

## MEMORANDUM

DATE	April 10, 2025
TO	California Veterinary Medical Board (Board)
FROM	Justin Sotelo, Policy Specialist
SUBJECT	<b>Agenda Item 6. Update, Discussion, and Possible Action on 2025 Legislation Impacting the Board, DCA, and/or the Veterinary Profession</b>

Legislation is amended, statuses are updated, and analyses are added frequently; thus, hyperlinks, identified in [blue, underlined text](#), are provided throughout this document to ensure Board members and the public have access to the most up-to-date information. The information below was based on legislation, statuses, and analyses (if any) publicly available on **April 2, 2025**.

### A. Priority Legislation for Board Consideration

#### 1. Assembly Bill (AB) [516](#) (Kalra, 2025) Registered Veterinary Technicians and Veterinary Assistants: Scope of Practice

Status: Assembly Appropriations Committee

Analysis: 3/28/25 - Assembly Business and Professions Committee

Hearing Date: Unknown

**Summary:** This bill would authorize registered veterinary technicians (RVTs) and veterinary assistants to perform animal health care services not otherwise prohibited by law under the supervision of a veterinarian, and would authorize both RVTs and veterinary assistants to perform animal health care services not otherwise prohibited by law on animals housed in public or private animal shelters, humane societies, or societies for the prevention of cruelty to animals pursuant to an order of a veterinarian. The bill would also authorize an RVT to perform dental care procedures, including tooth extractions, under the supervision of a veterinarian.

**Staff Comments:** Board Counsel has noted that if no changes to Business and Professions Code (BPC) section [4840.2](#) are made, the Board would need to review California Code of Regulations, title 16, sections [2035](#), [2036](#), and [2036.5](#) for conformity with the amended version of BPC section 4840. It is

believed that the Board cannot list additional prohibited acts in regulation that are not otherwise listed in BPC section 4840.2.

The author's office has provided the [attached](#) fact sheet for AB 516.

## 2. **AB [867](#) (Lee, 2025) Veterinary Medicine: Cat Declawing**

Status: Assembly Appropriations Committee

Analysis: 3/28/25 - Assembly Business and Professions Committee

Hearing Date: Unknown

**Summary:** This bill would prohibit a person from performing a declawing or similar procedures on any cat unless the person is licensed as a veterinarian pursuant to the Veterinary Medicine Practice Act and the veterinarian is performing the declawing for a therapeutic purpose, as defined. The bill would require a veterinarian, if they determine declawing is necessary for a therapeutic purpose, to file a written statement with the Board that includes, among other information, the purpose for performing the procedure, and would require the veterinarian to also provide a copy of the statement to the owner of the cat. The bill would also make a veterinarian's violation of the bill's provisions subject to discipline by the Board.

**Staff Comments:** At its [January 2023 meeting](#), the Board was asked to discuss and take possible action on potential legislation regarding cat declaw procedures. The Board's Executive Officer presented this agenda item and addressed questions. The [cover memo](#) for that item explained that during the July 2022 Board meeting, the Board approved a motion to grant the Executive Committee the authority to oppose any potential legislation during the 2022 legislative session that prohibited veterinarians from performing any cat declawing procedures. At the Board's April 20, 2022 meeting, the Board voted to oppose similar legislation, [AB 2606](#) (Carrillo, 2022). Additionally, the Board was asked to review an April 19, 2019 Assembly Business and Professions Committee [analysis](#), which discussed a legislative amendment to [AB 1230](#) (Quirk, 2019), striking prohibition of cat declaw procedures and replacing it with an informed consent requirement. The Board opposed [AB 1230](#).

On February 16, 2024, [AB 2954](#) (Carrillo, 2024) was introduced. At the April 2024 meeting, the Board granted its Executive Committee authority to oppose any potential legislation during the 2024 legislative session that prohibited veterinarians from performing any cat declawing procedures. AB 2954 failed to advance in 2024 and died in committee.

The author's office has provided the [attached](#) fact sheet for AB 867.

### 3. AB [1458](#) (Wallis, 2025) Physical Therapy and Veterinary Medicine: Animal Physical Therapy

Status: Assembly Business and Professions Committee

Analysis:

Hearing Date: Unknown

**Summary:** This bill would authorize a licensed physical therapist who meets specified education, training, and experience requirements to provide animal physical therapy, as specified. The bill would require the physical therapist to notify the Physical Therapy Board of California (PTBC) of their practice of animal physical therapy, as prescribed. The bill would require the animal physical therapy to be provided under either of two sets of circumstances involving a licensed veterinarian who has established a veterinarian-client-patient relationship (VCPR) with the animal. The first set of circumstances would be under the direct supervision of the veterinarian at a premises registered with the Board. The second set of circumstances would be pursuant to a referral from the veterinarian, would require the physical therapist to provide a specified written notification to the owner of the animal patient, and would require the physical therapist to hold an active practice agreement with the licensed veterinarian. The bill would require the physical therapist to provide a written copy of that active practice agreement to the Board or PTBC upon request. The bill would authorize physical therapy aides to aid the physical therapist in performing animal physical therapy, as specified. The bill would make any physical therapist providing animal physical therapy solely liable for delegated animal physical therapy tasks performed pursuant to a referral from a licensed veterinarian or by a person under the direct supervision of the physical therapist. The bill would specify that a veterinarian who issues an order for treatment for animal physical therapy is not liable for the animal physical therapy provided pursuant to that order by the physical therapist or by an aide or other assistant supervised by the physical therapist.

The bill would make certain disciplinary actions against a Physical Therapy Practice Act licensee by the Board conclusive evidence of unprofessional conduct by the licensee under the Physical Therapy Practice Act. The bill would require the PTBC to immediately notify the Board of any disciplinary actions or practice restrictions placed on the license of a physical therapist who has notified the PTBC of their practice of animal physical therapy. The bill would prohibit a physical therapist whose license is suspended, revoked, or otherwise disciplined by the PTBC from providing animal physical therapy. The bill would specify that these provisions, among other things, do not authorize an unlicensed person to practice animal physical therapy, except for physical therapy aides as described above.

The bill would make a failure to comply with specified supervision requirements imposed by the bill or any regulation adopted pursuant to these provisions unprofessional conduct and grounds for disciplinary action, as prescribed. The bill would prohibit a physical therapist providing animal physical therapy from supervising or delegating any animal physical therapy, except as specified. The bill would specify that these provisions, among other things, do not authorize a physical therapist to provide any other services or perform any acts which constitute veterinary medicine.

The bill would define various terms for the purposes of the above-described provisions.

**Staff Comments:** During its April 2023 meeting, the Board took an Oppose position on [AB 814](#) (Lowenthal, 2023), which proposed to authorize a licensed physical therapist to be registered with the Board as a registered animal physical therapist and to provide animal physical rehabilitation, if specified requirements were met. Although the bill was amended on April 27, 2023, the policy and fiscal concerns raised by the Board remained. In June 2023, the Board's Executive Committee and Executive Officer met with stakeholders and Senate Business, Professions and Economic Development Committee staff regarding the Board's concerns with the bill. The Executive Officer testified in opposition to the bill on July 10, 2023. Updates were provided to members during the July 2023 meeting.

On June 3, 2024, the Board submitted another opposition letter to Assembly Member Lowenthal, along with its previous opposition letters, dated April 24 and May 18, 2023. In the June 3, 2024 letter, the Board indicated that all concerns outlined in previous opposition letters remained, and that there were new concerns surrounding the 2024-25 State budget, which proposed a nearly 8% cut to state operations and a targeted elimination of 10,000 vacant state positions.

On June 27, 2024, the Board was notified that the bill's hearing before the Senate Business, Professions and Economic Development Committee was canceled at the request of the author. AB 814 did not advance any further in 2024.

The author's office has provided the [attached](#) fact sheet for AB 1458.

On April 9, 2025, the Animal Physical Therapy Coalition (APTC) submitted the [attached](#) written public comment for Board consideration.

4. **AB [1502](#) (Committee on Business and Professions, 2025) California Veterinary Medical Board**

Status: Assembly Business and Professions Committee

Analysis:

Hearing Date: 4/29/25

**Summary:** This is the Board's Sunset bill. This bill would declare the intent of the Legislature to evaluate the Board through the joint legislative sunset review oversight process and to subsequently effectuate any recommendations produced through that process. This bill also would require petitions for reinstatement or modification of penalties submitted to the Board to be accompanied by a full set of fingerprints for purposes of conducting a criminal history record check.

**Staff Comments:** Staff anticipates the bill changing significantly within the coming months to include the legislative proposals requested by the Board. Staff will provide updates on this bill as they become available.

