



CALIFORNIA VETERINARY MEDICAL BOARD MEETING MINUTES October 15-16, 2025

In accordance with Government Code section 11122.5, subdivision (a), the California Veterinary Medical Board (Board) met in-person with additional public participation available via teleconference/WebEx Events on **Wednesday, October 15, 2025**, and **Thursday, October 16, 2025**, with the following location available for Board and public member participation:

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

10:00 a.m., Wednesday, October 15, 2025

Webcast Links:

- Agenda Items 1-8 and 11 (https://youtu.be/nCpYllcxl_8)
- Agenda Items 9-10, 12, and 21-25 (<https://youtu.be/34Lg-VJXA20>)

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

Board President, Maria Preciosa S. Solacito, Doctor of Veterinary Medicine (DVM), called the meeting to order at 10:00 a.m.

Dr. Solacito welcomed newly appointed Board member C. Mike Tomlinson, DVM, of Thousand Oaks, California. She noted his extensive experience as an equine practitioner and executive leader, having served as chief executive officer and chief operating officer in both veterinary and business sectors. In addition to his professional background, he serves on the board of the Horses and Humans Research Foundation. Dr. Solacito expressed gratitude for his appointment and looked forward to his valuable contributions to the Board.

Executive Officer (EO), Jessica Sieferman, called roll, and seven members of the Board were present; a quorum was established.

Members Present

Maria Preciosa S. Solacito, DVM, President
Kristi Pawlowski, Registered Veterinary Technician (RVT), Vice President
Christina Bradbury, DVM
Patick Espinoza, Esq.
Steven Manyak, DVM
Evelyn Mitchell, Mayor

C. Mike Tomlinson, DVM

Student Liaisons Present

Sebastian Lidikay, University of California, Davis (UC Davis)

Anna Styles, Western University of Health Sciences (Western University)

Board Staff Present

Jessica Sieferman, EO

Matt McKinney, Deputy EO

Patty Rodriguez, Enforcement Manager

Justin Sotelo, Policy Specialist

Rob Stephanopoulos, Enforcement Manager

Stephanie Doerr, Enforcement Analyst

Robert Esquivel, Administrative Analyst

Kellie Fairless, Enforcement Analyst

Marlene Gonzalez, Licensing Technician

Brett Jarvis, Enforcement Analyst

Amber Kruse, Enforcement Analyst

Anh-Thu Le, Enforcement Analyst

Rachel McKowen, Probation Monitor

Kim Phillips-Francis, Enforcement Analyst

Robert Rouch, Enforcement Analyst

Daniel Sanders, Enforcement Technician

Daniel Strike, Enforcement Analyst

Zakery Tippins, Enforcement Analyst

Phillip Willkomm, Special Investigator

Department of Consumer Affairs (DCA) Staff Present

Julianne Allen, Legislative Analyst, Legislative Affairs Division

Suzanne Balkis, Budget Manager, Budget Office

David Bouilly, Moderator, Strategic Organizational Leadership and Individual Development (SOLID)

Elizabeth Dietzen-Olsen, Regulations Counsel, Attorney III, Legal Affairs Division

Jennifer Tompkins, Budget Analyst, Budget Office

Cesar Victoria, Television Specialist, Office of Public Affairs (OPA)

Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division

Guest Presenters

Channing Benson, Program Manager, Exams, American Association of Veterinary State Boards (AAVSB)

Judie Bucciarelli, Staff Services Manager, DCA, Executive Office, Board and Bureau Relations (BBR)

Maci Kirk, DVM, Educational Commission for Foreign Veterinary Graduates (ECFVG) Program Manager, American Veterinary Medical Association (AVMA)
Marie Ussery, RVT, Chair, Multidisciplinary Advisory Committee (MDC)
Jim Weisman, DVM, ECVFG Chief of Academic Affairs, AVMA

