



MEMORANDUM

DATE	July 7, 2022
TO	Veterinary Medical Board (Board)
FROM	Richard Sullivan, DVM Multidisciplinary Advisory Committee (MDC)
SUBJECT	Agenda Item 5.D. Recommendation on Proposed Amendments to California Code of Regulations (CCR), Title 16, Sections 2030.3, Small Animal Vaccination Clinic, and 2032.1, Veterinarian-Client-Patient Relationship, in Alternate Premises Rulemaking

Background

In November 2018, the Board approved a regulatory proposal on minimum standards for alternate veterinary premises that, among other things, would amend CCR, title 16, section [2030.3](#) regarding small animal vaccination clinics. During the January 2022 Board meeting, concerns were raised with the pending rulemaking language specific to vaccinations and when a veterinarian-client-patient relationship (VCPR) must be established.

The Board's alternate premises rulemaking proposes amendments to CCR, title 16, section 2030.3, in part, as follows (proposed additions in single underline; proposed deletions in single strikethrough):

(a) ~~The term~~For purposes of these regulations, an "small-animal vaccination clinic location" shall mean a location established for a scheduled vaccination event a privately or publicly supported vaccination clinic where a veterinarian performs vaccinations and/or immunizations against disease on multiple animals, and where the veterinarian may also perform that is limited to only providing to the public vaccinations and preventative procedures for parasite control. An animal vaccination location shall meet the following minimum standards:

[...]

(b) Diagnostic tests shall not be performed, and dangerous drugs shall not be prescribed, dispensed, or administered.

[...]

(e) For rabies vaccinations, the record of the vaccinated animal shall include, in addition to the requirements under subsection (d), the following:

- (1) The type of rabies vaccine administered.
- (2) The name of the manufacturer of the rabies vaccine.
- (3) The lot number of the rabies vaccine.

[...]

(k) Notwithstanding subsection (b), the location shall have the appropriate drugs and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services provided.

[...]

~~(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.~~

[...]

(q) Pursuant to subsection (k), 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.

With respect to the removal, insertion, and renumbering of subsection (l) as new subsection (q), above, “dangerous drugs” means any drug requiring a prescription or being restricted to sale or order of a health care professional. (Business and Professions Code (BPC), § [4022](#).) Since a rabies vaccine is restricted for use by or under the order of a veterinarian, a rabies vaccine is a dangerous drug, and a VCPR must be established before administering a rabies vaccination to the animal patient.

Concerns have been raised that limiting rabies vaccination administration to veterinarians with established VCPRs may pose a public health and safety risk due to the veterinarian shortage and the inability of the lower-income population to afford a full examination.

Recently, Assembly Bill (AB) [1535](#) (Committee on Business and Professions, Chapter 631, Statutes of 2021) amended BPC section [4827](#) to, among other things, exempt individuals from the Veterinary Medicine Practice Act when the animal has been lawfully deposited with or impounded by a shelter not registered with the Board, and the individual is administering non-prescription vaccinations or medications, such as a rabies vaccination, prescribed by a licensed veterinarian to that animal without the presence of a veterinarian when the shelter has received a written treatment plan from the licensed veterinarian for that specific animal, the shelter has a dispensing protocol in place for tracking dispensed prescribed medications, and the person has received proper training in the administration of prescription medications. (BPC, § [4827](#), subd. (a)(5)(A) – (C).)

However, those exemptions do not cover prescription or veterinarian-use only vaccinations administered outside of shelters. In addition, the Board’s proposed alternate premises

rulemaking would not address so called “tech appointments,” when consumers are able to set appointments with RVTs to provide the rabies vaccination to their animals.

MDC Research and Recommendations

Low-cost public vaccination clinics were started in the 1960s in Los Angeles County by the Southern California Veterinary Medical Association (SCVMA) working with the county public health department to address the public health issue of stray dogs with rabies biting children on their way to school. Each year a number of children would have to go through the rabies treatment.

To reduce the incidence of rabies, each SCVMA chapter would put on the clinics, staffed by volunteer veterinarians and clinic staff, throughout the county to cover all areas. Dog licenses, issued with proof of rabies vaccination, were also required in each jurisdiction. Within a few years, the number of canine rabies bite cases dropped to zero and have remained there, except for an occasional case of a dog coming into the county from a different country.¹ To continue the success of rabies vaccination clinics and ensure public protection, public vaccination clinics need to be able to provide rabies vaccinations without the obligation of establishing a VCPR.