The Board's 2025 Sunset Background Paper is posted on the Assembly Business and Professions Committee's website [here](#).

5. **Senate Bill (SB) [602](#) (Cortese, 2025) Veterinarians: Veterinarian-Client-Patient Relationship**

Status: Senate Business, Professions and Economic Development Committee

Analysis:

Hearing Date: 4/21/25

**Summary:** Existing law authorizes a veterinarian to allow an RVT to act as an agent of the veterinarian for the purpose of establishing the VCPR to administer preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites by satisfying specified conditions, including, among other things, imposing different requirements relating to the proximity of the veterinarian depending upon where the RVT is administering the vaccine or medication. Specifically, existing law requires either that the veterinarian is physically present at the premises when the RVT is working at a registered veterinary premises, or, if working at a location other than a registered veterinary premises, that the veterinarian is in the general vicinity or available by telephone and is quickly and easily available.

This bill would revise the above-described condition to authorize a RVT to administer the vaccine or medication in a registered veterinary premises that is a public animal control agency or shelter, private animal shelter, humane

society shelter, or society for the prevention of cruelty to animals shelter when the veterinarian is in the general vicinity or available by telephone and is quickly and easily available.

**Staff Comments:** The author's office has provided the [attached](#) fact sheet for SB 602.

**6. SB [687](#) (Ochoa Bogh, 2025) Chiropractors: Animal Chiropractic Practitioners**

**Status:** Senate Business, Professions and Economic Development Committee

**Analysis:**

Hearing Date: 4/28/25

**Summary:** This bill would prohibit a chiropractor who is not under the supervision of a veterinarian from practicing animal chiropractic, as defined, without being registered as an animal chiropractic practitioner by the State Board of Chiropractic Examiners (SBCE) and satisfying certain requirements, including holding a certificate from one of specified entities, unless otherwise specified by the SBCE. The bill would specify that the SBCE shall establish requirements for registration and would establish conditions and requirements for practicing animal chiropractic. The bill would require an animal chiropractic practitioner to comply with regulations of the SBCE applicable to chiropractors, would authorize the SBCE to adopt regulations necessary to implement the bill's provisions, and would require the SBCE, if adopting specified regulations, to consult with the Board, including regulations regarding standards of medicine or care for an animal. The bill would make an animal chiropractic practitioner exempt from the Veterinary Medicine Practice Act.

**Staff Comments:** At its January 15, 2025 meeting, the Board received a [presentation](#) on animal chiropractic certification programs from representatives from American Veterinary Chiropractic Association and the International Veterinary Chiropractic Association. The Board also discussed [potential legislation](#) related to licensed chiropractors practicing on animals.

Board staff notes that the Board is not properly titled in this bill (referred to as the "Veterinary Medical Board" rather than "California Veterinary Medical Board") and is concerned about the clarity of the Board being required to "informally vote on whether to adopt, amend, or repeal" a regulation being adopted, amended, or repealed by the SBCE (prop. BPC, § 1071, subd. (g)(3)).

The author's office has provided the [attached](#) fact sheet for SB 687.

On April 9, 2025, the Board received a [written public comment](#) regarding this bill.

**Staff Recommendation:** Board staff recommend, at minimum, the Board vote to request clarifying amendments to the bill and authorize the Board's Executive Committee and Executive Officer to communicate the Board's concerns to the bill's author and legislative committee staff and work with the author to resolve the Board's concerns.

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

### **1. AB [463](#) (Michelle Rodriguez, 2025) Emergency Medical Services: Police Canines**

Status: Assembly Health Committee

Analysis:

Hearing Date: Unknown

**Summary:** This bill would authorize a private ambulance owner licensed by the Department of California Highway Patrol or a person who operates ambulances owned or operated by a fire department of a federally recognized Indian tribe to transport a police canine, as defined, or a search and rescue dog, as defined, that is injured in the line of duty, to a veterinary clinic or similar facility if there is no other person requiring medical attention or transport at that time.

This bill would also authorize a paramedic or an emergency medical technician to provide emergency medical care to a police canine or search and rescue dog that is injured in the line of duty while the police canine or search and rescue dog is being transported to a veterinary clinic or similar facility, and would exempt that person from civil or criminal liability if they act in good faith to provide emergency medical care to an injured police canine or search and rescue dog while the police canine or search and rescue dog is being transported to a veterinary clinic or similar facility.

This bill also would amend the Veterinary Medicine Practice Act to exempt from the practice of veterinary medicine the provision of emergency medical care to a police canine or search and rescue dog injured in the line of duty, as specified.

**Staff Comments:** On March 26, 2025, Board staff reported to the Department of Consumer Affairs (DCA), Legislative Affairs Division that this bill did not appear to have an impact on the Board or its licensees.

### **2. AB [479](#) (Tangipa, 2025) Criminal Procedure: Vacatur Relief**

Status: Assembly Public Safety Committee

Analysis: 3/24/25 - Assembly Public Safety Committee

Hearing Date: First hearing canceled at the request of the author

**Summary:** Existing law allows a person who was arrested or convicted of a nonviolent offense while they were a victim of intimate partner violence, or sexual violence, to petition the court, under penalty of perjury, for vacatur relief. Existing law requires, in order to receive that relief, that the petitioner establish, by clear and convincing evidence, that the arrest or conviction was the direct result of being a victim of intimate partner violence or sexual violence that demonstrates the petitioner lacked the requisite intent. Existing law authorizes the court to vacate the conviction if it makes specified findings.

This bill would require the court, before it may vacate the conviction, to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license, as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee. The bill would require a petitioner who holds a license to serve the petition and supporting documentation on the applicable licensing entity and would give the licensing entity 45 days to respond to the petition for relief.

**Staff Comments:** On March 18, 2025, Board staff was informed that DCA's Executive Office and Division of Legislative Affairs had analyzed the bill and determined that there would be minimal to no impact on DCA boards/bureaus; Board staff concurred with this analysis. On March 27, 2025, Board staff was informed by the author's office that this bill was made into a two-year bill and that it would not be up in committee this year.

### **3. [AB 489](#) (Bonta, 2025) Health Care Professions: Deceptive Terms or Letters: Artificial Intelligence**

**Status:** Assembly Privacy and Consumer Protection Committee

**Analysis:** 3/28/25 - Assembly Business and Professions Committee

Hearing Date: Unknown

**Summary:** This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI technology of certain terms, letters, or phrases that indicate or imply that the advice or care being provided through AI is being provided by a natural person with the appropriated health care license or certificate.

This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation.

**Staff Comments:** On March 21, 2025, Board staff reported to DCA's Budget Office that the bill's impact would be minor and absorbable.

**4. AB [667](#) (Solache, 2025) Professions and Vocations: License Examinations: Interpreters**

**Status:** Assembly Business and Professions Committee

**Analysis:**

Hearing Date: 4/8/25

**Summary:** This bill would, beginning July 1, 2026, require the State Department of Public Health and boards under the jurisdiction of DCA to permit an applicant who cannot read, speak, or write in English to use an interpreter, at no cost to the applicant, to interpret the English verbal and oral portions of the license or certification examination, as applicable, if the applicant meets all other requirements for licensure.

This bill would require an interpreter to satisfy specified requirements, including not having the license for which the applicant is taking the examination. The bill would also require those boards and the State Department of Public Health to post on their internet websites that an applicant may use an interpreter if they cannot read, speak, or write in English and if they meet all other requirements for licensure or certification.

This bill would require those boards and the State Department of Public Health to include in their licensure or certification applications a section that asks the applicant to identify their preferred language and, beginning July 1, 2027, to conduct an annual review of the language preferences of applicants. The bill would require the State Department of Public Health and those boards, beginning July 1, 2029 and until January 1, 2033, to annually report to specified committees of the Legislature on language preference data.

**Staff Comments:** On March 24, 2025, Board staff reported to the DCA, Budget Office that this bill only applies to state administered or contracted oral and verbal examinations. The national examinations for veterinarians and RVTs do not fall under the requirements of this bill – the Board does not administer them or have contracts with national vendors. Also, the Board's Veterinary Law Examination (VLE) is an online exam and is not considered an "oral or verbal" examination.

**5. AB [742](#) (Elhawary, 2025) Department of Consumer Affairs: Licensing: Applicants Who Are Descendants of Slaves**

**Status:** Assembly Business and Professions Committee

**Analysis:**

Hearing Date: 4/8/25

**Summary:** This bill would require DCA boards to prioritize applicants seeking licensure who are descendants of American slaves once a process to certify descendants of American slaves is established, as specified. The bill would make those provisions operative when the certification process is established and would repeal those provisions four years from the date on which the provisions become operative or on January 1, 2032, whichever is earlier.

