BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA VETERINARY MEDICAL BOARD
1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2978
P (916) 515-5220 | Toll-Free (866) 229-0170 | www.vmb.ca.gov

CALIFORNIA VETERINARY MEDICAL BOARD
MULTIDISCIPLINARY ADVISORY COMMITTEE
MEETING MINUTES
October 14, 2025

In accordance with Government Code section 11122.5, subdivision (a), the Multidisciplinary Advisory Committee (Committee) of the California Veterinary Medical Board (Board) met in-person with additional public participation available via teleconference/WebEx Events on **Tuesday, October 14, 2025**, with the following location available for Committee and public member participation:

Department of Consumer Affairs
1625 North Market Boulevard, Hearing Room
Sacramento, CA 95834

Webcast Link:

- Agenda Items 1-12 (https://youtu.be/-qg9hn-zRuY)

10:00 a.m., Tuesday, October 14, 2025

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

Committee Chair, Marie Ussery, Registered Veterinary Technician (RVT), called the meeting to order at 10:02 a.m. Executive Officer (EO), Jessica Sieferman, called roll, and eight members of the Committee were present; a quorum was established. Mark Nunez, Doctor of Veterinary Medicine (DVM), was absent from roll call, but arrived at 10:58 a.m.

Members Present

Marie Ussery, RVT, Chair
Cheryl Waterhouse, DVM, Vice Chair
Kathy Bowler
Jeni Goedken, DVM
Mark Nunez, DVM
Kristi Pawlowski, RVT, Board Liaison
Leah Shufelt, RVT
Maria Preciosa S. Solacito, DVM, Board Liaison
Richard Sullivan, DVM

Board Staff Present

Jessica Sieferman, EO

DRAFT

Matt McKinney, Deputy EO
Alicia Hernandez, Administration/Licensing Manager
Patty Rodriguez, Enforcement Manager
Justin Sotelo, Policy Specialist
Rob Stephanopoulos, Enforcement Manager
Susan Acklin, Licensing Technician
Robert Esquivel, Administrative Analyst
Kellie Fairless, Enforcement Analyst
Brett Jarvis, Enforcement Analyst
Amber Kruse, Enforcement Analyst
Anh-Thu Le, Enforcement Analyst
Kim Phillips-Francis, Enforcement Analyst
Robert Rouch, Enforcement Analyst
Heather Satterfield, Licensing Technician

Department of Consumer Affairs (DCA) Staff Present

David Bouilly, Moderator, Strategic Organizational Leadership and Individual Development (SOLID)
Judie Bucciarelli, Staff Services Manager, Executive Office
Alex Cristescu, Television Specialist, Office of Public Affairs (OPA)
Elizabeth Dietzen-Olsen, Regulations Counsel, Attorney III, Legal Affairs Division
Ann Fisher, Administrative Analyst, SOLID
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division

Guest Presenters

Dina Allison, DVM, Medical Director, Animal Balance
Emma Clifford, Founder/Director, Animal Balance
Julianna Tetlow, San Diego Humane Society

Guests Present

Brittany Alcantar, Veterinary Services Administrator, City of Sacramento Front Street Animal Shelter
Dan Baxter, Executive Director, California Veterinary Medical Association (CVMA)
Carrie Ann Calay
Pamela Collier, RVT, Ethos Veterinary Health
Christine Howson, Senior Counsel, Klinedinst
Chazney Johnson, Pharmacy Technician
Jennifer Loredo, RVT
Bonnie Lutz, Esq., Klinedinst
Steven Manyak, DVM, Board Member
Grant Miller, DVM, Director of Regulatory Affairs, CVMA
Kate Ying
Scott Young, Summit / Pharma Policy Center

DRAFT

Phillip Zimmerman, Manager of Animal Care Services, City of Sacramento Front Street Animal Shelter

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

Public Comment: Ms. Ussery requested public comment on this item. There were no public comments made on this item.

3. **Review and Approval of July 15, 2025 Committee Meeting Minutes**

Ms. Ussery stated that Dr. Waterhouse had provided some edits to the July 15, 2025 Committee meeting minutes. Ms. Sieferman noted that Ms. Pawlowski also provided some edits to the meeting minutes; she explained all shared edits to the Committee.

Motion: Ms. Ussery requested a motion. Kathy Bowler moved and Kristi Pawlowski, RVT, seconded a motion to approve the July 15, 2025 Committee meeting minutes, as amended.

Public Comment: Ms. Ussery requested public comment on the motion. There were no public comments made on the motion.

Roll Call Vote: Ms. Ussery called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 7-0-1 with Dr. Sullivan abstaining. Dr. Nunez was absent for the vote.

Members	Vote			
	Yea	Nay	Abstain	Absent
Marie Ussery, RVT, Chair	X			
Cheryl Waterhouse, DVM, Vice Chair	X			
Kathy Bowler	X			
Jeni Goedken, DVM	X			
Mark Nunez, DVM				X
Kristi Pawlowski, RVT	X			
Leah Shufelt, RVT	X			
Maria Preciosa S. Solacito, DVM	X			
Richard Sullivan, DVM			X	

4. **Committee Chair Report—*Marie Ussery, RVT***

Ms. Ussery provided an overview of what occurred at the July 2025 Board meeting, including the following:

- **Non-Action Agenda Items Referred to Committee**: Ms. Ussery provided a brief overview of the agenda items that did not require Board action. Of those items, two were referred back to the Committee for further evaluation: the condition-specific veterinarian-client-patient relationship (VCPR) and VCPR time limit; and, clinic staff signing on behalf of treating veterinarians and types of

DRAFT

signatures that are accepted. It was requested that the Board await a response from the Medical Board of California before proceeding, and if no adverse feedback is received from other boards, the Committee will explore the development of outreach materials.

- **Amendment to Assembly Bill (AB) 1502 (Berman, 2025) / Business and Professions Code (BPC) Section 4841.5**: Regarding Board meeting Agenda Item 5.B., the Board voted to ratify the proposed amendments to BPC section 4841.5 included in the June 25, 2025 version of AB 1502.

- **Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 2068.5**: Regarding Board meeting Agenda Item 5.C., the Board voted to approve the Committee's recommendation to initiate a rulemaking to amend CCR, title 16, section 2068.5 regarding practical experience and education as equivalent curriculum for RVTs.

- **Updates to Self-Inspection Checklist**: Regarding Board Agenda Item 5.D., which included recommendations to update the Board's self-inspection checklist, several questions were raised concerning the checklist content, and it was clarified that the checklist must reflect current law and can be revised as new regulations take effect. Feedback was provided regarding drug security controls, Drug Enforcement Administration registration, and small animal mobile premises. Additional suggestions will be submitted via email to the appropriate subcommittee prior to the final checklists being posted online.

- **Update on Pending Regulations**: Regarding Board Agenda Item 7, Mr. Sotelo gave an update on pending regulations. A summary was presented on the four phases of the regular rulemaking process: concept phase; production phase; initial filing phase; and, final filing phase.

  There are currently six regular rulemaking packages in progress, each in various stages of the process. The first is the Minimum Standards for Alternate Veterinary Premises package, which is in the initial filing phase. The Office of Administrative Law raised some concerns regarding the proposed language, and the assigned subcommittee and stakeholders provided feedback addressing these concerns. The Board would be reviewing that item the next day. The next five packages are all in the production phase and were listed in order of priority for completion.