Guests Present

Karen Atlas, President, Animal Physical Therapy Coalition (APTC)
Henry Blackman
Kathy Bowler, Member, MDC
Carrie Ann Calay
Pamela Collier, RVT, Ethos Veterinary Health
DMc
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association (CaRVTA)
Carla Gibbons, New York State Education Department
Christine Howson, Senior Counsel, Klinedinst
Bonnie Lutz, Esq., Klinedinst
Edie Marshall, DVM, Branch Chief, California Department of Food and Agriculture (CDFA), Animal Health and Food Safety Services (AHFSS), Antimicrobial Use and Stewardship (AUS) Program
Grant Miller, DVM, Director of Regulatory Affairs, California Veterinary Medical Association (CVMA)
Katie Murray, DVM, CDFA, AHFSS, AUS
Stephen Niño Cital, RVT, Director, CaRVTA
Mark Nunez, DVM, Member, MDC
Jeff Pollard, DVM
Kaitlyn Preston, Legislative Aide, Norwood Associates
Marissa Silva, DVM, CDFA, AHFSS, AUS
Richard Sullivan, DVM, Member, MDC
Amanda Vance, DVM, CDFA, AHFSS, AUS
Beth Venit, Veterinariae Medicinae Doctoris (VMD), AAVSB

Dr. Solacito began with a land acknowledgment, recognizing the Nisenan, Southern Maidu, Valley and Plains Miwok, Patwin Wintun Peoples, and Sacramento's only federally recognized tribe, the Wilton Rancheria. She emphasized their generations of stewardship and ongoing cultural contributions. The acknowledgment reflected the Board's commitment to respectful relationships and collaboration with tribal nations on shared concerns.

2. Public Comment on Items Not on the Agenda

Dr. Solacito reminded participants that public comments should not address pending complaints, licensing applications, or disciplinary matters, as Board members cannot discuss or act on these issues during this time. She clarified that the public comment

period is for providing information, not engaging in dialogue, and noted that, by law, Board members may only decide whether to place such items on a future agenda.

Public Comment: Dr. Solacito requested public comment on this item.

The following public comment was made on this item:

- **Nancy Ehrlich**, RVT, CaRVTA, provided the Board with the following public comment:

Ms. Ehrlich announced her retirement as the regulatory and legislative advocate for CaRVTA, stating that Stephen Niño Cital—who she believed was present at the meeting—would be taking over the role. She shared that after 50 years of attending Board meetings, she was grateful for the opportunity to participate in what she described as “real democracy.” She emphasized that the Board provides a space for citizens to engage in the creation of the rules and laws that govern them, and noted her belief that she had attended more Board meetings than anyone else.

Ms. Ehrlich also expressed appreciation for her nine years of service on the then-Animal Health Technician Advisory Committee in the 1990s, where she served as chair. She offered special recognition to Ms. Sieferman, calling her one of the best Executive Officers she had worked with. Ms. Ehrlich highlighted Ms. Sieferman’s efforts to meet with CaRVTA monthly, keep them well-informed on current issues, and respond promptly to calls and emails.

In closing, Ms. Ehrlich expressed hope that Mr. Niño Cital’s experience with the Board would be as positive as hers, and that the Board would continue to serve as a strong example of American democracy in action.

3. Review and Approval of July 16-17, 2025 Board Meeting Minutes

Ms. Sieferman noted that staff received a couple of corrections to the **July 16-17, 2025 meeting minutes**. The corrections were displayed for Board members.

Motion: Christina Bradbury, DVM, moved and Kristi Pawlowski, RVT, seconded a motion to approve the July 16-17, 2025 meeting minutes, as amended.

Public Comment: Dr. Solacito requested public comment on the motion. There were no public comments made on the motion.

Roll Call Vote: Dr. Solacito called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 6-0-1, with Dr. Tomlinson abstaining.