This bill would make these provisions operative only if SB 518 of the 2025–26 Regular Session is enacted establishing the Bureau for Descendants of American Slavery, and would make these provisions operative when the certification process is established pursuant to that measure. The bill would repeal these provisions four years from the date on which they become operative or on January 1, 2032, whichever is earlier.

**Staff Comments:** This bill is similar to [AB 2862](#) (Gipson, 2024) introduced last year, which also would have prioritized African American applicants seeking licenses, as specified. That bill died in committee after its first hearing was canceled at the author's request. The following concerns with AB 2862 raised by Board Counsel were noted in the July 2024 Board meeting materials:

*First, the Business and Professions Code (BPC) currently requires that four applicant populations receive expedited review for licensure from the Board: (1) members of the Armed Forces who have served on active duty and were honorably discharged, (2) members of the Armed Forces enrolled in the US Department of Defense Skillbridge program; (3) spouses or domestic partners of active duty members of the Armed Forces who are currently assigned to a duty station in California under official active duty military orders, and (4) refugees who have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States or those with a special immigrant visa. (BPC, §§ [115.4](#), [115.5](#), [135.4](#).) Further, the Board is required to process an application within 30 days to register a military spouse or domestic partner licensed in another state. (BPC, § [115.10](#).) AB 2862 is unclear whether it would require the Board to expedite license applications from African American applicants ahead of military members, their spouses or domestic partners, and asylees or refugees.*

*Second, the bill is unclear on what “prioritize” means and whether it would require the Board to expedite license applications from African Americans or require the Board to do something more, such as outreach to communities and schools to encourage African Americans to apply for Board licensure.*

*Third, Government Code section [12944](#) prohibits any licensing board from establishing any licensing qualification that has an adverse impact on any*

*class by virtue of its race, unless the practice can be demonstrated to be job related. Further, Government Code section [11135](#) prohibits a state agency from denying full and equal access to the program or activity conducted by the state agency on the basis of race. This bill will require the Board to violate the Government Code prohibitions and select for expedited licensure some license applicants over other license applicants based on race.*

*Fourth, the Assembly Judiciary Committee April 12, 2024 analysis noted the constitutional concerns with this bill. Such constitutional challenges will be left to each licensing board to litigate, which may result in increased licensing fees creating more barriers to licensure. The litigation costs to the Board, and the Board's licensees, could be significant if the Board is sued for racial discrimination against other applicants when implementing AB 2862.*

*The Assembly Judiciary Committee analysis noted that the Respiratory Care Board opposes the bill unless amended for two reasons:*

- 1. First, is the significant time and expense that will be required to identify applicants as African American, and especially to determine if they are descended from a person enslaved in the United States.*
- 2. Second, the time needed to identify a person as a descendant of enslaved persons will slow down the application processing, "which appears to conflict with the bill's intent."*

*The Respiratory Care Board has asked for an amendment that would "allow for self-identification of African American ethnicity by the applicant, as well as the inclusion of a provision that requires the applicant to provide evidence that the applicant is the descendant of a person enslaved in the United States."*

*Board Counsel recommends that the Board take an Oppose unless amended position on the bill to clarify what is meant by prioritizing these applications, request clarity of numerical priority as to what type of applicant population would get expedited processing, and require the state, not the Board or its licensees, to cover all costs associated with litigating claims brought against the Board due to its implementation of the bill; and authorize the Board's Executive Committee and Executive Officer to communicate with the author and legislative committees to resolve the Board's concerns and, if the Board's concerns are resolved, remove the Board's opposition.*

AB 742 maintains the requirement for each board to prioritize license applicants based on race, which raises many of the same concerns described above. One noted difference about AB 742 is that it is linked to [SB 518](#), which would establish the Bureau for Descendants of American Slavery and a process to certify descendants of American slaves. However, it is unknown

how proof of certification would be reported to each board; that would need to be established in the legislation.

On March 24, 2025, Board staff reported to the DCA, Budget Office that the Board did not anticipate a program fiscal impact with this bill. However, Board Counsel has raised a concern about the Board being sued for discrimination against license applicants of other races.

## **6. AB [837](#) (Davies, 2025) Ketamine**

Status: Assembly Appropriations Committee

Analysis: 3/24/25 – Assembly Public Safety Committee

Hearing Date: Unknown

**Summary:** Existing law, the California Uniform Controlled Substances Act, categorizes controlled substances into five designated schedules, places the greatest restrictions on those substances contained in Schedule I, and generally places the least restrictive limitations on controlled substances classified in Schedule V. Existing law categorizes ketamine as a Schedule III controlled substance.

Existing law makes it a crime to transport, import, sell, furnish, administer, or give away, including to offer or attempt to transport, import, sell, furnish, administer, or give away, specified controlled substances. Existing law makes a violation of that provision punishable by imprisonment in the county jail for three, four, or five years, except as specified.

This bill would add ketamine to the list of substances for which it is a crime to transport, import, sell, furnish, administer, or give away.

## **7. AB [1482](#) (Essayli, 2025) Bowie's Law: Animals: Adoption, Shelter Overcrowding, and Breeding**

Status: Assembly Business and Professions Committee

Analysis:

Hearing Date: Unknown

**Summary:** This bill, Bowie's Law, would require an animal shelter, as defined, to provide in a conspicuous location on its internet website or a third-party internet website a list of all animals that are available for adoption or that are being held pursuant to specified laws, except as provided. The bill would also require the Department of Food and Agriculture to conduct a study on certain topics, including, among other topics, the overcrowding of California's animal shelters, and, on or before January 1, 2028, to submit a report on that study to the Legislature, as provided. The bill would repeal these study and reporting requirements on January 1, 2032.

The existing Polanco-Lockyer Pet Breeder Warranty Act requires every breeder of dogs to meet certain requirements relating to housing and maintaining dogs and to disclose specified information. The act defines “dog breeder” and “breeder” to mean a person, firm, partnership, corporation, or other association that has sold, transferred, or given away all or part of 3 or more litters or 20 or more dogs during the preceding 12 months that were bred and reared on the premises of the person, firm, partnership, corporation, or other association.

This bill would change that definition to a person, firm, partnership, corporation, or other association that has sold, transferred, or given away all or part of two or more litters or 10 or more dogs during the preceding 12 months, as specified. The bill would additionally require a breeder, before a dog reaches eight weeks of age, to have a microchip device implanted in the dog that identifies the breeder, except as provided. The bill would require the breeder, upon the sale or transfer of the dog, to register the identity of the new owner with the microchip registry company as the primary owner on the microchip device and would require the breeder to provide certain information to the new owner regarding the microchip. The bill would prohibit a dog from being sold or otherwise transferred by a breeder, whether for compensation or otherwise, until it has been immunized against common diseases and has a documented health check from a licensed veterinarian.

**8. [SB 470](#) (Laird, 2025) Bagley-Keene Open Meeting Act: Teleconferencing**

Status: Senate Judiciary Committee

Analysis: 3/24/25 – Senate Government Organization Committee

Hearing Date: 4/8/25

**Summary:** Existing law, the Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. The act authorizes meetings through teleconference subject to specified requirements, including, among others, that the state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, that each teleconference location be accessible to the public, that the agenda provide an opportunity for members of the public to address the state body directly at each teleconference location, and that at least one member of the state body be physically present at the location specified in the notice of the meeting.

The act authorizes an additional, alternative set of provisions under which a state body may hold a meeting by teleconference subject to specified requirements, including, among others, that at least one member of the state body is physically present at each teleconference location, as defined, that a

majority of the members of the state body are physically present at the same teleconference location, except as specified, and that members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except as specified.

The act authorizes, under specified circumstances, a member of the state body to participate pursuant to these provisions from a remote location, which would not be required to be accessible to the public and which the act prohibits the notice and agenda from disclosing. The act repeals these provisions on January 1, 2026.

This bill would delete the January 1, 2026 repeal date, thereby authorizing the above-described additional, alternative set of teleconferencing provisions indefinitely.

The act authorizes a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions that are in addition to the above-described provisions generally applicable to state bodies. These alternative provisions specify requirements, including, among others, that the multimember state advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting, observe and hear the meeting, and participate, that at least one staff member of the state body to be present at the primary physical meeting location during the meeting, and that the members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except as specified. Existing law repeals these provisions on January 1, 2026.

This bill would delete the January 1, 2026 repeal date, thereby authorizing the above-described alternative set of teleconferencing provisions for multimember state advisory bodies indefinitely.