Public Comment: Ms. Ussery requested public comment on this item. There were no public comments made on this item.

5. **Presentation Regarding Mobile Animal Sterilization Hospital (MASH) Clinics—** ***Emma Clifford, Founder/Director, Animal Balance, Dina Allison, DVM, Medical***

DRAFT

Director, Animal Balance and Bruce Wagman, Esq., San Francisco Society for the Prevention of Cruelty to Animals (SF SPCA)

Ms. Sieferman introduced the presenters and indicated that Julianna Tetlow from the San Diego Humane Society would be joining remotely instead of Bruce Wagman, Esq.

Ms. Tetlow began the presentation with the following:

- **Spay/Neuter Access Crisis**: She opened by highlighting the long-standing shortage of spay/neuter services affecting both shelters and pet owners. She noted that subsidized access had significantly reduced shelter euthanasia—from 13.5 million in 1973 to 1.5 million in 2019. However, the COVID-19 pandemic caused many providers and shelters to suspend surgeries, leading to a resurgence of the crisis. Ms. Tetlow emphasized that the current situation may be the worst in five decades, posing a serious threat to animal welfare due to insufficient sterilization options.

- **Impact on Shelters and the Public**: Ms. Tetlow noted that 60% of California shelters have no veterinarian, resulting in warehousing and euthanasia. She cited Sacramento shelters, where over 1,000 animals are in foster homes, but sterilization rates are too low to meet demand. This affects both shelter and privately owned pets, as California law prohibits adoption of unsterilized cats and dogs (with exceptions for counties under 100,000 population). While no one is suggesting bypassing this law, she stressed that a solution must be found to comply with it.

- **Role of High-Quality, High-Volume Spay/Neuter (HQHVSN) and Senate Bill (SB) 1233 (Wilk, Chapter 613, Statutes of 2024)**: The proposed solution, according to Ms. Tetlow, is using veterinarians trained in HQHVSN, which increases surgical volume while maintaining high standards. She referenced SB 1233, which supports training and deployment of HQHVSN veterinarians. Although SB 1233 programs are not yet established, many California veterinarians are already trained, and nonprofits like Animal Balance are actively providing these services.

- **Barriers to HQHVSN Implementation**: Ms. Tetlow explained that despite trained professionals and willing organizations, California regulations severely restrict HQHVSN operations. The requirement for a veterinary premises registration under CCR, title 16, section 2030 creates legal barriers. These rules, designed for brick-and-mortar hospitals, are incompatible with the mobile, temporary nature of MASH clinics essential for high-volume sterilization.

- **MASH Clinic Model and Effectiveness**: Ms. Tetlow described MASH clinics as single-room, step-by-step setups that are mobile, replicable, and have lower

DRAFT

post-operation infection and complication rates. However, because they do not meet fixed-premises structural requirements (e.g., enclosed surgery rooms), they are not legally permitted—even though they are safe and effective.

- **Need for Legal Reform**: Ms. Tetlow argued that without a legal pathway for MASH-style HQHVSN operations, California cannot meet the sterilization demand. Current law hinders progress unless exceptions are made. Nonprofits like Animal Balance need the ability to set up temporary clinics in public spaces like community centers or gymnasiums to perform surgeries safely and efficiently.

- **Call to Action and Coalition Support**: In closing, Ms. Tetlow stated that organizations including the San Diego Humane Society, SF SPCA, and the American Society for the Prevention of Cruelty to Animals are working with Animal Balance to advocate for legal changes. Their goal is to address the spay/neuter crisis through safe, legal, and scalable HQHVSN operations. She expressed interest in the Board's input and support.

Ms. Clifford continued the presentation as follows:

- **Introduction and Background**: Ms. Clifford introduced herself as founder and director of Animal Balance, a California nonprofit 501(c)(3). For over 20 years, the organization has provided HQHVSN programs internationally. Since the pandemic, it has shifted focus to U.S. shelter euthanasia, operating in New Mexico, Texas, California, and Nevada. Animal Balance has performed 64,000 spay/neuter surgeries across 12 countries.

- **International Success and VetAID Program**: She highlighted work in the Galápagos Islands, where sterilizing 72% of dogs and 80% of cats helped protect native species. In the U.S., the VetAID program increases safe, efficient spay/neuter surgeries in shelters and clinics, using replicable HQHVSN models to prevent euthanasia.

- **MASH Clinic Model**: Ms. Clifford clarified that "mobile" refers to the team's mobility, not vans. MASH clinics are temporary setups in large rooms like gymnasiums or community centers, operating for three days. The team builds the clinic, performs at least 200 surgeries, then restores the space. Standard operating procedures (SOPs) guide every step to ensure safety.

- **Safety and Effectiveness**: Animal Balance's SOPs minimize infection and complications. Teams include highly experienced veterinarians and technicians. She cited a 0.26% post-operation infection rate and 0.78% total complication rate—far below the 2.6%–33% range reported by the Edinburgh Royal College of Veterinary Medicine.

DRAFT

- **Urgency of the Spay/Neuter Crisis**: Echoing Ms. Tetlow, she described how the pandemic worsened California's spay/neuter crisis. Many providers shut down or lost funding, increasing unaltered animals and backlogs. In many areas, MASH clinics are the only viable high-volume solution to reduce shelter stays and improve welfare.

- **Legal Barriers in California**: Current law (CCR, title 16, section 2030, subsection (g)(1)-(5)) requires surgery units to have floor-to-ceiling walls and doors. MASH clinics, operating in open spaces, cannot comply. This effectively prohibits their use, limiting sterilizations and contributing to euthanasia.

- **Call for Legal Exemption**: Ms. Clifford urged a formal exemption for temporary HQHVSN MASH clinics. She emphasized their proven safety and high standards, supported by detailed SOPs. She noted the Board has acknowledged the lack of affordable spay/neuter services as a barrier to care.

- **Cost Savings and Broader Impact**: She shared a cost analysis from Los Angeles Animal Services: with shelter stays averaging 20 days at $40/day, sterilizing and adopting animals within three days could save over $1 million. Legalizing MASH clinics would save lives, improve health, and reduce public costs.

- **Conclusion and Appeal to the Board**: Ms. Clifford concluded that California has a unique opportunity to lead on pet overpopulation. Allowing nonprofits and shelters to use the MASH model would prevent births, promote health, and save public funds.

Dr. Allison continued the presentation as follows:

- **Professional Background and Experience**: Dr. Allison introduced herself as Medical Director for Animal Balance, joining in September 2023, and assuming her current role in February 2025. She has worked in HQHVSN since 1999, with experience in shelter medicine, private practice, large animal care, and mobile clinics. She noted that only MASH clinics have matched the surgical volume she achieved at places like Sacramento SPCA—without compromising safety.

- **Overview of MASH Clinic Setup**: She described the ideal MASH clinic as a large rectangular room with seven stations arranged in a circular layout to enhance communication. Each patient's medical record tracks their progress through registration, examination, induction/preparation, surgery, recovery, and release. At registration, owner and health history are collected, and each animal receives a unique ID.

- **Pre-Surgical Assessment and Admission**: At the examination station, a California-licensed veterinarian and technician weigh the animal, take vitals, and

DRAFT

perform a pre-surgical examination. SOPs include strict criteria for age, weight, breed, health grade, and risk. Animals not meeting criteria are sent home with advice. Admitted animals receive pre-medication and are kenneled.

