consider the issue prior to the next Board meeting. She added this could presumably be brought before the Board in July. She stated she could continue to work with the Subcommittee to figure out a better way to address the diagnosis with examination piece with respect to telehealth.

Dr. Bradbury thanked Ms. Lutz for her observation and agreed it would be difficult to address this at the Board level. She stated she would be in favor of updating the Board on the issue and informing them they noticed a discrepancy, and the Committee is still working on it.

Dr. Sullivan concurred with Dr. Bradbury. He stated that addressing the issue is doable. He explained in one instance, they are talking about a definitive diagnosis, and in the other instance, they are talking about a presumptive diagnosis, but they need to make it clear. He stated he would be more comfortable with a decision on the issue coming from the Committee to the Board, instead of from the Subcommittee. He added he would be in favor of tabling the previous motion until the next Committee meeting.

Ms. Pawlowski stated she agreed with Dr. Sullivan, and they would need to go back and tweak a few things. She added she did not believe it would be a difficult fix.

Ms. Sieferman asked if the decision was to hold off on both the telehealth definitions and the frequently asked questions. Dr. Sullivan stated he believed the frequently asked questions could go forward. Ms. Pawlowski clarified all of the frequently asked questions could go forward except for the last one.

Ms. Welch stated she did not believe the final question (number 5) needed to be left out because number 5 does not authorize the diagnosis, which is the issue they need to flesh out a little more for the VCPR telehealth. She clarified the question asks: can a veterinarian do laboratory tests without a VCPR; and the answer is yes. She stated they can do tests without having a formal diagnosis and without a VCPR. She explained the tests are part of the diagnosis leading up to treatment, and when you get to treatment, you need the VCPR.

The Committee returned to Agenda Item 5 to reconsider the motion made under that item.

7. Discussion and Potential Recommendation Regarding Veterinary Premises Inspection Checklist and Inspection Process Improvements – Margaret Warner, DVM, and Jennifer Loredo, RVT, Inspections Subcommittee

Jennifer Loredo thanked Dr. Warner for all of her work on this item and noted she will be missed by the Committee and the Inspections Subcommittee. Ms. Loredo also thanked Ms. Sieferman and staff for their assistance and noted they had met several times to discuss this item and to review the inspection process and the checklist. She reported Ms. Sieferman had also set up a meeting with the Dental Board of California, the Board of Barbering and Cosmetology, and the Board of Pharmacy to touch base and to get ideas from each other.

Ms. Loredo stated one thing that was very eye opening was, out of those DCA boards they met with, the Veterinary Medical Board is the only board that has a percentage mandate (a mandate to inspect 20% of the premises in California). She noted the percentage comes out to about 900 hospital inspections. She added the Board clearly has never been able to meet the mandate and it became very apparent it is an unrealistic mandate. Ms. Loredo also pointed out the Board is the only board of those

four that does not have employed inspectors; the Board utilizes contracted licensee inspectors.

Ms. Loredo reported they did come up with some ideas and questions, so this still is a work in progress. She stated they also requested some feedback from the Board's current inspectors. She noted in reviewing the checklist, there are 42 items that are inspected when inspectors go out to hospitals. She added this clearly takes some time, in addition to the paperwork they must do. She stated they talked quite a bit about the mobile application that could possibly streamline the process. She also added there was mention of adding a fine to go with a citation, and she questioned what type of change would be required. She clarified the Board already has authority to issue citations, so this would just be a process change.

Ms. Loredo also reported they asked for some feedback from the current inspectors regarding potential changes to the checklist. She mentioned some of the other boards have streamlined their process and have a shorter checklist. She stated she would come back to the Committee with more information at the next meeting, but she felt that reducing the Board's checklist might not be in the best interest of consumer protection.

Ms. Loredo added she felt the mobile application was going to make a lot of progress, as far as streamlining the process of paperwork and the time it takes from beginning to end with the inspections. She added Ms. Sieferman could provide more information on that and there might be an associated fee.

She stated one thing she did like that the other boards do is give their inspectors discretion to only issue fines for the more egregious issues.

Ms. Loredo stated there still is some progress to be made and additional feedback is needed. But she reiterated the biggest issue here is the Board's inspection mandate is just not realistic. She stated the Board has a huge mandate that other boards do not even have.