The act, beginning January 1, 2026, removes the above-described requirements for the alternative set of teleconferencing provisions for multimember state advisory bodies, and, instead, requires, among other things, that the multimember state advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate.

This bill would repeal those provisions.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and

agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

9. **SB 641 (Ashby, 2025) Department of Consumer Affairs and Department of Real Estate: States of Emergency: Waivers and Exemptions**

Status: Senate Business, Professions and Economic Development Committee

Analysis:

Hearing Date: 4/7/25

**Summary:** This bill would authorize the Department of Real Estate and boards under the jurisdiction of DCA to waive the application of certain provisions of the licensure requirements that the board or department is charged with enforcing for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is located in a declared disaster area, including certain examination, fee, and continuing education requirements. The bill would exempt impacted licensees of boards from, among other requirements, the payment of duplicate license fees. The bill would require all applicants and licensees of the Department of Real Estate or boards under DCA to provide the board or department with an email address.

The bill would prohibit a contractor licensed pursuant to the Contractors State License Law from engaging in private debris removal unless the contractor has one of specified license qualifications or as authorized by the registrar of contractors during a declared state of emergency or for a declared disaster area. The bill would require the Real Estate Commissioner, upon the declaration of a state of emergency, to determine the nature and scope of any unlawful, unfair, or fraudulent practices, as specified, and provide specified notice to the public regarding those practices.

The bill would authorize the commissioner to suspend or revoke a real estate license if the licensee makes an unsolicited offer to an owner of real property to purchase or acquire an interest in the real property for an amount less than the fair market value of the property or interest of the property if the property is located in a declared disaster area, and would also make a violation of that provision a misdemeanor. By creating a new crime, the bill would impose a state-mandated local program.

**Staff Comments:** On March 26, 2025, Board staff reported to the DCA, Budget Office that the Board did not anticipate a program fiscal impact with this bill.

### **C. Legislative Proposal to Amend BPC Section 4887 Regarding Petitions for Reinstatement**

The Board's [2025 Sunset Review Report](#) identified two issues related to BPC section 4887 regarding petitions for reinstatement. New Issue #13 discussed how fingerprints are required for all applicants and license renewals, pursuant to BPC sections 144 and 4836.2, subdivision (c)(1), and CCR, title 16, section 2010.05, subsection (a). Once an individual's license is revoked or surrendered, the Board notifies the Department of Justice through a "No Longer Interested" notification that it no longer has authority to receive criminal information on that individual.

If an individual with a revoked or surrendered license files a petition for reinstatement, the individual is considered an applicant and subject to the fingerprint requirement. However, BPC section 4887 does not specifically require fingerprints be submitted prior to their petition for reinstatement. This can cause delays in the Board receiving necessary criminal history information prior to deciding whether to grant the petition.

New Issue #14 discussed that BPC section 4887 specifies when an individual with a revoked license or registration can petition the board for reinstatement or modification of penalty, including modification or termination of probation. However, during periods of tolling, individuals on probation are not subject to the full terms and conditions of their disciplinary order. While any period of tolling does not apply to the reduction of the probationary term, BPC section 4887 does not take tolling periods into account.

As such, probationers who may never have been subject to their full disciplinary order are allowed to petition for modification or termination of probation. These petitions are unsuccessful and a waste of Board time and resources, since the Board is provided with insufficient evidence the petitioner has complied with Board ordered conditions or has been rehabilitated.

To rectify these concerns, the Board requested legislation to amend BPC section 4887, subdivision (b), to require reinstatement petitioners to submit fingerprints with their petition for reinstatement, so the Board can obtain necessary criminal history records in a timely manner.

In addition, the Board requested BPC section 4887 be amended to clarify that the amount of time that probation is tolled shall not count toward the number of years needed to petition for early termination or modification of probation.

The [attached](#) legislative proposal adds amendments to a previously approved proposal to amend BPC 4887. The new amendments are identified in double underline.

**Action Requested:**

If the Board agrees with the [attached](#) legislative proposal, please entertain a motion to Submit to the California State Legislature the legislative proposal to amend BPC section 4887 regarding petitions for reinstatement.

**Attachments**

1. AB 516 Fact Sheet
2. AB 867 Fact Sheet
3. AB 1458 Fact Sheet
4. April 8, 2025 APTC Letter
5. SB 602 Fact Sheet
6. SB 687 Fact Sheet
7. Legislative Proposal to Amend BPC Section 4887 Regarding Petitions for Reinstatement

# Assembly Bill 516

## Veterinary Staff Duties

Assemblymember Ash Kalra

### SUMMARY

Assembly Bill (AB) 516 will clarify that Registered Veterinary Technicians (RVTs) and veterinary assistants are allowed to perform any task that they are not explicitly prohibited from undertaking by law. This will encourage veterinarians to use their staff to their full ability.

### BACKGROUND

Registered Veterinary Technicians (RVTs) and veterinary assistants are integral members of the veterinary field, supporting their supervising veterinarians by performing a wide variety of critical care tasks. Under existing law, RVTs and veterinary assistants can carry out any task that they are not otherwise prohibited from performing by law, so long as their supervising veterinarian gives them permission to do so. For RVTs, this means that they can execute any duty that does not qualify as surgery, diagnosis, prognosis, or prescription of medications, giving their supervising veterinarians the freedom to focus on providing these more specialized services.

Unfortunately, existing regulations are written in such a way that they misconstrue the extent of the duties that RVTs and veterinary assistants are allowed to undertake. As they stand, the regulations are almost solely composed of exhaustive lists of responsibilities, giving the impression that these are the only tasks RVTs and veterinary assistants are allowed to perform. The ensuing confusion has created the misconception that RVTs and veterinary assistants cannot perform tasks beyond those listed in the regulations, which has discouraged veterinarians from assigning their staff other, unmentioned duties.

This issue exacerbates the acute veterinary care shortage already being experienced by the state. In February 2023, the UC Davis Koret Shelter Medicine Program published the [results of a survey](#)

that revealed that 25% of Californian shelters lacked adequate veterinary staffing and 64% could not address basic medical needs. While opaque regulations do not necessarily cause or contribute to these staffing issues, they can amplify them by imposing artificial limits upon existing shelter staff, preventing them from taking on the full range of duties that they are qualified to perform. This, in turn, leaves supervising veterinarians to complete tasks that could instead be handled by RVTs and veterinary assistants, further impacting their capacity to offer essential surgical, diagnostic, prognostic, and prescription services to shelters and community members.

### SOLUTION

AB 516 will clarify that RVTs and veterinary assistants are permitted to perform any task that they are not otherwise prohibited from undertaking by law. For RVTs specifically, this legislation will make it clear that they are allowed to conduct any work duty that does not constitute surgical, diagnostic, prognostic, or prescription services. Supervising veterinarians will still retain the right to refuse to let their staff perform tasks, even if those staff members are not legally prohibited from engaging in them.

This bill also explicitly states that RVTs are allowed to perform dental care procedures, including dental extractions, under the supervision of a veterinarian who is licensed or authorized to practice in California.

### SPONSOR

California Veterinary Medical Association  
San Diego Humane Society  
San Francisco SPCA

### CONTACT

Marissa Plante, Legislative Aide  
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(916) 319-2025

ASSEMBLYMEMBER **ALEX LEE** 24TH DISTRICT

# AB 867 – THE PAW PROTECTION ACT

## SUMMARY

AB 867 ensures the welfare of cats by protecting them from the inhumane and unnecessary surgical procedure of declawing. The bill prohibits cat declawing procedures unless medically necessary.

## BACKGROUND

Declawing involves amputating cats' toe bones (onychectomy) or severing the tendon controlling their paws (tendonectomy). The surgical procedure is most commonly performed to prevent unwanted scratching behavior. But cat declawing — an invasive and painful procedure — is under increasing scrutiny.

In 2003, [the city of West Hollywood passed the nation's first legislation to ban cat declawing](#), with seven other California cities following suit, including the cities of Los Angeles, San Francisco, Santa Monica, Beverly Hills, Berkeley, Culver City, and Burbank. More than a decade after enacting a ban, the former General Manager of the Los Angeles Animal Services [stated](#), "In addition to protecting animals from harm, our ordinance has helped foster the growing knowledge and understanding that, in addition to the grossly inhumane procedure of declawing, declawed cats often develop behaviors that make them much less desirable as pets or cripple them for life."

In 2019, New York became the first state in the U.S. to enact the ban. Maryland, Washington, D.C., and Massachusetts have similarly passed bans. Globally, dozens of countries like Australia, New Zealand, the U.K. and Switzerland have all banned cat declawing.