- **Induction and Surgical Preparation**: A lead RVT and team induce anesthesia and prepare animals under the lead veterinarian's supervision. The induction area remains in view of the surgical station for oversight and safety.
- **Surgical Station Protocols**: Managed by the lead veterinarian, surgeries are performed by California-licensed veterinarians trained in HQHVSN. Staff follow strict protocols, wear caps, masks, and gowns, confirm identity, perform sterilization, apply tattoos, and ear tips if requested.
- **Recovery and Monitoring**: First-stage recovery is near the surgical station for real-time communication. Four to six RVTs and volunteers monitor animals, remove tubes, provide heat support, and monitor vitals. Vaccinations and microchipping are done here if needed. Stable animals move to second-stage recovery in clean kennels for continued monitoring.
- **Discharge and Aftercare**: Two hours post-operation, a veterinarian or RVT performs a discharge examination. Owners are contacted, and animals go home with medication, e-collar, written instructions, and a video guide. A 24/7 post-operation call line and local emergency/private practice partnerships ensure follow-up care and outcome tracking.
- **Safety and Oversight in Single-Room Setup**: Dr. Allison emphasized that the single-room setup allows continuous visual and auditory oversight of induction and recovery, enabling quick responses. She contrasted this with California's requirement for separate surgical suites, which can isolate surgeries in unsafe, poorly ventilated spaces.
- **Aseptic Technique and Environmental Controls**: The surgical area is visually isolated with duct tape, with a 10-foot buffer from preparation/recovery and three feet to the table. Access is limited, no exterior doors, open windows, or fans are allowed. Only essential staff enter, all in surgical attire. No vacuums or sweeping occur while patients are present.
- **Closing Remarks**: Dr. Allison thanked the Board and offered to answer questions. She noted that Animal Balance's full SOPs are available upon request.

The presenters shared a short video with the Committee about MASH clinics.

Discussion: The Committee discussed the agenda item and the topic of MASH clinics with the presenters as follows:

DRAFT

- **Anesthesia and Surgical Protocols**: Dr. Allison explained that anesthesia typically includes Telazol, nalbuphine or butorphanol, and medetomidine, given intravenously. All animals are intubated and placed on gas/oxygen, except male cats in short (less than 10 minute) procedures, at the veterinarian's discretion. Surgical packs are sterilized between uses. Complications are tracked using a five-stage system, from minor issues to patient loss.

- **Complication Tracking and Follow-Up**: Data is collected intra- and post-operation via callbacks and emails. Dr. Allison noted their complication rates are lower than some high-volume hospitals. A grading system is used, and local clinics are contacted to confirm outcomes. Infection rates over 0.5% are flagged, and mentoring is provided, if needed.

- **Shelter Partnerships and Animal Flow**: Animal Balance partners with various shelters. In Los Angeles, they performed 1,200 surgeries in seven months, helping move animals into rescues. Ms. Tetlow added that at San Diego Humane Society, 16% of animals were awaiting sterilization, despite having more veterinarians than most shelters.

- **Clinic Layout and Capacity**: MASH clinics use one set of six stations in a gymnasium or similar space, aiming for 200 surgeries over three days. Partners include shelters without veterinarians or city-funded programs. Owners drop off and pick up animals, with limited interaction unless needed.

- **Patient Selection and Safety Criteria**: Not all animals qualify. SOPs exclude dogs over eight years old, with heart murmurs, brachycephalic breeds, or over 100 pounds. Non-qualifying animals are referred elsewhere, and partners are educated on these limits.

- **Veterinarian Recruitment and Training**: Veterinarians and RVTs are recruited through peer networks and must be California-licensed. New applicants are vetted for HQHVSN experience. Dr. Allison and Ms. Clifford are working with the University of California, Davis (UC Davis) to mentor new graduates into MASH clinics.

- **Training and Quality Control**: All team members review training videos and attend on-site orientations. Daily debriefs, morning check-ins, and weekly meetings support communication and improvement. Quality control includes surgical pack checks, complication tracking, and real-time feedback.

- **Regulatory Barriers – Surgical Suite Requirements**: CCR, title 16, section 2030 requires enclosed surgical suites with specific features. MASH clinics, operating in open spaces, cannot comply. There are no classic MASH clinics provided in California, and the separate room requirements inhibit practitioner

DRAFT

communication. Inspectors have stated that even with SOPs, lack of structural compliance would result in citations.

- **Regulatory Pathways and Exemptions**: There was discussion about using hardship exemptions under CCR, title 16, section 2030, subsection (g)(1)(B), which allow exceptions for zoning or historic buildings. However, current language does not clearly apply to temporary setups like MASH clinics, prompting calls for change.
- **Premises Registration and Practice Type Classification**: Committee members questioned how MASH clinics could obtain premises registrations. Suggestions included creating a new practice type, similar to mobile or fixed practices. Regulatory—not legislative—changes would be needed, along with stakeholder input.
- **VCPR Challenges**: Establishing VCPRs in high-volume settings was noted as a barrier. Some suggested allowing RVTs to act as agents for VCPRs in spay/neuter, as they do for vaccines. Dr. Allison acknowledged the challenge and supported exploring this option.

Public Comment: Ms. Ussery requested public comment on the presentation and discussion regarding MASH clinics. The following public comments were made:

- Grant Miller, DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

  Dr. Miller began by thanking the presenters for bringing forward such an important topic and for educating the Committee on how HQHVSN can be successfully performed to help address California's pet overpopulation problem. He shared that the CVMA board had briefly discussed this concept during their recent vision planning meeting. The conversation among CVMA board members mirrored the Committee's, with some members having HQHVSN experience and others not. The discussion ultimately centered on the observation that the current minimum standards for surgery—such as requirements for doors, walls, and disinfectable surfaces—appear to be primarily aimed at preventing surgical infection.

  Dr. Miller then reflected on his own experience as an equine practitioner, noting that he routinely performs surgeries like castrations and standing flank laparotomies in open-air environments without encountering surgical problems. He acknowledged that the physiology of horses and cattle may differ from dogs and cats, but questioned whether infection is truly a significant concern in HQHVSN settings, especially when incisions are small and procedures are quick.

DRAFT

He emphasized that surgical speed and careful tissue handling are key to minimizing infection risk and suggested that the Board should consider, based on their collective surgical experience, how many infections they have actually seen. He posed the critical question: do we need all of these stringent regulations for HQHVSN when hundreds of thousands of animals are dying in shelters each year due to overpopulation?

Dr. Miller further questioned whether the same regulatory standards should apply to HQHVSN providers as to general practitioners. He suggested that while such standards may be appropriate for routine veterinary practices, they may not be necessary for specialized, high-efficiency procedures involving small incisions. He urged the Board to seriously consider whether these requirements are truly needed in the context of HQHVSN.

Turning to the topic of the VCPR, Dr. Miller acknowledged the challenge of meeting VCPR requirements in high-volume settings, where meaningful communication between veterinarian and client can be time-consuming. He shared that he had presented this issue to the CVMA board as a potential legislative topic, but the board instead decided to commission a task force to explore the issue in depth. Animal Balance will be invited to present to this task force to help inform their understanding of how VCPR functions in HQHVSN contexts.

Dr. Miller noted that the CVMA board's initial reaction to the idea of allowing RVTs to act as agents for establishing VCPR was not favorable. The concern was that RVTs do not have the surgical training necessary to answer client questions or provide adequate communication. However, the task force will explore other potential solutions, and Dr. Miller assured the Committee that any progress made will be reported back to the Board.