Members	Vote			
	Yea	Nay	Abstain	Absent
Maria Preciosa S. Solacito, DVM, Pres.	X			
Kristi Pawlowski, RVT, Vice President	X			
Christina Bradbury, DVM	X			
Patrick Espinoza, Esq.	X			
Steven Manyak, DVM	X			
Evelyn Mitchell, Mayor	X			
C. Mike Tomlinson, DVM			X	

4. [Report and Update from Department of Consumer Affairs \(DCA\)](#)

Judie Bucciarelli, Staff Services Manager, Executive Office, BBR, thanked the Board for the opportunity to provide the following DCA update:

- **New Additions to DCA's BBR Team:** Ms. Bucciarelli announced recent appointments to DCA's BBR team, including Lucy Saldivar as the new Deputy Director, effective October 20, 2025. Ms. Saldivar previously served as Chief of Staff to Assemblymember Lisa Calderon and held various roles with Assemblymember Jacqui Irwin from 2017 to 2021. She is also a Jesse M. Unruh Assembly Fellow and a member of the HOPE Leadership Institute and the California Latino Capitol Association Foundation.

Shelly Jones began her role as Assistant Deputy Director of BBR on September 25, 2025. With 29 years of experience working with boards and gubernatorial appointees, she has held various positions at DCA since 2015, including roles in BBR, and the SOLID and Organizational Improvement offices. Prior to joining DCA, she worked at the Juvenile Parole Board within the California Department of Corrections.

- **Board Member Orientation:** Ms. Bucciarelli reminded members that Board Member Orientation Training (BMOT) must be completed within one year of appointment or reappointment. The next session was scheduled for October 22, 2025. Board members can register through DCA's Learning Management System. For questions or assistance, members were encouraged to contact BBR at MemberRelations@dca.ca.gov. Dates for the 2026 BMOT sessions would be announced the following month.
- **DCA Annual Report:** She highlighted the DCA Annual Report as one of the Department's major projects, noting that staff work year-round to compile data for submission to the Legislature. On behalf of the DCA Director, she thanked Board staff for their contributions. Published on the DCA website each summer, the report offers valuable insights into DCA's work, and Board members were encouraged to review it as a resource.

- **Cybersecurity Awareness Month:** Ms. Bucciarelli noted that October is Cybersecurity Awareness Month, highlighting DCA's focus on digital security amid growing threats like phishing, ransomware, and identity theft. This year's theme, "Think Before You Click!" emphasizes how a single click can have serious consequences.

She shared four quick tips for staying safe online:

- Think Before You Click – Avoid links or attachments from unknown sources.
- Update Regularly – Keep software and devices current; DCA-owned devices are updated automatically by the Office of Information Services (OIS).
- Use Strong Passwords – Protect data with secure, unique passwords.
- Back It Up – Regularly back up data; OIS manages backups for DCA-owned devices.

She concluded by reminding everyone that cybersecurity is a shared responsibility. Suspicious emails or activity should be reported to executive officers, and questions can be directed to BBR.

Discussion: The Board discussed the following:

- **Recognition of RVTs During National Veterinary Technician Week:** Appreciation was expressed for RVTs during National Veterinary Technician Week, recognizing their valuable contributions. The Board thanked all RVTs, including those who have directly supported its work, such as Ms. Pawlowski and Ms. Ussery, and emphasized the importance of acknowledging their dedication.

Public Comment: Dr. Solacito requested public comment on this item. There were no public comments made on this item.

5. **Presentation from the American Veterinary Medical Association (AVMA) Regarding Their Educational Commission for Foreign Veterinary Graduates (ECFVG) Certification Program—Maci Kirk, DVM, ECFVG Program Manager, and Jim Weisman, ECFVG Chief of Academic Affairs**

Dr. Weisman introduced himself and Dr. Kirk and presented the following:

- **Purpose and Acceptance of the ECFVG Certification Program:** Dr. Weisman explained that the ECFVG program, administered by AVMA, is a certification program ensuring graduates from non-accredited veterinary schools meet the same competencies as those from Council on Occupational Education (COE)-accredited programs. It is a key pathway to U.S. veterinary licensure, recognized by all state boards and the federal government. While the program provides essential certification, candidates must also pass the North American Veterinary Licensing Examination (NAVLE) and meet any state-specific requirements.