## PROBLEM

Cat declawing comes with potentially long-lasting consequences for cats' health and behavior. Surgical complications include hemorrhage, infection, pain,

and complications with anesthesia. Removing cats' claws also [increases the risk of behaviors](#) like biting, aggression, and litter box avoidance. Overgrooming, chronic back pain and mobility issues [are among other long-term effects of declawing](#).

Scratching is a natural cat behavior, and non-surgical alternatives are available to address inappropriate behaviors. While some believe that cat declawing reduces health risks for immunocompromised cat stewards, [experts instead emphasize the importance](#) of proper hygiene and parasite control. As such, toe amputation or tendon severing of cats is almost always unwarranted.

## SOLUTION

AB 867 prohibits the declawing of a cat unless a veterinarian performs the procedure for a therapeutic purpose, which is defined as a procedure to address an infection, disease, injury, or abnormal condition in the claws, nail bed, or toe bone that jeopardizes the cat's health.

The bill requires the veterinarian to file a statement on the purpose for performing the procedure to the Veterinarian Medical Board, which will enforce the provisions of the legislation.

## SUPPORT (PARTIAL LIST)

The Paw Project (Lead Sponsor)  
Animal Legal Defense Fund (co-sponsor)  
Humane Veterinary Medical Alliance (co-sponsor)  
Humane World for Animals (co-sponsor)

## CONTACT

Andrew White | Legislative Director  
[andrew.white@asm.ca.gov](mailto:andrew.white@asm.ca.gov) | 916.319.2024



**GREG WALLIS**  
47TH ASSEMBLY DISTRICT

## AB 1458: Animal Physical Therapy

AB 1458 will authorize licensed physical therapists with advanced education in animal physical therapy to provide treatment to animals following a veterinary referral and under veterinary supervision, expanding pet healthcare options in California.

### The Problem

California pet owners face limited access to animal physical therapy due to restrictive laws that confine such care to veterinarians or directly supervised veterinary staff, despite growing demand for these services.

This bottleneck exacerbates a veterinary care crisis, leaving animals without adequate pain relief and recovery options from injuries, surgeries, and age-related conditions, while qualified physical therapists are sidelined by outdated regulations unique to California.

### Current Law

Current regulations under the Veterinary Practice Act classifies animal physical rehabilitation as veterinary medicine, and the California Physical Therapy Act focuses on physical therapy provided to humans.

Current statutes and 2022 California Veterinary Medical Board (CVMB) regulations require direct veterinary supervision of unlicensed assistants (including highly trained physical therapists), limiting their ability to practice within a reasonable regulatory framework and creating a veterinary monopoly over animal rehabilitation despite recommendations from a 2017 CVMB taskforce to allow qualified physical therapists to treat animals post-referral.

### The Solution

AB 1458 updates the Physical Therapy Practice Act to officially recognize licensed physical therapists with animal specific education as legitimate providers after a vet referral, letting them work under indirect supervision.

It shifts liability to the treating therapist, allows mobile or range-based practice, and mirrors states like Oregon and Colorado, where this approach has been a safe, complaint-free framework for over 100 years of aggregate practice.

AB 1458 boosts options for pet owners, improves animal well-being, and encourages teamwork between the California Veterinary Medical Board and Physical Therapy Board, ensuring pets statewide get the quality care they need to thrive.

### For More Information

Staff: Colin Hawley, Legislative Director  
916-319-3684  
colin.hawley@asm.ca.gov

**From:** [REDACTED]  
**To:** [Sieferman, Jessica@DCA](mailto:Sieferman_Jessica@DCA); [Sotelo, Justin@DCA](mailto:Sotelo_Justin@DCA); [McKinney, Matthew@DCA](mailto:McKinney_Matthew@DCA)  
**Cc:** [G. V. Ayers](mailto:G.V.Ayers); [Jason Bryant](mailto:Jason.Bryant)  
**Subject:** CVMB meeting 4.16.25--APTC Letter Submitted for Consideration  
**Date:** Wednesday, April 9, 2025 11:09:57 AM  
**Attachments:** [CVMB04.08.25for04.16.25BoardMeetingF.pdf](#)

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Dear Jessica,

Ahead of the CVMB meeting on April 16, 2025, we would like to submit the attached letter for consideration.

We ask that it be included in the Board materials for full transparency and be sent to Board members ahead of time so they have time to carefully consider its' contents.

As usual, we are available to answer any questions and look forward to a collaborative solution for this longstanding issue. We believe we have the solution in AB 1458 (Wallis) and hope the Board will come alongside us to support increasing access to care for animals.

Can you please reply to this email to ensure receipt and confirm the above request?

Thank you,  
Karen

Karen Atlas, PT, MPT, CCRT  
President: Animal Physical Therapy Coalition  
Past-member: CVMB's Animal Physical Rehabilitation Stakeholder's Task Force

2024 Professional of the Year  
International Association of Veterinary Rehabilitation and Physical Therapy



April 8, 2025

California Veterinary Medical Board  
1747 North Market Blvd., Suite 230  
Sacramento, CA 95834

**Re: Agenda Item 6(A)3, April 16, 2025 Board Meeting. AB 1458: Asking for CVMB SUPPORT**

Dear Ms. Sieferman and the California Veterinary Medical Board members:

As a Coalition who represents DVMs, PTs, RVTs and animal-owning consumers, the Animal Physical Therapy Coalition (APTC) is pleased to see that the California Veterinary Medical Board (CVMB) will be further discussing AB 1458, an important bill that will safely increase access to care for animals needing rehabilitative services.

It is APTC's intent to establish common-sense and workable solutions that serve the best interests of California animals and the people who love and care for them. We believe we have the compromises necessary to achieve this through legislation and we hope that the CVMB will seriously consider coming alongside us this time to solve this longstanding issue that has been a topic of the Veterinary Medical Board's Sunset Review for the past 2 reviews.

We were encouraged when past VMB's Access to Care Task Force Lead, Dr. Jaymie Noland assured us in October 2022, that this body would be amendable to Board collaboration. She specifically stated "We thank them (APTC) for their continued input. We also want to assure them that we are ready to work with them on the legislation that they are seeking when it is re-introduced." This, along with the Staff Recommendation from the Legislative Sunset Review Re: Issue #20 is also encouraging in that it appears they would like to see the CVMB engage in more collaborative efforts between different regulatory boards as well.

**ISSUE #20: (ANIMAL PHYSICAL REHABILITATION) What work has the Board done to address consumer demand for Animal Physical Rehabilitation (APR) in the veterinary industry? Are there ways the Board can work with other DCA licensing entities to address disparities in APR care?**

**Staff Recommendation:** The Board should update the Committees on outcomes related to APR care since the implementation of regulations in 2022. The Board should inform the Committees of any enforcement actions taken as a result of a violation of APR and/or MSM regulations, and whether further statutory revisions are necessary to regulate APR and/or MSM in veterinary settings. Finally, the Board should update the Committees on past collaboration or discussions with other healing arts boards related to APR, and whether further collaboration is warranted.

What seems to be the most pressing issue for this Board to decide is whether they would like to authorize veterinarians to refer their animal patients to a qualified Animal Physical Therapist and provide either direct or indirect supervision. AB 1458 leaves all control in the hands of the

CVMB: Re: Agenda Item 6 (A) 3, Board Meeting April 16, 2025

Page 2

veterinarian. If a veterinarian would like to engage in interprofessional collaboration between a qualified licensed PT, this measure would allow for that.

**To be clear, no animal physical therapy services would be allowed without a veterinarian exam, diagnosis, establishment of a VCPR, veterinary referral, veterinary supervision and a Practice Agreement between the DVM and the APT to ensure proper interprofessional collaboration. All decisions about animal patient care would be left to the referring veterinarian.** This has been shown to be a safe model of expanding access to care. The CVMB's own Stakeholder's Task Force also came to the same conclusion in 2017 to allow veterinarians to refer and decide the level of supervision.

To further demonstrate safety, we would like to bring your attention to the attached letter submitted to us by Dr. John Crumley, a licensed Nevada veterinarian with a 13-year history of serving on the Nevada Veterinary Medical Association (NVMA), including as President in 2011. He offers valuable insight and solutions from a DVM perspective expressing his understanding of the complexities of integrating new professional roles into veterinary practice and how well the Nevada model has worked to reduce costs and improve access to care without compromising patient safety or quality.