- Bonnie Lutz, Esq., Klinedinst, provided the following public comment:

  Ms. Lutz introduced herself as an attorney who represents veterinarians before the Board in cases involving complaints and disciplinary matters. She began by expressing her agreement with everything Dr. Miller had said during his remarks. She then emphasized a specific concern she is currently seeing frequently in her legal practice: the issue of informed consent. While California does not formally use the term "informed consent," she noted that it is embedded within the requirements of the VCPR.

  Ms. Lutz explained that many of her clients are being cited for failing to establish adequate communication with clients prior to performing procedures. This lack of communication is being interpreted as a failure to meet the VCPR standard, and it is becoming a significant source of disciplinary action. She expressed concern about how this issue could be exacerbated in the context of HQHVSN clinics,

DRAFT

where the pace and structure of operations may make it more difficult to ensure that proper communication occurs.

She acknowledged that there may be ways to address or work around this challenge, but stressed that it is a major issue that needs to be examined closely. Ms. Lutz also pointed out that this is not just a California issue—it is a national one. She referenced the American Veterinary Medical Law Association (AVMLA), which is currently preparing a presentation on informed consent laws and regulations across various states. Drawing from her own research for a large company, she noted that while some states have very clear definitions of informed consent, others do not, which adds to the complexity.

In closing, Ms. Lutz reiterated that the VCPR and informed consent will likely remain a significant concern in the context of HQHVSN setups, and she wanted to ensure that this issue was brought to the Committee's attention.

- Chazney Johnson provided the following public comment:

  Ms. Johnson introduced herself as a pharmacy technician based in Oceanside, California. She shared a concern and suggestion related to clinical practices in veterinary medicine. Specifically, she expressed interest in seeing a clear demarcation line in veterinary clinics, similar to what is standard in human hospitals. She explained that in regular hospitals, surgical staff wear designated surgical scrubs, and she believes incorporating that level of visual and procedural separation into veterinary settings would be beneficial. Ms. Johnson added that, as a customer and pet owner, she would appreciate seeing such professional standards reflected in veterinary care environments.

6. Update, Discussion, and Possible Action on Recommendations from the Unlicensed Practice Subcommittee—*Mark Nunez, DVM, and Maria Preciosa S. Solacito, DVM*

A. Legislative Proposal to Amend Business and Professions Code (BPC) 4827 Regarding Veterinary Medicine Practice Exemptions

Dr. Nunez presented the meeting materials to the Committee and the following information:

He emphasized that neither the Unlicensed Practice Subcommittee nor the Board intends to hinder the work of rescue groups. The Board is committed to collaborating with these organizations to address pet overpopulation, especially given access to care challenges and rising veterinary costs. He stressed that the Board does not want to make rescue work more difficult.

DRAFT

Rather than removing the owner exemption entirely, the Subcommittee focused on defining what owners should not be allowed to do—drawing the line at surgery. Dr. Nunez stated that even if it is their own pet, owners should not perform surgery. The Subcommittee, with Board Counsel and staff, drafted a legislative proposal that retains the owner exemption, but explicitly prohibits surgical and dental procedures.

He noted that the proposed language was presented at an October 9, 2025 stakeholder meeting with key shelter leaders, including representatives from California Animal Welfare Association (CalAnimals), San Diego Humane Society, SF SPCA, UC Davis, and Wallis Annenberg PetSpace. He appreciated their engagement and feedback.

Stakeholders initially expressed concern that the Board was trying to restrict basic services like nail trimming or wound cleaning. Dr. Nunez clarified that the intent is solely to regulate surgery, which falls under the Board's authority. While dentistry is already defined in the Practice Act, surgery is not—this proposal aims to define it.

The proposed language, found on page four of the meeting materials, defines "surgical operation" under BPC section 4827, subdivision (a)(1)(C), as any procedure where skin or tissue is penetrated or severed. It excludes injectable drug administration, artificial insemination, livestock castration, dehorning, branding, microchipping, and tag placement. He addressed concerns that nail trimming might be misinterpreted as surgery and assured that the Board has no intention or resources to enforce against such practices.

He concluded by noting that everything not underlined in the proposal already exists in the Practice Act. Additional stakeholder requests would be addressed separately. He presented the proposed legislation to the Committee for consideration.

Ms. Sieferman provided the following comments:

She clarified a discrepancy between the meeting materials (page two) and the legislative proposal (page four), specifically in BPC section 4827, subdivision (a)(1)(C)(i). The original language required injectable drugs to be prescribed by a California-licensed veterinarian, which raised concerns among shelter stakeholders.

Stakeholders worried this could restrict common practices, such as administering injectable medications not prescribed by a veterinarian. After discussion, the language was revised to end at "injectable drugs," removing the prescription requirement. Stakeholders viewed this as a meaningful compromise and appreciated that the owner exemption was preserved.

DRAFT

Dr. Nunez provided the following additional comments:

He clarified that injectable medications not prescribed by a veterinarian—like subcutaneous fluids or vitamin shots—are commonly used by rescue groups and available from feed stores or online. These practices, while not directly addressed in the proposal, were acknowledged as part of rescue operations.

He addressed a key stakeholder question: why is this legislation needed if animal abuse laws already exist? He explained that while such laws are in place, enforcement is difficult and often requires proving intent to harm. The Board has received complaints about fringe rescues or individuals—sometimes hoarders—performing procedures they should not.

Prosecuting these cases is challenging due to the high legal threshold. By explicitly prohibiting unqualified individuals from performing surgery, the Board would be better equipped to intervene. Some stakeholders were skeptical, having not seen such cases firsthand, but Dr. Nunez explained that due process limits the Board's ability to share case details.

He concluded by stressing that the proposed language would strengthen the Board's consumer protection role and invited questions about the changes on page four of the meeting materials.

Discussion: The Committee reviewed the meeting materials and the following was discussed:

Dr. Waterhouse raised a clarifying question about whether subcutaneous fluids are considered "drugs" under the proposed legislative language. She admitted she does not typically think of them that way, but acknowledged that perhaps she should. Based on the discussion, she confirmed that subcutaneous fluids are indeed included under the term "injectable drugs."

Dr. Nunez explained that the Board intentionally avoided listing specific drugs in the proposal to prevent complications in defining every allowed or prohibited substance. Instead, the language was kept broad to allow flexibility.

He noted that enforcement decisions would rely on the Board's discretion, allowing case-by-case assessments based on context and potential risk. The term "injectable drugs" was intentionally general to include items like subcutaneous fluids without being overly prescriptive.

Motion: Ms. Ussery requested a motion. Maria Preciosa S. Solacito, DVM, moved and Cheryl Waterhouse, DVM, seconded a motion to recommend to the Board submission to the California State Legislature the legislative proposal to amend BPC section 4827 regarding unlicensed practice.

DRAFT

Public Comment: Ms. Ussery requested public comment on the motion. The following public comments were made on the motion:

- Grant Miller, DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

  Dr. Miller offered a comment regarding the proposed language under BPC section 4827, subdivision (a)(1)(C), which defines what constitutes a surgical operation and outlines the exemptions. He pointed out that while the provision includes the administration of injectable drugs as an exemption, there is another aspect that may need to be considered. Specifically, if the definition of a surgical operation is based on the penetration of the skin, then any needle insertion—including those used to draw blood—would technically fall under that definition. He noted that many cattle producers routinely draw blood for diagnostic purposes, such as pregnancy testing, and suggested that this common practice might need to be explicitly addressed in the language.