- **Commission Structure and Oversight:** He described the Commission as a diverse group of volunteers representing a wide cross-section of the veterinary profession. These members dedicate significant time to reviewing and overseeing the program to maintain rigorous standards and ensure that guidelines remain aligned with day-one clinical readiness.
- **Step 1: Registration and School Listing:** He outlined the program's four steps, beginning with candidate registration and verification of graduation. AVMA staff maintain an international list of recognized veterinary programs, and candidates' schools must appear on this list. If a school is not already listed, a formal process exists for adding it through review by the Commission.
- **Step 2: English Language Examination:** The second step requires candidates to demonstrate English language proficiency using approved external testing vendors before progressing to the knowledge-based examinations.
- **Step 3: Basic and Clinical Sciences Examination (BCSE):** The BCSE is a multiple-choice examination administered at Prometric centers worldwide and serves as the initial evaluation of a candidate's knowledge across basic and clinical sciences. Subject matter experts (SMEs) and psychometricians regularly review the examination to ensure its validity and alignment with Commission expectations.
- **Step 4: Clinical Proficiency Examination (CPE):** He described the CPE as a three-day, in-person Objective Structured Clinical Exam (OSCE)-style assessment held at two U.S. sites—Las Vegas and Mississippi. It consists of seven hands-on sections, each assessed by trained evaluators using standardized rubrics developed by experts. Passing all sections leads to ECFVG certification, allowing candidates to pursue remaining licensure requirements.
- **Program Growth and Candidate Demographics:** Dr. Weisman noted substantial growth since 2020, with approximately 600 new applicants each year. Despite space and capacity limitations, the program issues roughly 220 certificates annually. The most common countries of origin for certified candidates include India, Egypt, and Brazil.
- **Staffing Enhancements and New Candidate Portal:** He highlighted staffing improvements, including the addition of Dr. Kirk, who now leads the program, and a systems administrator who provides operational and candidate support. He announced the launch of a new candidate portal designed to give applicants clearer insight into their progress, improved communication tools, and an overall more user-centered experience, reflecting AVMA's commitment to strong customer service.

- **CPE Review, Modernization, and Future Sites:** Dr. Weisman shared that the AVMA is conducting a comprehensive review of the CPE with external psychometricians and SMEs. The effort aims to improve hands-on assessment practices, explore technology-based evaluations, and ensure core clinical skills remain directly tested. Despite modernization, the examination's rigor and focus on public protection will be maintained. The multi-year project is expected to progress significantly over the next 12 to 18 months. He also noted ongoing discussions with institutions to expand CPE testing sites and increase capacity.

Discussion: The Board discussed the agenda item with the presenters as follows:

- **Rationale for Inviting AVMA/ECFVG Representatives:** Board members noted that disciplinary data show ECFVG and Program for the Assessment of Veterinary Education Equivalence (PAVE) graduates are disproportionately represented in enforcement cases. This raised concerns about whether current evaluation programs effectively assess competency. They requested clarification on program structure, rigor, and potential areas for improvement and collaboration.
- **Composition and Practical Experience of Commission Members:** Questions were raised about the composition of the Commission, including how many members are practicing veterinarians versus those with regulatory or academic backgrounds, and how many represent small animal or equine practice. AVMA staff clarified that several organizational representatives also actively practice, and that SMEs and examiners must be experienced practitioners in their assessed areas. Current ECFVG certificate-holder commissioners practice in small animal medicine.
- **Historical and Current Clinical Experience Requirements:** Board members inquired whether the program previously required a year of shadowing or clinical training. AVMA representatives explained that while a clinical year was once part of the program, there was no formal shadowing requirement. Currently, candidates must complete a surgical-experience component between steps three and four, with procedures documented and signed off by a supervising veterinarian.
- **Structure and Weighting of Step-4 CPE Sections:** The CPE is a three-day clinical examination with seven sections, each requiring a passing score. Surgery and anesthesia are graded strictly on pass/fail competency, while other sections use weighted scoring based on cases and hands-on skills. Candidates may retake up to three failed sections twice; failing four or more, or a retake, requires repeating the entire examination.
- **Retake Limits and Scheduling Constraints:** Candidates may technically take the CPE as many times as needed, but limited testing capacity is the rate-limiting