*Also included are letters provided by Nevada DVMs and APTs echoing their support to expand the scope of allied health care certified professionals to practice on animals. They discuss the necessity of removing the barriers of care (i.e. eliminate direct supervision mandate, allow for veterinary referral to APTs) to increase access to care. These have been included for ease of reference.*

In the California Veterinary Medical Association's opposition letter to this bill dated April 7, 2025, they asked for consideration of 5 points. We believe it is essential to understand some of the important nuances of those 5 points, so we provided them below.

1<sup>st</sup> point:

CVMA: "Animal Physical Rehabilitation (APR) is the Practice of Veterinary Medicine and Should be Performed by or Under the Direct Supervision of Veterinarians, as Stated in Current Law"

APTC: In 2022, the California Veterinary Medical Board (CVMB) passed deleterious and highly controversial regulations that named APR as the Practice of Veterinary Medicine and successfully monopolized the field by boxing out highly qualified and licensed Physical Therapists trained on animals. Prior to this "new Current Law" and change in status quo, animal rehabilitation was never defined and understood to be practiced under the direct OR indirect supervision of a veterinarian. The veterinarian would determine the level of supervision. The 2022 regulation removed indirect supervision as an option for veterinarians and put previously legal practices out of compliance by changing supervision levels. While APR may now be defined as the practice of veterinary medicine, Animal Physical Therapy should be defined as the practice of physical therapy. This will help bring California consumers more clarity on who will be treating their animal. If an APT is treating, consumers can be assured they will be seen by a licensed physical therapist.

2<sup>nd</sup> point:

CVMA: "AB 1458 Would Allow Physical Therapists to Practice on Animals Without Veterinary Supervision"

APTC: Simply untrue. AB 1458 clearly defines veterinary direct and indirect supervision and mandates that the referring veterinarian decide the appropriate level based on the individual patient.

CVMB: Re: Agenda Item 6 (A) 3, Board Meeting April 16, 2025

Page 3

3<sup>rd</sup> point:

CVMA: "Physical Therapists Have No Animal-Related Training in Their Licensing Curriculum Certification is Inadequate to Permit Unsupervised Veterinary Practice"

APTC: Partially true, but mostly misleading. While PTs do not have animal-related training in their licensing curriculum, the bill clearly addresses this through mandatory minimum education and internship standards to allow for safe practice under veterinary indirect supervision. The practice of Animal PT would always remain under veterinary supervision (whether that be direct or indirect, and the level would be determined by the referring veterinarian.).

4<sup>th</sup> point:

CVMA: "Certification is Inadequate to Permit Unsupervised Veterinary Practice"

APTC: Simply untrue. No animal physical therapy could happen without veterinary supervision. AB 1458 clearly defines levels of supervision (direct and indirect) and leaves it up to the referring veterinarian to decide.

Note: All Animal PT would be performed only after veterinary referral and always under veterinary supervision.

5<sup>th</sup> point:

CVMA: "The Veterinary Profession Has Adequate Training in APR and Provides Services at Hundreds of Veterinary Hospitals Throughout California"

APTC: Simply untrue. We have shown time and time again that access to care is inadequate and animals are not getting the rehab services they need. Access is worse than ever, and qualified Animal Physical Therapists can help ease the burden of those veterinarians who would like to refer and interprofessionally collaborate. Collaboration will elevate patient care and access.

We encourage this Board to use fact-based information in making decisions on behalf of California consumers and their animals. We believe AB 1458 includes a resolution and compromise to all concerns brought up by the CVMB in the past and ask for your full SUPPORT of AB 1458.

This is a safe and effective way to bring more services to the animals who need this essential and specialized care.

Thank you,

 PT, MPT, CCRT

Karen Atlas, PT, MPT, CCRT

President: Animal Physical Therapy Coalition (APTC)

Past member: California Veterinary Medical Board's Stakeholder's Task Force on Animal Physical Rehabilitation

Cc: California Veterinary Medical Association  
Assemblymember Greg Wallis

████████████████████  
WWW.NEVADAPAWSOCIETY.ORG

JOHN CRUMLEY, DVM

1739 KODIAC CIR  
RENO, NV 89511

January 9, 2025

Dear Animal Physical Therapy Coalition members,

I have been a licensed veterinarian in the state of Nevada since 2001. I was licensed in the Great State of California after I graduated from the UC Davis Veterinary medical school, but I moved soon after graduation. I am writing to express my support for the inclusion of licensed physical therapists (PTs) in animal healthcare and potential future legislation to formalize their role.

Having served on the board of the Nevada Veterinary Medical Association from 2004 to 2017, including as president in 2011, I understand the complexities of integrating new professional roles into veterinary practice.

Since Nevada enacted similar legislation in 2004, I have worked closely with PTs and found their unique expertise invaluable. Their knowledge of biomechanics and rehabilitation techniques such as underwater treadmills, therapeutic lasers, and therapeutic ultrasound has greatly enhanced patient care and broadened my own understanding.

I have also encouraged the California Veterinary Medical Association (CVMA) to consider allowing PTs to operate under indirect supervision, as in Nevada. This model has proven effective, reducing costs and improving access to care without compromising patient safety or quality.

Please feel free to contact me for further discussion.

  
John Crumley, DVM  
████████████████████

CVMB: Re: Agenda Item 6 (A) 3, Board Meeting April 16, 2025  
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960 W. Moana Lane, Suite  
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Reno, Nevada 89509  
(775) 825-7984  
www.swvhreno.com



Erin Rasmusson, DVM  
Christina Martini, DVM  
Carrie Schroeder, DVM  
Cady Majeczek, DVM  
Julianne Preston, DVM

January 11, 2025

California Veterinary Medical Board  
1747 North Market Blvd., Suite 230  
Sacramento, CA 95834

Re: January 15, 2025 Board Meeting, Agenda Item 8: Nevada regulations.

Dear California Veterinary Medical Board:

My name is Dr. Christina Martini and I have been a licensed Veterinarian in Nevada for 10 years.

It has come to my attention that the California Veterinary Medical Board will be hearing from Nevada state regulators relating to allied health care professionals working on animals. I would like to provide my experience with the Nevada laws from my perspective as a DVM.

In Nevada, our regulations are very sensible. As a veterinarian, I can examine and diagnose a patient and if I believe they can benefit from seeing a licensed Animal Physical Therapist (APT), then I send a referral out for that service. I don't provide rehab services myself, so it makes sense that I send my patients to someone who holds that expertise. After I refer, the APT conducts their own evaluation, creates a plan of care, then sends me their reports (initial evaluations and regular progress notes). We communicate regularly and as needed about our patients easily either by phone or email. It's very convenient.

In Nevada, we have animal-specific educational requirements for a human licensed physical therapist to work on animals. I have not experienced or even ever heard of any complaints of animal harm by a licensed APT. It has only been a positive experience working together.

The veterinary shortage has hurt us all. There are not enough professionals to meet the demand for rehab services. Owners are seeking out these specialized services and it is a great benefit to all involved that I can send them to a trusted APT. It would be an unnecessary barrier to care to mandate direct veterinary supervision. The simplistic model of delivering this type of care by veterinary referral has worked well and has posed no safety concerns.

Nevada laws have worked well to foster the collaboration needed between DVM and PT professionals. I hope the California Veterinary Medical Board will carefully consider them and adopt laws in a similar way so more animals and owners can gain access to these essential services.

Sincerely,

# K9 Wellness Center

**Animal Physical Therapy & Fitness Training**

phone (775) 750-5087 / fax (775) 853-5710

[www.K9wellnesscenter.com](http://www.K9wellnesscenter.com)

January 7, 2025

California Veterinary Medical Board  
1747 North Market Blvd., Suite 230  
Sacramento, CA 95834

Re: VMB meeting on January 15, 2025: Agenda Item 8: Nevada regulations.

Dear California Veterinary Medical Board:

I am submitting this letter in support of allowing licensed physical therapists with additional training in veterinary rehabilitation to collaborate with referring veterinarians and share our unique skill set to benefit pets in California.

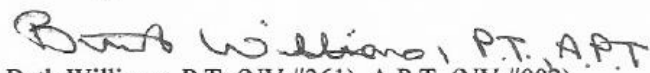
As a licensed physical therapist for humans (40 years) and animals (21 years) in Nevada, I was fortunate to work with the Nevada Veterinary Board in creating a legal pathway for the provision of rehabilitation services by licensed physical therapists with additional training in the veterinary field. The emerging specialty field of animal physical rehabilitation requires oversight and regulation to protect the consumer and their animals. And, in Nevada there have been NO complaints registered with the board regarding therapy services by physical therapists since licensing of A.P.T.s (animal physical therapists) began in 2004. I practice upon written referral from veterinarians, in a free standing therapy facility and in the client's home. I am in close contact with the referring general practice and specialist veterinarians, and as required by law I provide a report to them within 2 days of treatment visits.