  He continued by raising a broader concern about the implications of defining "surgical operation" in statute. In the absence of any other definition elsewhere in California law, even though the proposed language states that the definition applies "for purposes of this paragraph," there is a risk that it could be interpreted more broadly in the future. Dr. Miller expressed concern that this could lead to unintended consequences, such as interpreting routine veterinary procedures like giving injections or drawing blood as surgical operations.

  Dr. Miller asked whether the Subcommittee had considered the potential ramifications of incorporating this language into statute. He emphasized the importance of anticipating how such definitions might be applied or interpreted down the line, especially in the absence of other statutory definitions of surgical procedures.

- Carrie Ann Calay provided the following public comment:

  Ms. Calay began by requesting clarification regarding a portion of the July 2025 meeting minutes, which she assumed had been confirmed through their acceptance at the current October 2025 meeting. She explained that her question was relevant to the ongoing discussion about the owner exemption and hoped it could be addressed during this meeting.

  She referred specifically to a report given by Ms. Ussery, which stated that, as a result of concerns raised, the Board proposed creating a first aid and husbandry exemption clause. This clause became BPC section 4827, subdivision (a)(8). According to the report, the Board had carefully worded the clause to avoid unintended loopholes and to strike a balance between

DRAFT

allowing reasonable care and preventing unregulated and unlicensed veterinary practice. The Board had voted to submit the amended proposal to the Legislature.

Ms. Calay's main question was about the final disposition of that action. She asked whether the proposal had been dropped, whether it was intended to become future legislation, or whether it would be added as a revision to the Practice Act at a later time. She also asked whether the current vote being taken at the meeting was intended to further revise the owner exemption in the future. She acknowledged that her question was complex, but reiterated her request for clarification within the broader context of the owner exemption discussion.

- Bonnie Lutz, Esq., Klinedinst, provided the following public comment:

  Ms. Lutz shared her concerns regarding the proposed definition of "surgical operation." Drawing from her 25 years of experience, she noted that as the composition of the Board changes over time—along with those responsible for enforcement—interpretations of statutes also tend to shift. She expressed frustration with how these evolving interpretations can create inconsistency and confusion.

  She found it particularly disturbing that there is currently no other definition of "surgical operation" in the Practice Act. Even though the proposed language specifies that the definition applies "for the purposes of this paragraph," she warned that future interpretations could extend its application more broadly. She imagined a scenario, even if she might not be around in another 25 years, where someone would be forced to argue that the definition was only intended for that specific section of the law.

  Ms. Lutz concluded by aligning her concern with that of Dr. Miller, stating that she shared his unease about the wording and its potential implications.

Roll Call Vote: Ms. Ussery called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 9-0.

DRAFT

Members	Vote			
	Yea	Nay	Abstain	Absent
Marie Ussery, RVT, Chair	X			
Cheryl Waterhouse, DVM, Vice Chair	X			
Kathy Bowler	X			
Jeni Goedken, DVM	X			
Mark Nunez, DVM	X			
Kristi Pawlowski, RVT	X			
Leah Shufelt, RVT	X			
Maria Preciosa S. Solacito, DVM	X			
Richard Sullivan, DVM	X			

B. Animal Shelter Community Challenges Related to Licensure and/or Practice Requirements

Dr. Nunez provided the following update to the Committee based on the Unlicensed Practice Subcommittee's October 9, 2025 meeting with shelter community representatives:

He explained that after finalizing the legislative proposal, the Subcommittee opened discussion on stakeholder "pain points"—challenges rescue groups face, especially around access to care. A major concern was staffing in low-cost spay/neuter clinics and community centers. Reciprocity for out-of-state veterinarians was suggested, although Dr. Nunez noted it is a complex process, albeit one being explored.

The idea of limited licensure was also discussed—creating a license similar to the university license, allowing veterinarians to practice only in shelters. Foreign veterinary graduates were mentioned as potential candidates for such a license, even if their training does not fully align with U.S. standards.

Expanding the scope of practice for RVTs was raised as a staffing solution, though midlevel practitioner roles were not discussed. The VCPR was another key issue, particularly in HQHVSN clinics where high patient volume over short periods makes establishing the VCPR challenging. The Subcommittee was especially interested in how organizations like Animal Balance manage this.

He concluded by noting these topics were not formally assigned by the Board but may be in the future.

Dr. Solacito provided the following comments:

She addressed the shelter community's concern about limited resources, including veterinarian and RVT shortages. Referencing Dr. Nunez's earlier comments, she noted that universities already issue limited licenses to foreign-

DRAFT

trained veterinarians for research and laboratory animal surgery. She suggested exploring a similar path for foreign graduates qualified in spay/neuter.

On the topic of the VCPR, she explained that shelter veterinarians often perform 50 to 60 surgeries daily, along with examinations and records, leading to burnout. She proposed allowing RVTs to act as agents in establishing VCPRs to ease the burden.

She also raised concerns about animal control officers (ACOs), who can perform emergency euthanasia, but are not licensed to carry or administer sedation—posing challenges in the field. She suggested a special license or authorization to allow ACOs to carry controlled drugs for sedation.

Ms. Sieferman provided the following comments:

She added to the ACO discussion, noting questions about their authority to sedate animals and the need for further research.

She clarified that limited licensure for shelter veterinarians is still in the discussion phase. One idea is to allow "true reciprocity," where out-of-state veterinarians would not need to submit transcripts or educational documents, assuming their home state already verified credentials and national examination passage. This would expedite licensing for shelter work in California.

On foreign graduates, she clarified the discussion focused on those unable to complete existing pathways, but still interested in shelter work. The idea is to explore a limited license allowing them to practice in shelter settings.

Discussion: The Committee discussed the agenda item as follows:

There was a request for clarification regarding ACOs' authority to sedate animals. CCR, title 16, section 2039.5 was believed to address ACO training to carry sedation drugs, but it may apply only to euthanasia.

The question was whether CCR, title 16, section 2039.5 explicitly permits ACOs to perform sedation. Since the regulation includes various medications and one level of sedation, it was not initially understood to be limited to euthanasia. If it were, it was suggested the language would likely be more specific.

A quick review of the regulation did not reveal clear guidance on sedation. It was concluded that the issue stems from a need for clarification, and further review of the regulation is necessary to resolve the confusion.

Public Comment: Ms. Ussery requested public comment on this item. The following public comment was made on this item:

DRAFT

- Grant Miller, DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

  Dr. Miller began by expressing appreciation for the innovative ideas brought forward by the shelter community, describing them as “great think tank ideas” and commending their ability to think outside the box. He acknowledged that the shelter community often introduces concepts that others may not have previously considered.

  He then addressed the issue of ACOs and their authority to tranquilize animals. He clarified that the relevant provision is not found in regulations, but in statute. Specifically, he referred to the ACO tranquilization law that CalAnimals helped pass approximately five years ago. According to that statute, ACOs are allowed to tranquilize animals, although Dr. Miller noted that “tranquilize” may not be the most accurate term for what they are actually doing. He explained that the statute permits tranquilization pursuant to regulations passed by the Board, and confirmed that he was not confusing it with euthanasia training.