To better resolve the confusion over the requirement of a VCPR to administer rabies vaccinations, the MDC recommends adding the following to the pending alternate premises rulemaking language (recommended additions in double underline; recommended deletions in double strikethrough), and to the pending Veterinarian-Client-Patient Relationship Informed Consent rulemaking:

§ 2030.3. Minimum Standards – Small-Animal Vaccination Clinic~~Location~~.

[...]

(b) Diagnostic tests shall not be performed, and dangerous drugs, other than rabies vaccines, shall not be prescribed, dispensed, or administered.

[...]

(q) Pursuant to subsection (k), if any diagnostic tests are performed or dangerous drugs are provided, administered, prescribed, or dispensed, then a valid ~~veterinarian-veterinary~~ veterinarian-client-patient relationship must be established, including a complete physical exam and Medical Records as set forth in section 2032.3.

(r) Notwithstanding subsection (q), if a rabies vaccination is administered, then only a visual examination of the patient shall be required to ensure that the patient is bright, alert, and responsive. If the patient is not bright, alert, and responsive, then the patient must be evaluated by the veterinarian to be healthy enough to receive the rabies vaccination.

¹ From conversations with Mr. Don Mahon, who was the Executive Director of SCVMA during that time.

§ 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,~~ or rabies vaccinations are given in the interest of protecting public health.

[...]

California Veterinary Medical Association (CVMA) Request

After the April 2022 MDC meeting, the CVMA submitted the attached letter regarding the MDC's above recommendation. The Board may consider the requests from CVMA during the July meeting.

Actions Requested

If the Board agrees with the MDC on the additional proposed regulatory amendments to CCR, title 16, section 2030.1 as described above, please entertain a motion to approve and adopt the additions to be included in the Alternate Premises rulemaking and instruct staff to proceed with the rulemaking process.

If the Board agrees with the MDC on the proposed regulatory amendments to CCR, title 16, section 2032.1 which strike out the word "or" and add the phrase "or rabies vaccinations are given in the interest of protecting public health" at the end of the sentence in subsection (a), please entertain a motion to approve and adopt the addition to be included in the Veterinarian-Client-Patient Relationship Informed Consent rulemaking and instruct staff to proceed with the rulemaking process.

Attachment

1. CVMA Letter Dated April 22, 2022



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April 22, 2022

Jessica Sieferman
Executive Officer
California Veterinary Medical Board
1747 North Market Blvd., Suite 230
Sacramento, CA 95834

**RE: Comments on 16CCR section 2030.3
Proposed Small Animal Vaccination Location regulations**

Dear Ms. Sieferman:

The California Veterinary Medical Association, representing over 7,800 veterinarians, registered veterinary technicians, and veterinary students, has comments on recent proposed changes to California Code of Regulations, Title 16, section 2030.3: Small Animal Vaccination Clinic.

At the April 19, 2022 Veterinary Medical Board Multidisciplinary Advisory Committee (MDC) meeting, the MDC's subcommittee assigned to evaluate Section 2030.3 made a number of recommendations to amend the existing regulatory language. Among those recommendations was the following suggested change to section (q):

Pursuant to subsection (k), if any diagnostic tests are performed or dangerous drugs are provided, administered, prescribed, or dispensed, then a valid veterinarian-~~veterinary~~-client-patient relationship must be established, including a complete physical exam and Medical Records as set forth in section 2032.3.

From the inception of this regulation, the term "complete physical exam" has been problematic because it is not defined in the Veterinary Medicine Practice Act. Accordingly, the inclusion of the term has created confusion among licensees and resulted in variations in compliance. To address this circumstance, the CVMA respectfully requests that the Board consider the following alternative language:

Pursuant to subsection (k), if any diagnostic tests are performed or dangerous drugs are provided, administered, prescribed, or dispensed, then a valid veterinarian-~~veterinary~~-client-

patient relationship must be established pursuant to section 2032.1, including a complete physical exam and medical records must be kept as set forth in section 2032.3.

For your further consideration, the CVMA has received numerous inquiries over the years about the ability of veterinary staff to perform heartworm and feline leukemia tests during vaccination events, since doing so is commensurate with commonly-observed practices prior to the provision of heartworm preventative medication and feline leukemia virus vaccines, respectively. Would the Board consider a further change to the above language to alter the requirement of “any diagnostic tests” in section (q) to “any diagnostic tests other than heartworm or feline leukemia tests”?

Thank you for your consideration of these matters.

A handwritten signature in black ink, appearing to read "Dan Baxter". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Dan Baxter
Executive Director