As health care professionals, physical therapists are trained to work in collaboration with physicians/surgeons, nurses and other therapies, and are well aware of our scope of practice and how to best utilize our expertise within a team approach. Other states, including Nevada, Colorado and Nebraska, have successfully regulated this field in ways that serve the consumer, pets, and professionals alike.

I urge the CVMB to approve a sensible solution that allows qualified and licensed physical therapists who have undergone the appropriate training in animal rehabilitation to work under the direct or indirect supervision of a veterinarian (level of supervision to be determined by the referring veterinarian) after the veterinarian has made a diagnosis and determined that rehab would be a safe and beneficial intervention. Leaving the decision up to the veterinarian and allowing qualified PT's to practice on their own premises under indirect supervision (with the veterinarian's consent and order to treat), allows increased safe access for consumers, allows veterinarians to collaborate with other licensed professionals of their choice, and allows for Board oversight to protect the consumer.

An appropriate legislative remedy is the clear solution to solve this ongoing debate for the benefit of the consumer, the animals, and all the professionals involved.

Sincerely,

  
Beth Williams, P.T. (NV #361), A.P.T. (NV #002)

K9 Wellness Center  
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January 7, 2025

Jessica Sieferman, Executive Officer  
Justin Sotelo, Lead Administrative Policy Analyst  
Timothy Rodda, Administration/Licensing Manager  
Veterinary Medical Board  
1747 North Market Blvd., Suite 230  
Sacramento, CA 95834

RE: Agenda Item 8, Upcoming CVMB Meeting on January 15, 2025. Support for Nevada's animal PT regulatory model.

Dear California Veterinary Medical Board members and staff,

I am writing in support of California modeling animal rehabilitation legislation after Nevada's animal physical therapy regulatory model. I have worked in both states as a certified canine rehabilitation therapist (CCRT) and found Nevada's model straightforward and clear for all parties. I would love to see California use Nevada's practice as a template for incorporating certified physical therapists into animal physical rehabilitation, allowing us the same abilities.

I have been a physical therapist for 21 years, certified by the Canine Rehabilitation Institute for 15 years and practicing with animals full time since transitioning from pediatrics in 2009. I was lucky enough to work for a busy specialty practice in the San Francisco Bay Area and quickly earn my certification, working alongside specialists and referring veterinarians closely for over 10 years. I decided to take an opportunity to open a practice in Stateline, Nevada in late 2018, knowing that I was able to do so thanks to the state's model of indirect supervision between the veterinary and physical therapy boards. I easily met the requirements and found the licensure proceedings to be smooth and straightforward. Both professional boards were easy to work with to acquire both my human physical therapy license as well as the animal physical therapy license. I did move back to the Bay Area in early 2020, but long for the collaborative atmosphere of Nevada.

Taking referrals from clients whose veterinarian was in Nevada was smooth and uncomplicated. I had no problems communicating with the referring clinic to acquire referral forms and records, and kept them updated with progress as their patients moved along their rehab journey. This model works very much like the human physical therapy field, enabling the veterinary team to refer to me for a variety of cases. I saw search and rescue dogs who were unable to get a clear diagnosis despite seeing specialists, finding the issue for each of two interesting cases, and getting them back to work. I was able to help senior dogs improve their quality of life, post-operative cases return to normal activity, and support end of life cases with comfort care together with the veterinary team, providing comprehensive and collaborative care.

It did get complicated with many cases coming from South Lake Tahoe and the California side of the lake, however. The veterinarians of SLT were often frustrated that their patients had to be evaluated by a veterinarian in Nevada before they could see me, adding extra expense and time. I was also not able to do mobile visits on the California side, which could have been very useful during the winter for elderly clients and large, physically challenged patients. This was the bulk of my caseload, and I shared the frustration of unnecessary expense passed on to the clients.

The model of veterinary referral to a certified physical therapist has worked without complaint or incident for decades in Nevada. The requirements for licensure are clear and set by the veterinary board for physical therapists wishing to work with animals. I would like to see California consider these same requirements. There is a strong need for more rehabilitation practitioners in California, and allowing appropriately certified and experienced physical therapists to provide these services with a referral would widen access significantly. Clients in the SF Bay Area are facing wait lists 3 months long, even for critical cases such as post-operative hemilaminectomy and other time-sensitive conditions. They are frustrated and desperately want more access to physical rehabilitation. Many would love the opportunity to choose a physical therapist specifically, given some of the unique qualifications and experience we bring to the field.

Thank you for considering this model. I look forward to the day when California adopts animal physical therapists as qualified rehabilitation practitioners. It would be a welcome solution to allow us to work alongside our veterinary colleagues for the benefit of our clients and patients alike.

Kind regards,

*D. Jenny Moe*

Jenny Moe, PT, MS, DPT, CCRT, APT  
Doctor of Physical Therapy  
Certified Canine Rehabilitation Therapist  
Animal Physical Therapist (Nevada)  
Owner, Doggon' Wheels, LLC

January 9, 2025

Jessica Sieferman, Executive Officer  
Justin Sotelo, Lead Administrative Policy Analyst  
Timothy Rodda, Administration/Licensing Manager  
Veterinary Medical Board  
1747 North Market Blvd., Suite 230  
Sacramento, CA 95834

RE: Agenda Item 8, Upcoming CVMB Meeting on January 15, 2025. Support for Nevada's animal PT regulatory model.

Dear Members of the California Veterinary Medical Board,

I hope this letter finds you well. My name is Juleanne M. Crumley and I am a licensed Physical Therapist (PT) since 1996, who obtained Animal Physical Therapist (APT) licensure through the Nevada Veterinary Medical Board in 2020. I am writing to share insights into the Nevada Veterinary Medical Board's rules and regulations and to advocate for the autonomous practice of Animal Physical Therapists (APTs) without direct supervision from a Doctor of Veterinary Medicine (DVM).

#### Nevada Veterinary Medical Board Regulations: A Model of Effectiveness

The Nevada Veterinary Medical Board has implemented a framework that allows APTs to practice collaboratively within the veterinary field, like the PT and MD model in human healthcare, under the condition that they have appropriate training and certification. This model has proven to be highly effective for several reasons:

1. Access to Care: Independent practice by APTs significantly improves access to rehabilitation services for animals, especially in rural or underserved areas where veterinary professionals may be scarce.
2. Specialized Expertise: APTs bring specialized knowledge in animal rehabilitation and physical therapy. This expertise complements veterinary care, ensuring that animals receive the most comprehensive and effective treatment plans.
3. Efficient Use of Resources: Allowing APTs to operate collaboratively with DVMs reduces the burden on veterinarians, enabling them to focus on diagnostic and medical treatments while APTs handle rehabilitation and therapy.

#### Rationale for Autonomous Practice

There are several compelling reasons why APTs should be allowed to practice in a collaborative model with DVMs, akin to the PT and MD relationship in human medicine:

1. Training and Certification: PTs undergo rigorous continuing education and training specific to quadrupeds and must demonstrate competency prior to becoming a licensed Animal Physical Therapist (APT). This process equips them with the necessary skills to practice safely and effectively. Their training includes detailed knowledge of animal anatomy, physiology, and rehabilitation techniques. Human PTs who have completed

appropriate continuing education and obtained an APT license are well-prepared to provide high-quality care to animals.

2. Low Risk of Harm: The nature of physical therapy and rehabilitation inherently carries a low risk of harm. The procedures and techniques used by APTs are generally non-invasive and are designed to promote healing and mobility.

3. Malpractice Insurance: APTs generally have lower malpractice insurance rates, reflecting the low-risk nature of our practice. This is an indication of the safety and reliability of the services we provide.

4. Professional Accountability: APTs are licensed professionals bound by ethical standards and continuing education requirements. We are committed to maintaining high standards of care and staying updated on the latest advancements in our field.

#### Conclusion

The Nevada Veterinary Medical Board's regulations have demonstrated that allowing APTs to practice independently is both safe and beneficial. This model not only enhances the quality of care for animals but also optimizes the use of veterinary resources. I respectfully urge the California Veterinary Medical Board to consider adopting similar regulations to improve access to specialized care and to recognize the professional capabilities of APTs. Thank you for your time and consideration.