  However, Dr. Miller emphasized that the state statute is ultimately irrelevant in this context because of federal law. He explained that the authority to carry drugs in the field is governed by the Veterinary Medicine Mobility Act, a federal law. Under this act, only veterinarians are permitted to carry controlled substances in the field. Therefore, even though California law says ACOs can tranquilize animals, federal law prohibits them from carrying the necessary drugs to do so.

  He concluded by pointing out the difficult position this creates. The veterinarian is held responsible under federal law because they are the ones providing the drugs to ACOs. According to the Veterinary Medicine Mobility Act, only the veterinarian—not the officer—is legally allowed to carry those drugs in the field.

Additional Discussion: The following additional Committee discussion occurred:

Dr. Nunez asked how ACOs were permitted to perform euthanasia, noting that while state law allows it with proper training, federal law—specifically the Veterinary Medicine Mobility Act—restricts drug use to licensed veterinarians. He questioned whether ACOs carrying euthanasia drugs might be violating federal law.

In response, it was explained that a legal analysis had been done for RVTs, who may transport drugs as agents of veterinarians if licensed by the Board—an arrangement considered compliant with federal law. However, this analysis did

DRAFT

not cover ACOs, and further research is needed to determine their legal standing.

The discussion turned to whether the RVT rationale could apply to ACOs, especially since euthanasia drugs are more potent than sedatives. ACOs are regulated under a different framework—CCR, title 16, section 2039.5—which addresses tranquilizers and euthanasia. It was noted that the Board does not closely oversee ACO practices, and no clear conclusion could be made about their authority under federal law.

The conversation concluded with agreement that the issue requires further research and will be brought back to the Committee for future discussion.

7. Update, Discussion, and Possible Action on Recommendations from the Veterinary Practice Subcommittee*—Richard Sullivan, DVM, and Marie Ussery, RVT*

A. MASH Clinics and Minimum Standards for Alternate Veterinary Premises Rulemaking

Dr. Sullivan presented the meeting materials to the Committee. He stated the Subcommittee will research the issues and return to the Committee with ideas.

Discussion: The Committee reviewed the meeting materials and the following was discussed:

MASH clinics operating in multiple states have faced challenges in California due to the state's premises registration requirement. While it was initially claimed that California is the only state with such a rule, this was later clarified—other jurisdictions, including Canadian provinces, also require premises registration. It appeared that MASH clinics may have chosen to operate in states without such requirements. Still, most states maintain minimum veterinary standards, regardless of registration rules.

A review of state practice acts, including the American Association of Veterinary State Boards model act, showed that minimum standards are largely consistent across jurisdictions. The CVMA's review of all states found little variation, raising questions about the necessity of certain long-standing rules—such as the requirement for surgeries to be performed indoors. The relevance of these rules in the context of modern mobile practices was questioned.

The discussion addressed infection risks of indoor versus outdoor surgeries. It was noted that indoor settings may pose higher risks due to airborne hair, foot traffic, and poor air circulation, while outdoor environments may reduce contaminants, especially in calm weather. This challenged the assumption that indoor surgeries are always safer.

DRAFT

Attention was also given to the nature and speed of procedures in MASH clinics. These are often completed quickly, minimizing exposure time. For example, a cat spay done in three minutes presents little infection risk. This efficiency was cited as a reason to reconsider or exempt MASH clinics from certain facility requirements, like enclosed surgical spaces, when outcomes are comparable.

Public Comment: Ms. Ussery requested public comment on this item. The following public comment was made on this item:

- Bonnie Lutz, Esq., Klinedinst, provided the following public comment:

  Ms. Lutz explained that approximately one-third of the states have premises registration requirements, another third require veterinary premises to be owned by veterinarians, and the remaining third have neither of those requirements in place.

B. Challenges Related to Licensee Manager Requirements

Ms. Ussery presented the meeting materials to the Committee.

Discussion: The Committee reviewed the meeting materials and the following was discussed:

The Committee expressed strong interest in exploring changes to the licensee manager role, describing the topic as important and timely. There was consensus that the current system needs re-evaluation due to challenges with regulatory oversight and operational efficiency.

A key idea discussed was eliminating the licensee manager requirement entirely. Under this model, responsibility for compliance would shift from a licensed veterinarian to the premises owner—whether a veterinarian, non-veterinarian, or corporate entity. The goal is to hold the actual owner accountable for maintaining minimum standards.

Concerns were raised about the Board's ability to oversee non-license holders, especially corporations. The Committee acknowledged the need for further research and referenced other boards, like the California State Board of Pharmacy and the California Board of Optometry, that hold corporate leadership accountable—suggesting similar models could apply.

Shelters were seen as potential beneficiaries of this change, as many struggle to find veterinarians willing to serve as licensee managers. Stakeholder feedback indicated support for removing the requirement to ease operational burdens.

Board Counsel Tara Welch emphasized the need to distinguish between premises owner, operator, and registration holder. She clarified that the

DRAFT

registration holder—who may not own the building—should be held responsible for compliance.

It was noted that the Board has jurisdiction over registrants and licensees, including laypersons holding a premises registration. This distinction is key for enforcement, especially in consumer complaint cases.

The current system often results in licensee managers being held responsible for issues they were not directly involved in, complicating investigations. The Committee acknowledged this as a structural flaw.

They agreed that further research, stakeholder engagement, and outreach are needed to develop a workable solution. While concerns were raised about unintended consequences—such as increased complaints against corporate entities like VCA—the Committee supported moving forward with research into restructuring the licensee manager role.

Public Comment: Ms. Ussery requested public comment on this item. The following public comments were made on this item:

- Bonnie Lutz, Esq., Klinedinst, provided the following public comment:

  Ms. Lutz began by raising a concern about the removal of specific references to the Business and Professions Code in the proposed rulemaking under discussion. She questioned why the language had been changed to simply say “code” instead of specifying “Business and Professions Code.” She explained that this change could lead to confusion, especially when dealing with corporate attorneys from other states. For example, she noted that in New York, relevant statutes are found in the Education Code, which she described as making “no sense whatsoever.” Because of this, attorneys unfamiliar with California’s structure often reference statutes and regulations that are not part of the state’s Practice Act. She strongly recommended maintaining specificity in legal references to avoid such confusion.

  She then shifted focus to the issue of the managing licensee. Ms. Lutz referenced recent changes in North Carolina, which transitioned from being a “PC state”—where practices must be owned by veterinarians—to a “permit state.” In North Carolina’s new regulatory framework, the managing licensee (though she could not recall the exact title used) is required to report any violations of the Practice Act to the practice owner. Importantly, any resulting discipline is directed at the owner, not the managing licensee. She suggested that this model, where the managing licensee serves a reporting function but the owner bears responsibility, might be worth considering in California.

DRAFT

Ms. Lutz also brought up Massachusetts as another example. Although it is not a permit state, it requires a designated “medical director.” This individual is responsible for addressing all issues related to compliance with the Practice Act. She offered this as another potential model for structuring accountability within veterinary practices.

Finally, she addressed the concern raised earlier about enforcement letters being initially sent to the licensee manager. Ms. Lutz acknowledged that this does happen but stated that, in her experience, once records are submitted to enforcement staff, they are typically able to quickly identify the actual veterinarian involved. While she understood Dr. Goedken’s concerns about confusion, she noted that in practice, the issue is usually resolved fairly quickly.