factor, often delaying opportunities by several years. This challenge will intensify with the newly introduced 2026 fee structure, motivating candidates to be fully prepared before attempting the examination.

- **Feedback from Other State Boards:** AVMA representatives reported no feedback indicating differences in performance or increased problems among ECFVG graduates compared to other new graduates. Broader concerns about new-graduate preparedness generally apply across all programs, reflecting both changing expectations and consumer accountability.
- **Board Observations on Competency Issues:** A Board member expressed concern over disciplinary trends showing recurring gaps in knowledge and clinical competency among some foreign-trained candidates, contrasting with issues like substance abuse in other cases. Many affected individuals were eager to learn but had training focused on different species, such as food animals, while practicing in small-animal settings. The Board asked AVMA to consider these patterns moving forward.
- **AVMA Openness to Competency-Trend Feedback:** AVMA emphasized its willingness to receive detailed patterns or threads of competency issues identified by the Board, explaining that such feedback directly supports their mission of ensuring day-one readiness and maintaining rigorous assessment standards.
- **Proposal to Reconsider the Former Clinical-Year Evaluation:** A Board member who completed the former ECFVG clinical year described it as beneficial in developing communication skills, work ethic, and professional ethics—elements they feel may be underrepresented in a test-only pathway. They advocated for reinstating the clinical-year model to better immerse foreign graduates in U.S. clinical practice realities.
- **AVMA Response on Communication and Future Program Design:** AVMA acknowledged communication as a key challenge for new veterinarians and is addressing it through a multi-year CPE review. They are developing technology-based performance assessments that incorporate communication skills and are considering preparatory-course models as alternatives to a full clinical-year requirement.
- **Program Cost Structure:** The program does not have a single upfront cost; instead, fees are tied to individual stages. Application is about \$1,400; English proficiency examination fees vary by provider; the BCSE is roughly \$220; and the CPE will cost about \$12,000 starting in 2026.
- **Typical Time to Completion:** If candidates progress smoothly with available examination slots, completion currently averages two to two-and-a-half years,

though most remain in the program longer. Delays stem from extended preparation for different steps, choosing to take NAVLE first, scheduling constraints, and wait times of six to 10 months for retaking sections, such as anesthesia or surgery.

- **Process for Getting Schools Listed:** Schools are listed only when a candidate applies from that institution, following a detailed process requiring official documents, transcripts, and a government-issued letter confirming graduates can practice without restriction. AVMA noted this step can be frustrating for candidates due to strict documentation rules and reliance on school responsiveness.
- **Concerns About School Quality, National Training Focus, and Listing Rigor:** At a CVMA meeting, concerns were raised that some international schools train students narrowly for national needs, limiting exposure to the broader species scope expected in the U.S. Allegations also surfaced that ECFVG school listings were too easily obtained, including claims of “mail-in” listings. AVMA responded that its certification focuses on individual competency due to global training variations. All candidates must demonstrate broad-species proficiency through the BCSE and CPE. AVMA emphasized that school listings require rigorous verification and extensive documentation, not candidate-submitted materials, making the process stringent.
- **Baseline Expectations for Curriculum Breadth:** In response to a question about minimum curriculum standards, AVMA noted that while requirements do not mirror U.S. accredited programs exactly, schools must demonstrate a broad, multi-species curriculum aligned with the expectations of a general veterinary medical education. Individual candidates must further submit notarized and translated transcripts and graduation documents for review.