Ms. Sieferman added the cover memo also provided information obtained from other state veterinary boards. She stated most other states do not inspect facilities and many do not register facilities. She added some states responded they do have an inspection mandate; however, they have fewer facilities than California.

Ms. Pawlowski stated she appreciated all of the great information. She added she always felt the 20 percent mandate was high and unrealistic.

Dr. Bradbury stated that rethinking how the Board proceeds is important to consumer protection in the future and for the program. She asked why the Board contracts out inspectors while other boards do not.

Ms. Sieferman stated they were evaluating that as part of the process. She explained it was her understanding when the inspection program was created, the thought was

licensed veterinarians and RVTs would be needed to review medical records. However, she stated there are other alternatives, especially now with the ability for inspectors to upload images of the medical records to a secure server, which can then be provided to licensed subject matter experts. She added this is something the Subcommittee is exploring, as an alternative to contracting with veterinarians. She stated there are other things to consider because not contracting with a veterinarian might require hiring a state employee, like other programs, which may result in more cost to the Board. However, she stated the benefit would be more control over what is occurring, and the employees would be devoted full time to inspections.

Dr. Bradbury also stated it was her understanding an inspector might be able to identify something that is citable and issue a citation at the time of inspection, which would improve efficiencies.

Ms. Sieferman responded it would be on a case-by-case basis. She explained, most of the time, the Board allows 30 days for a facility to comply. She added there are some things they can comply with much quicker, while other things, like equipment maintenance or ordering of supplies, may take longer. She stated when the Board issues a citation, it is more about a facility not being able to correct an issue within 30 days or if there is a repeat offense. She also explained the inspection program is primarily used for educational purposes.

Ms. Loredo stated they also discussed the possibility of doing a self-inspection checklist for hospitals that are renewing their premises permit, which could potentially reduce workload. However, she pointed out with random inspections, there are some things only a licensee would notice, which could be missed with non-licensees performing inspections.

Ms. Loredo stated this item is a work in progress. She again thanked Ms. Sieferman and staff for setting everything up. She added it was very eye opening to see what other boards are doing and to just realize that the Board has higher expectations than other boards. She stated the Board just does not have the resources to do what the mandate is asking.

Ms. Sieferman stated, with regard to the mobile application, they are still in the research stages now with the Dental Board of California, the Board of Barbering and Cosmetology, and DCA's Office of Information Services. She stated they have seen a demonstration of the mobile application, and she believes it will be extremely beneficial for the Board inspectors and staff, will streamline a lot of the processes, and make things a lot more automatic. She added she provided a cost breakdown in the cover memo and explained the cost would be divided up between the number of users. She stated that she believed that Board would be able to absorb these costs with all of the other cost savings the Board has implemented over the last couple of years. She added this is something the Board wants to consider exploring; however, they do not have set costs at this time. She stated the goal would be to roll the application out during the summer of 2022.

Ms. Pawlowski thanked the Subcommittee and staff and stated the update was very helpful and informative.

The Committee received public comment on this item. Dr. Grant Miller, CVMA, provided some historical perspective on the inspection program. He explained the 20 percent mandate was self-imposed by the Board. He stated with the previous administration, prior to Ms. Sieferman, the Board was having problems funding the program, and the law had said there was a 20 percent goal. He stated when resources ran out, that was it, and the inspection staff would only be able to inspect a certain number of premises because the funding had run out. Dr. Miller explained in the last Sunset Review, the Board changed the requirement to mandate 20 percent, which then triggered a hardline item budget expenditure for the inspections. He added the actual budget funding was then secured to allow the 20 percent to actually happen every year.

Ms. Sieferman clarified how funding works. She stated you can put a 20 percent mandate in statute and doing so may help secure a budget change proposal for additional staff, but that does not grant additional funding. She stated, as a special fund agency, fees would need to be raised in order to fund those positions. She explained the Board could consider the option of keeping the 20 percent mandate, but the Board may want to consider raising the premises registration fees even more to meet the mandate.