- Grant Miller, DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

  Dr. Miller expressed strong support for the topics under discussion. He mentioned that he frequently receives calls from veterinarians who are confused about the role of the licensee manager. These veterinarians often ask who the licensee manager is supposed to be and what responsibilities come with the role. He sees this confusion as a common issue and believes it is appropriate for the Board to address it.

  He pointed out that the veterinary profession has changed significantly. The traditional model, where the veterinarian is the sole owner and central figure in the practice, is no longer the norm. Practices today are increasingly diverse in how they are owned and operated, with many now under corporate or conglomerate ownership. Given these changes, Dr. Miller believes it is a good use of the Board’s time and energy to examine these evolving structures and related issues.

  Among the most common concerns he encounters are the difficulties shelters face in finding veterinarians willing to serve as licensee managers, and the complications that arise when veterinarians want to be licensee managers for multiple locations. He noted that the latter situation is particularly problematic because licensee managers are expected to maintain a physical presence at each location, and it is unclear how much presence is considered adequate. He believes these issues are well documented and merit further discussion.

  Dr. Miller concluded by stating his support for the Committee to continue looking into the matter or for the Board to assign a task force to explore it further.

- Chazney Johnson provided the following public comment:

DRAFT

Ms. Johnson began by offering feedback on the role of managers in veterinary facilities. She emphasized that it takes a lot to be a veterinary director or manager and that the value of the education and training veterinarians receive should not be diminished. Her comments were aimed at maintaining high standards and respect for the profession.

Her first suggestion was to increase awareness of the premises and their surroundings. She gave an example of a pet hospital located inside a pet store and pointed out that cardboard boxes should not be stored on top of shelves in such settings. She questioned why this would be acceptable in a pet hospital when it would not be allowed in a real hospital, implying that veterinary facilities should uphold similar standards of cleanliness and organization.

Her second suggestion focused on the receiving area of veterinary facilities. She noted that in some cases, visitors or shoppers can see workers inside stocking items through a door. She recommended that if machinery is being used in these areas, workers should wear safety vests. This would provide a visual indication that the business is following Occupational Safety and Health Administration compliance, which is especially important in a setting that practices healthcare and medicine.

C. Condition Specific Veterinarian–Client–Patient Relationship

Ms. Ussery presented the meeting materials to the Committee.

Discussion: The Committee reviewed the meeting materials and the following was discussed:

Dr. Sullivan revised his earlier position, expressing concern about telemedicine-only companies focused on selling medications without proper diagnosis or treatment planning. Without condition-specific regulations, such businesses could repeatedly switch medications like non-steroidal anti-inflammatory drugs without reassessing the animal. While supporting removal of condition-specific requirements in some contexts—like shelters with fixed facilities—he emphasized they should remain for practices without a premises registration.

Another perspective focused on how VCPR is interpreted in telehealth. Requiring only a visual examination may not ensure quality care, especially since current regulations do not define what constitutes an examination. This leaves it to professional judgment, which could allow minimal standards without meaningful evaluation. The concern was whether this approach prevents poor care or simply creates barriers for responsible practitioners.

DRAFT

It was noted that telehealth is already in use and the profession must adapt. Concerns were raised about clients being charged for brief video consultations and prescriptions, which could erode public trust and lead to complaints.

Regulatory challenges were also discussed. Without a premises registration, there is no site to inspect or licensee manager to hold accountable. However, the Board still has authority over licensed veterinarians and can enforce standards, even for out-of-state providers serving California animals.

Concerns were raised about relying too heavily on professional judgment. One example involved a pet initially seen in person, then treated for diarrhea based on a stool sample submitted remotely. It was questioned whether a brick-and-mortar facility is necessary when diagnostics and follow-up meet the standard of care. Imposing such requirements could limit access to care.

Some supported removing the condition-specific requirement if a valid VCPR exists, but warned of risks like overprescribing and lack of re-examinations. Revolving medications without reassessment could harm patients and public confidence.

Others argued the condition-specific rule is not stopping bad behavior—veterinarians who overprescribe or skip re-examinations are doing so regardless. The regulation may not be effective and could be reconsidered.

The Committee discussed removing the condition-specific language while adding a time-based requirement to reestablish the VCPR, such as every twelve months. This would align with controlled substance rules and apply to all prescriptions. There was general agreement that professional judgment should remain central, with safeguards like time limits to balance access and protection.

In conclusion, participants emphasized trusting veterinarians' expertise while ensuring oversight where judgment fails. Bad actors should be addressed through enforcement, not restrictive rules that hinder responsible care. The group supported continuing the discussion and refining the language to reflect real-world practice.

Public Comment: Ms. Ussery requested public comment on this item. The following public comments were made on this item:

- Grant Miller, DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

  Dr. Miller began by acknowledging that he had heard many great comments during the discussion, but also noted that some were factually incorrect. He chose not to address those inaccuracies immediately, suggesting they could

DRAFT

be dealt with at a later time. He then shared that the CVMA would be sponsoring legislation to change California's VCPR requirement from being condition-specific to being patient-specific. He admitted that this was putting the cart before the horse, as they did not yet have a legislative author and the CVMA board had only recently approved the effort. However, he felt it was important to inform the Board early, as the CVMA values a collaborative relationship and believes the Board's insight could help shape constructive statutory language.

He emphasized that changing the VCPR is a significant move—comparable to open-heart surgery on the veterinary profession—and must be done carefully. The CVMA already supports maintaining the requirement for an in-person examination at least once a year to establish a valid VCPR. For telemedicine, they believe the six-month requirement should remain, as it is already part of existing law. He clarified that the CVMA is not aiming to legislate based on the lowest common denominator or to target bad actors. Instead, the goal is to support what others had said during the meeting: to leave discretion to the veterinarian to determine what is appropriate for each case.

Dr. Miller pointed out that telemedicine law already includes two important guardrails. First, veterinarians are held to the same standard of care, as if they were seeing the animal in person. Second, veterinarians must inform clients whether they believe telemedicine is appropriate for the condition being presented. These provisions, he said, help the Board address concerns about standard of care in telemedicine cases.

He responded to a suggestion that in-person VCPRs could be patient-specific while telemedicine VCPRs should remain condition-specific. He firmly rejected this idea, stating that it would never work. He explained that most of the veterinary profession already believes California has a patient-specific VCPR, largely because that is how it works in the rest of the country, how it is taught in veterinary schools, and how the Board used to operate. Trying to enforce a condition-specific model only for telemedicine would appear punitive and inconsistent.

He also addressed the idea of premises registrations, noting that while they help ensure minimum facility standards and recordkeeping, they do not directly influence a veterinarian's professional decisions or standard of care. A veterinarian who is going to make poor decisions will do so regardless of whether they are practicing in person or via telemedicine. For those cases, the Board has subject matter experts to evaluate whether the standard of care was met.

DRAFT

Dr. Miller emphasized the importance of not conflating the issues of telemedicine and VCPR structure. He acknowledged that not everyone supports telemedicine, but reminded the Board that it is already law and is here to stay, as made clear by the Legislature. Moving forward, the focus should be on improving access to veterinary care and empowering veterinarians to make sound decisions based on their initial VCPR—established annually in person or every six months via telemedicine.

He concluded by expressing his hope that the Board would stay engaged in the legislative process and contribute to the development of the bill's language. He believes the Board's expertise will be invaluable in crafting effective and thoughtful legislation.