Sincerely,

Juleanne M. Crumley, PT, APT, CCRP

NV PT: 1835

NV APT: 010

CCRP: Certified Canine Rehabilitation Practitioner

[REDACTED]

[REDACTED]

1739 Kodiak Circle

Reno, NV 89511



## SENATOR DAVE CORTESE

### ***SB 602: Improving the Veterinarian-Client-Patient Relationship***

#### **SUMMARY**

Animal shelters strive to provide low-cost veterinary services to the underserved, yet struggle to find veterinarians who can be at the shelter at all times when the public's animals are being treated. SB 602 will help remedy that limitation by permitting a Registered Veterinary Technician (RVT) to conduct vaccine and parasite control "wellness" appointments in the clinical and shelter settings.

#### **BACKGROUND**

RVTs are trained as part of their standardized licensing education to handle and administer vaccines, administer parasite control medications, as well as respond to any emergency conditions that could arise as a result of an adverse vaccine or medication reaction.

Existing law requires that if an RVT is to conduct a vaccine appointment without a veterinarian present, that the veterinarian must be quickly and readily available by phone, and that the RVT have necessary emergency drugs and equipment on hand in the event of an adverse reaction.

#### **ISSUE**

Recent legislative adjustments—namely Senator Cortese's SB 669 (2023)—have allowed RVTs to work at remote clinics without a veterinarian present. However, these changes did not extend to shelter environments.

Current law mandates that animal shelters provide low-cost rabies vaccines to the public's animals in an effort to control the disease and protect public health. Oftentimes, shelters are limited in their

ability to fulfill this mandate because they do not have a veterinarian on-site.

#### **THIS BILL**

SB 602 resolves this issue by permitting RVTs to perform vaccine and parasite control "wellness" appointments without requiring a veterinarian's physical presence at the clinic or shelter. This critical change will help prevent public health issues and ensure more animals receive timely care. Crucially, this bill maintains safety measures by requiring veterinarians to be available by phone and ensuring that RVTs have emergency procedures established.

SB 602 will make veterinary care more accessible by expanding access to low-cost veterinary care and reducing barriers for underserved pet owners and shelter animals. A public health measure, this bill will enhance disease control efforts by ensuring more pets are protected from common diseases in a timely manner.

#### **SUPPORT**

- San Francisco Society for the Prevention of Cruelty to Animals (*Sponsor*)
- California Veterinary Medical Association (*Sponsor*)
- San Diego Humane Society (*Sponsor*)
- Best Friends Animal Sanctuary
- Fresno Humane
- Muttville
- Animal Compassion Team
- Woody Cat Rescue
- Kim's Nurturing Nest Animal Sanctuary
- Friends of Alameda Animal Services
- The Dancing Cat
- Santa Barbara Humane
- Imperial County Humane

- Marin Humane
- Humane Society of Silicon Valley
- Norcal Boxer Rescue
- Norcal GSP Rescue
- Joybound People & Pets
- Sacramento Society for the Prevention of Cruelty to Animals

#### **FOR MORE INFORMATION**

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## Senate Bill 687: Animal Chiropractic Care - Direct Access

### Summary

SB 687 would update the chiropractic scope of practice to allow Doctors of Chiropractic to deliver animal chiropractic services without the direct supervision of a licensed veterinarian if they possess a valid certification from one of the following organizations:

- American Veterinary Chiropractic Association (AVCA); or
- International Veterinary Chiropractic Association (IVCA).

Chiropractors who are not certified may continue to practice animal chiropractic under the direct supervision of a licensed veterinarian.

### Existing Law

On November 7, 1922, California voters passed the Chiropractic Initiative Act of California, which created the State Board of Chiropractic Examiners (BCE), the entity that oversees the licensure and regulation of chiropractic doctors in California.<sup>1</sup>

According to the California Code of Regulations, Title 16, Sec. 2038, a California-licensed Doctor of Chiropractic (DC) must work under the direct supervision of a licensed veterinarian when providing chiropractic services to animals.<sup>2</sup>

However, the California Veterinary Medical Board (CVMB) does not regulate chiropractic licenses, and because current law only allows DCs to perform animal chiropractic under the

supervision of a veterinarian, this creates limitations and confusion for both BCE and CVMB.

Currently, six states have passed laws allowing DCs to adjust animals without the direct supervision of a veterinarian:

- Arkansas (2021)
- Colorado (2018)
- Nebraska (2021)
- Ohio (2020)
- Oklahoma (2011)
- Utah (2021)

### Background

The ASPCA estimates that about 31 million U.S. households adopted a pet during the COVID-19 pandemic.<sup>3</sup> This increase in pet ownership, coupled with more veterinarians retiring from the profession than graduating, has exacerbated the staffing issues that plagued the veterinary medicine industry before the pandemic.<sup>4</sup>

According to a 2023 study by Mars Veterinary Health, pet healthcare services spending is expected to increase 3-4% per year beyond inflation over the next 8-10 years.<sup>5</sup>

Given this situation, allowing certified DCs to adjust animals, alongside traditional veterinary medicine, will give pet owners more options when making decisions about their pet's health and well-being.

<sup>1</sup> Chiropractic Initiative Act of California

<sup>2</sup> California Veterinary Medicine Practice Act, Page 96.

<sup>3</sup> ASPCA, May 26, 2021

<sup>4</sup> Garcia, Catherine. "The U.S. Veterinarian Shortage Crisis." *The Week*, July 18, 2023.

<sup>5</sup> Mars Veterinary Health. "Tackling the Veterinary Professional Shortage." Aug. 2023.

**Solution**

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SB 687 would add language to the Business and Professions Code to ensure that only those who have earned a DC degree and are properly certified will administer chiropractic adjustments to animals without the supervision of a veterinarian.

In addition to a DC license, chiropractors would be registered as an animal chiropractic practitioner with the BCE and would maintain requirements, including certification and continuing education from one of two specified entities. They would also carry malpractice insurance.

A chiropractor who is not a certified animal chiropractic practitioner may continue to deliver animal chiropractic services under the direct supervision of a veterinarian.

Veterinarians will continue to provide primary care for companion animals. Allowing certified animal chiropractors to practice without direct supervision represents a positive contribution to the pet healthcare industry by opening up another avenue for owners to access affordable care for their beloved pets.

**For More Information**

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Bill text and status can be found at  
<http://leginfo.legislature.ca.gov/>

**CALIFORNIA VETERINARY MEDICAL BOARD**  
**LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE**  
**SECTION 4887 REGARDING PETITIONS FOR REINSTATEMENT**

July 2024 Additions are indicated in single underline.

April 2025 Proposed Additions are indicated in double underline.

Deletions are indicated in ~~single strikethrough~~.

Amend section 4887 of the Business and Professions Code as follows:

**4887.** (a) (1) A person whose license, ~~or registration, or permit~~ has been revoked or surrendered to resolve a disciplinary proceeding or who has been placed on probation may petition the board for reinstatement or modification of penalty including modification or termination of probation after the period as described below in subparagraphs (A) to (C), inclusive, has elapsed from the effective date of the decision ordering the disciplinary action. The petition shall state facts as required by the board. The period shall be as follows:

(A) At least three years for reinstatement of a surrendered or revoked license, registration, or permit.

(B) At least two years for early termination or modification of probation of three years or more.

(C) At least one year for modification of a condition or termination of probation of less than three years.

(2) The amount of time during which probation is tolled shall not be counted toward the period specified under subparagraphs (B) and (C) of paragraph (1) of subdivision (a).

(23) Notwithstanding paragraph (1), the board may, upon a showing of good cause, specify in a revocation order, a surrender order, or an order imposing probation of more than three years that the person may petition the board for reinstatement or modification or termination of probation after one year.

(b) The petition shall be accompanied by at least two verified recommendations from veterinarians licensed by the board who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed. An individual petitioning the board for reinstatement shall submit a full set of fingerprints for the purpose of conducting a criminal history record check and undergo a state and federal criminal offender record information search conducted through the Department of Justice, pursuant to subdivision (u) of Section 11105 of the Penal Code. The Department of Justice shall provide a state or federal response to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(c) The petition shall be heard by the board. The board may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities since the license, ~~or~~ registration, or permit was in good standing, and the petitioner's rehabilitation efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the board finds necessary.

(ed) The board reinstating the license, ~~or~~ registration, or permit or modifying a penalty may impose terms and conditions as it determines necessary. ~~To reinstate a revoked license or registration or to otherwise reduce a penalty or modify probation shall require a vote of five of the members of the board.~~

(de) The petition shall not be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. A petition shall not be considered while there is an accusation or petition to revoke probation pending against the person. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

(f) If the petition is granted, the petitioner shall have one year from the effective date of the decision to satisfy all conditions required to be completed prior to any change of the status of the license, registration, or permit as ordered in the decision.