Public Comment: Dr. Solacito requested public comment on this item. The following public comment was made on this item:

- [Marissa Silva](#), DVM, CDFA, AHFSS, AUS, provided the Board with the following public comment:

Dr. Silva stated that she looked on the AVMA website, but could not find yearly statistics showing where candidates come from or which states they go to. She asked whether that information is published by the AVMA.

In response to the public comment, Dr. Kirk explained that AVMA does not track where individuals go after receiving their certificate. Once the certificate is issued, they do not have information on whether the individual takes the NAVLE or pursues licensure, so those statistics are not available.

Dr. Solacito thanked Dr. Weisman and Dr. Kirk, expressing appreciation for their input. She noted that this likely would not be their last interaction and affirmed that they would definitely stay in touch. Dr. Weisman thanked the Board and expressed appreciation for the opportunity to engage with them. He added that they look forward to continued dialogue.

6. **Presentation from the American Association of Veterinary State Boards (AAVSB) Regarding Their Program for the Assessment of Veterinary Education Equivalence (PAVE)—Channing Benson, Program Manager, Exams, AAVSB**

Ms. Benson introduced herself and presented the following:

- **Overview of the PAVE Program and Presentation Structure:** Ms. Benson explained that she oversees the PAVE program, an educational-equivalency pathway for internationally trained veterinarians. She outlined that her presentation would walk through each stage of the PAVE process and describe how candidates, AAVSB staff, and educational programs participate in the pathway.
- **Candidate Application and Entry Timeline:** She described the open application process that candidates complete on the AAVSB website, noting that applications may be submitted at any time. Candidates may apply up to three years before their intended Qualifying Science Examination (QSE) date, giving them sufficient time to collect and submit all required materials and plan their program progression.
- **Required Documents and Eligibility to Proceed:** As part of the application, candidates submit a DocuSign affidavit authorizing document review. They cannot proceed until all required materials are received and approved. Graduates must provide final transcripts and a diploma; candidates who have not graduated must have completed at least half of their curriculum and submit a dean's letter of good standing. This early-entry option is most common among St. Matthew's University and Xavier University students, though several other international schools also permit it.
- **Becoming Eligible and Scheduling the QSE:** Once documents are approved, candidates become eligible to schedule the QSE. Because candidates select an examination window during their application, they then schedule a specific time slot and delivery method through PSI, the AAVSB examination vendor.
- **Examination Delivery, Blueprint, and Content Coverage:** She explained that candidates may test either at a physical test center or through live remote proctoring. The examination blueprint—covering the first three years of veterinary school—is available on the AAVSB website and is reviewed every five to seven

years by SMEs. The QSE is the first major component in determining equivalency with AVMA-accredited veterinary curricula.