- Bonnie Lutz, Esq., Klinedinst, provided the following public comment:

  Ms. Lutz began by expressing her agreement with the points made by Dr. Miller, noting that she did not want to be repetitive, but felt it was important to share her own experience. Over the years, she said she has answered the same question countless times regarding the condition-specific requirement in California's VCPR. Her consistent response has been that, while it is technically condition-specific, it should really be viewed through the lens of the standard of care. She emphasized that she frequently reminds her clients and those who hire her as a consultant that the Practice Act must be interpreted alongside the standard of care, and both must be considered together.

  She provided an example to illustrate her point: if a veterinarian sees a dog for a lameness issue and treats it, but then six months later the dog returns with hair loss on its back, that is a different condition and warrants a new examination. This, she explained, is why the standard of care should guide decisions, not a rigid condition-specific rule. Based on this reasoning, she strongly recommended removing the condition-specific requirement, stating that most people do not understand it anyway.

  Ms. Lutz also noted that no other state has a condition-specific VCPR. She reviews VCPR regulations annually for a large client and confirmed that no states have recently adopted such a requirement. Again, she stressed that the standard of care should be the primary focus when evaluating veterinary practices.

  In closing, she agreed with Dr. Miller's suggestion that if the condition-specific requirement is removed, the regulations should clearly define the duration of a valid VCPR. She pointed out that many veterinarians mistakenly believe California already has a one-year limit on VCPRs, which is not currently the case, though it is in several other states. Therefore, she recommended that

DRAFT

the Board clarify that a VCPR established in person should last for one year, and one established via telehealth should last for six months.

In closing, Ms. Ussery briefly addressed ongoing topics under the Veterinary Practice Subcommittee. She noted that the Subcommittee had absorbed the California Department of Food and Agriculture (CDFA) Subcommittee, and collaboration with CDFA is ongoing. A meeting originally set for October 10, 2025, was rescheduled to October 17, 2025, so no update was available at the time.

She then discussed electronic medical records. The Board tasked the Committee with researching whether all veterinary records should be maintained electronically. This responsibility now lies with the Veterinary Practice Subcommittee, which anticipates multiple meetings and significant stakeholder engagement before bringing the topic to the Board for further consideration.

8. Update and Discussion from the Enforcement Subcommittee—*Jeni Goedken, DVM, and Cheryl Waterhouse, DVM*

A. Consultant and Subject Matter Expert (SME) Roundtables

Dr. Goedken presented the meeting materials to the Committee.

B. Post–Discipline SME Reviews and Feedback

Dr. Goedken continued to present the meeting materials to the Committee.

C. Inspection Checklists

Dr. Goedken continued to present the meeting materials to the Committee.

Discussion: The Committee reviewed the meeting materials and the following was discussed:

Ms. Pawlowski raised a question regarding the reference to unrelated cases when writing reports. She asked for clarification on what this was referring to, specifically in the context of disciplinary or investigative documentation.

In response, Dr. Waterhouse explained that the reference pertains to situations where, for example, a report is being written about how a dog was treated for a lump in one case—referred to as case number B. If the veterinarian involved had previously been disciplined in a completely separate case, case number A, that prior case should not be referenced in the report for case B. Even if case A involved similar issues or outcomes, the two cases are considered entirely separate, and referencing the earlier case would be inappropriate.

DRAFT

Public Comment: Ms. Ussery requested public comment on these items. There were no public comments made on these items.

9. **Update and Discussion from the Outreach Subcommittee—*Kathy Bowler and Cheryl Waterhouse, DVM***

   A. Spectrum of Care Presentation to the Central California Veterinary Medical Association (CCVMA)

   Dr. Waterhouse shared a positive update about the spectrum of care presentation to the CCVMA, which took place on September 23, 2025. She noted that Ms. Sieferman visited Fresno and gave the presentation.

   Dr. Waterhouse described the presentation as being part of the broader conversation around access to care. While she contributed briefly to the discussion, she emphasized that Ms. Sieferman led most of the presentation. She concluded by noting that the event was well attended and appreciated, and she expressed her thanks.

   Public Comment: Ms. Ussery requested public comment on this item. There were no public comments made on this item.

10. **Future Agenda Items and Meeting Dates**

Ms. Sieferman began by outlining several future agenda items for the Board and Committee. She reiterated that the Veterinary Practice Subcommittee is actively reviewing the potential transition to mandatory electronic medical records.

She then referenced a public comment from the last Board meeting regarding pharmaceutical pricing and its impact on access to care. While the Board's role was unclear, members agreed it affects consumer protection and asked the Committee to research the issue and consider collaboration with agencies like the Better Business Bureau.

Ms. Sieferman also mentioned the Committee is reviewing electronic signature requirements to determine whether legal changes or additional outreach are needed.

She referenced earlier discussions on HQHVSN clinics and alternate veterinary premises regulations, as well as ongoing work on the VCPR condition-specific language.

She added that, depending on the Board's direction, the licensee manager requirement may be referred back to the Committee for further discussion, as well as limited licensure options for shelters, reciprocity, or foreign graduate pathways.

DRAFT

Finally, she noted that the VCPR requirement for HQHVSN clinics may also be formally referred to the Committee and invited suggestions for additional agenda items.

Ms. Sieferman noted that the following 2026 Committee meeting dates were posted on the Board's website:

- January 20, 2026
- April 14, 2026
- July 14, 2026
- October 13, 2026

Public Comment: Ms. Ussery requested public comment on this item. There were no public comments made on this item.

11. Election of 2026 Committee Officers

Dr. Sullivan nominated Dr. Waterhouse for the position of 2026 Committee Chair. Dr Waterhouse accepted the nomination. There were no other nominations.

Motion: Richard Sullivan, DVM, moved and Kristi Pawlowski, RVT, seconded a motion to appoint Cheryl Waterhouse, DVM, as the 2026 Committee Chair.

Public Comment: Ms. Ussery requested public comment on the motion. There were no public comments made on the motion.

Roll Call Vote: Ms. Ussery called for a vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 9-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Marie Ussery, RVT, Chair	X			
Cheryl Waterhouse, DVM, Vice Chair	X			
Kathy Bowler	X			
Jeni Goedken, DVM	X			
Mark Nunez, DVM	X			
Kristi Pawlowski, RVT	X			
Leah Shufelt, RVT	X			
Maria Preciosa S. Solacito, DVM	X			
Richard Sullivan, DVM	X			

Ms. Ussery nominated Ms. Bowler for the position of 2026 Committee Vice Chair. Ms. Bowler accepted the nomination. There were no other nominations.

DRAFT

Motion: Marie Ussery, RVT, moved and Kristi Pawlowski, RVT, seconded a motion to appoint Kathy Bowler as the 2026 Committee Vice Chair.

Public Comment: Ms. Ussery requested public comment on the motion. There were no public comments made on the motion.

Roll Call Vote: Ms. Ussery called for a vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 9-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Marie Ussery, RVT, Chair	X			
Cheryl Waterhouse, DVM, Vice Chair	X			
Kathy Bowler	X			
Jeni Goedken, DVM	X			
Mark Nunez, DVM	X			
Kristi Pawlowski, RVT	X			
Leah Shufelt, RVT	X			
Maria Preciosa S. Solacito, DVM	X			
Richard Sullivan, DVM	X			

12. Adjournment

Ms. Ussery adjourned the meeting at 3:37 p.m.

Hyperlinks to the webcast are controlled by a third-party and may be removed at any time. They are provided for convenience purposes only and are not considered part of the official record.

DRAFT