8. Update from the Complaint Process Audit Subcommittee – Kevin Lazarcheff, DVM, and Margaret Warner, DVM

Dr. Lazarcheff reported things have been going quite well with the newer setup. He stated the new process has given them more time to review each case. He added the Subcommittee had also been provided with cycle times for each step in the investigation process, as well as the monetary costs related to those steps. He stated the provided information gave them a better sense of how much the Board is paying when cases go through the process and to the Attorney General's (AG) Office.

Rob Stephanopoulos stated they will continue to provide a breakdown of investigative costs to the Subcommittee, so they have a clear understanding of various cases, not just those involving multiple experts, and the entire process.

Mr. Stephanopoulos added that the Enforcement Unit is utilizing the Division of Investigation (DOI) a lot less and, instead, utilizing the Inspections Unit as much as possible. He stated that not using DOI, using a single expert, and knowing if a case should go to the AG's Office can result in cost savings for the Board. He also explained that getting cost recovery was an uphill battle; however, the Board will continue to try to get cost recovery in every case that it can.

Mr. Stephanopoulos stated they will continue to give the Subcommittee a wide range of cases to review, along with timeframes and costs. Additionally, he stated with the

Board's fund condition, it is really important to ensure the Board is trying to get the maximum cost recovery with its cases.

There were no public comments.

9. Request for Volunteers to Develop Content for Continuing Education Webinars

Ms. Pawlowski stated the Committee was looking for volunteers to develop content for continuing education (CE) webinars. She explained the webinars could educate people on what the Board does, on statutes and regulations, etc. She stated they are looking to develop something similar to the sexual harassment training that everyone has done. She stated it would also be similar to the CE that is done online.

Ms. Sieferman explained this effort would be looking at how the Board can better serve its stakeholders and provide more opportunities for education. She stated the first objective was to take the current California state law examination and transition it into a more educational webinar and provide it to all licensees, regardless of license type. She stated they had already asked Dr. Bradbury and Ms. Sperber to work on this course, and they both agreed to volunteer. She added, over time as laws change, the webinar would be updated.

Ms. Sieferman stated another webinar they wanted to create was for inspections. She explained it would cover the top violations and things to do properly. She added they also wanted to do a webinar on enforcement, which would include common violations and ways to avoid enforcement actions. She stated another webinar would cover an overview of what the Board does in general, its role in consumer protection, and services provided to stakeholders.

Ms. Sieferman added once the content is available, they can work with SOLID, the Office of Public Affairs, and DCA to create the webinars to post on the Board's website. She stated the Board would then be able to offer free CE to any participants. She added if the Committee or Board members have any ideas for webinars that should be offered to just email her. She asked members to also let her know if they would be interested in volunteering for any of the webinars.

Dr. Peyton stated she would be happy to help with creating content.

The Committee received public comment on this item. Mr. Lutz stated if the volunteers were not limited to Board members, she would also be happy to volunteer.

Regarding enforcement, Mr. Lutz stated she applauds what the Board is doing and stated it is really important. She encouraged the Board to continue working with the AG's Office and having more in-house review before sending cases over to the AG's Office, so the Board saves money for itself and for her clients.

10. Future Agenda Items and Meeting Dates

Ms. Pawlowski stated the Committee would be meeting virtually for the rest of the year.

Next, Ms. Pawlowski indicated that the revised motion under Agenda Item 5 should have been a motion to withdraw (instead of “reconsider”) the original motion. She asked that the Committee address the motion under Agenda Item 5. A new motion to withdraw the original motion was provided under Agenda Item 5.

Ms. Pawlowski stated the Committee would discuss the telemedicine definitions at the next meeting and continue with the VCPR frequently asked questions.

Ms. Pawlowski asked if there would be any new agenda items assigned to the Committee from the Board.

Ms. Sieferman stated there would be no new items, just carry over items. However, she indicated that the Committee could consider new items, if necessary.

Ms. Pawlowski asked the Committee if there were any new topics they would like her to bring to the Board.

Dr. Peyton stated it might also be a good idea to do a webinar on telemedicine.

There were no public comments.

Ms. Sieferman reminded members they would be doing Committee elections in October to take effect in January 2022.

11. Adjournment

Ms. Pawlowski adjourned the meeting at 10:55 a.m.