- **Delayed Scoring, Results, and Retake Policies:** Due to a small candidate pool, the program uses delayed scoring to ensure quality and adherence to high-stakes testing standards. Candidates receive pass/fail results via the AAVSB portal; those who fail get domain-level performance feedback. Passing candidates cannot retake the examination, as a passing score confirms competency in pre-clinical veterinary coursework.
- **Transition to the Clinical Phase and NAVLE Eligibility:** The program no longer requires candidates to pass the QSE before enrolling in the Evaluated Clinical Experience (ECE), though ECE schools still mandate QSE completion. This change helps reduce bottlenecks for candidates preparing a year in advance. After passing the QSE, candidate information is sent to International Council for Veterinary Assessment (ICVA), allowing—but not requiring—they to take the NAVLE.
- **The ECE: Nature and Structure:** The ECE represents the clinical year of veterinary school, during which PAVE candidates enroll at an AVMA-accredited program and participate as standard veterinary students. This year mirrors all clinical obligations, learning expectations, and rotation structures experienced by the school's regular students.
- **ECE Applications and Candidate Responsibilities:** ECE applications are submitted directly to the schools, not through the AAVSB. Candidates must meet the program's application criteria and manage logistics such as housing, travel for external rotations, and visa requirements, which vary significantly among individuals. Once a candidate is accepted, the school notifies the AAVSB of the acceptance and later confirms their enrollment.
- **Completion of the ECE and Documentation Requirements:** After completing the clinical year, the program sends AAVSB a notice of completion. AAVSB then reviews all required final documents, which must come directly from the issuing source. Candidates must provide final transcripts and diplomas if they initially applied with a dean's letter, along with documentation from the ECE, such as transcripts or rotation lists.
- **Program Completion and Certificate Distribution:** Once all criteria are met and documents verified, AAVSB issues a completion certificate to the candidate and any jurisdiction(s) they designate at no charge. The PAVE certificate is recognized by all but five U.S. states and is also accepted throughout Canada, Australia, New Zealand, Puerto Rico, and the U.S. Virgin Islands.

- **Enrollment Data, Trends, and Candidate Origins:** Ms. Benson reported that more than 2,400 PAVE certificates have been issued since 2002. She reviewed recent enrollment patterns showing a drop during COVID followed by a spike in 2023. Program data illustrate the mix of candidates from true international programs and Caribbean schools. A global map of candidate origins showed the program's wide reach, with the largest number of candidates coming from India.

Discussion: The Board discussed the agenda item with the presenter as follows:

- **University Participation in the ECE Program:** Ms. Benson explained that there is no fixed list of universities in the ECE program, as participation varies. Some schools accept select candidates through existing connections. Currently, about four universities accept candidates beyond those from Caribbean institutions, like St. Matthew's University and Xavier University, which have specific contracts in place.

Participation in the ECE program does not imply PAVE endorsement of a university; candidates must apply through standard admissions processes. While some schools clearly state how many PAVE candidates they accept annually, others base decisions on internal criteria and availability. AAVSB provides a list of AVMA-accredited schools and contacts them to confirm participation, but acceptance ultimately depends on each institution.

- **Cost of the ECE Program:** Ms. Benson stated that the AAVSB collects two main fees: the application cost of \$390 and the QSC fee of \$1,550. These fees apply per attempt. Additional costs may include fees for English proficiency testing (e.g., TOEFL) and university-specific fees, which vary depending on the institution.
- **Program Duration:** The minimum time from application to certification is typically 1.5 to 2 years, assuming the candidate passes the QSC on the first attempt, is accepted into an ECE program promptly, and submits all required documentation. However, Ms. Benson noted that there is no true average duration because candidates progress at different rates—some may need to retake the QSC or reapply to ECE programs multiple times.
- **Nature of the ECE Program:** Ms. Benson clarified that the ECE is not an examination, but an educational clinical year. Candidates participate in the fourth year of veterinary school alongside other veterinary students. There is no separate hands-on clinical examination required for ECE candidates.
- **Transcript and School Requirements:** Regarding transcripts, Ms. Benson confirmed that AAVSB uses the same approved school list as the ECFVG. Candidates must have graduated from one of the schools on that list to be

eligible for the program. The transcript requirements are also aligned with those used by ECFVG.

Public Comment: Dr. Solacito requested public comment on this item. There were no public comments made on this item.

7. **Review and Discussion on Enforcement and Disciplinary Data Related to AVMA Accredited and Non-AVMA Accredited Veterinary Education**

Ms. Sieferman presented the [meeting materials](#) to the Board.

Discussion: The Board discussed the agenda item as follows:

- **Perception vs. Reality in Disciplinary Data:** There was appreciation expressed for examining the data, noting that sometimes perceptions do not match reality. In this case, the data seems to confirm the perception that there may be an overrepresentation, and having those numbers is helpful. Continuing to track this information will be beneficial for future discussions and decision-making.
- **Providing Feedback to AVMA and AAVSB:** It was suggested that, although it may require additional effort, compiling a summary of common disciplinary actions could be valuable. This would allow AVMA and AAVSB to evaluate their programs and better support individuals going through them. The goal is to protect consumers while also helping candidates succeed and avoid disciplinary issues.
- **Context for ECFVG vs. PAVE Representation:** While the data showed seven PAVE and 58 ECFVG disciplinary cases, it was noted that this does not necessarily indicate a program-specific issue. ECFVG has been around longer and may have more participants. It also appears to be a more accessible route since it does not require a clinical year. Collecting more data over time would help clarify these patterns.
- **Value of Clinical Year and Cultural Training:** A clinical year at a university was described as potentially very helpful in preparing candidates, especially in terms of cultural differences and hands-on training. There is interest in finding easier ways to track and report this data regularly, and input was requested on whether this information should be included in enforcement or licensing reports, or shared on an ongoing basis.
- **Constructive Dialogue and Moving Forward:** There was support for maintaining constructive dialogue and providing helpful feedback to AVMA and AAVSB. The information already shared was seen as a positive step, and the focus should remain on how to move forward productively.

- **Granular Data for Prevention and Feedback Loops:** Prevention was emphasized as the most important goal in protecting consumers. Enforcement data can reveal where problems are occurring, and more granular data should be shared with educators and testers to close the feedback loop. Since disciplinary data is already public, actual actions can be shared directly to help identify and address deficiencies.
- **Analyzing Root Causes of Discipline:** It was suggested that analyzing the root causes of disciplinary actions—such as communication issues, ethical concerns, or competence gaps—would be valuable. Providing this kind of detailed feedback would likely be appreciated by both AAVSB and AVMA and could lead to meaningful improvements in training and support.

Public Comment: Dr. Solacito requested public comment on this item. The following public comment was made on this item:

- **Beth Venit**, VMD, AAVSB provided the following public comment:

Dr. Venit thanked everyone for the very interesting conversation and directed a question to the boards—not necessarily asking for their opinion, but their thoughts moving forward. She referred back to a previous point made about communication issues often being the primary cause of a complaint. She wondered how it might be possible to determine or separate a deficiency in competency from a communication breakdown as the root of a complaint. She acknowledged that she didn't expect an immediate response, but offered it as something to consider for the future.

Response to Public Comment/Additional Discussion: The following responses to public comment and additional discussion occurred:

Dr. Solacito responded to Dr. Venit's request by emphasizing that communication goes beyond language, highlighting the role of culture. As a foreign graduate, she credited immersion in U.S. clinical settings for helping her adapt and succeed.

She reflected on disciplinary cases, noting that improved communication—particularly understanding consumer expectations—could have prevented some issues. She observed that foreign graduates may struggle with interpersonal aspects of care due to cultural differences, often focusing solely on technical delivery without contextual framing.

Dr. Solacito suggested that immersive clinical experiences could help bridge these communication gaps, acknowledging the complexity, but emphasizing immersion as a valuable tool.

Ms. Siefertman added that disciplinary actions are detailed in pleading documents, which clearly outline the behaviors leading to discipline. She supported sharing this information with ECFVG and PAVE, noting that the documents specify whether issues stemmed from communication, negligence, or incompetence, allowing for accurate assessment.

8. Review, Discussion, and Possible Action on Multidisciplinary Advisory Committee (MDC) Report—*Marie Ussery, RVT, Chair, MDC*

A. Overview of October 14, 2025 MDC Meeting

Ms. Ussery provided the Board with an overview of the [October 14, 2025 MDC meeting](#) as follows:

- **Meeting Opening & Administrative Items:** The meeting was called to order shortly after 10:00 a.m. There were no public comments on items not on the agenda. The July 2025 MDC meeting minutes were reviewed and approved with minor amendments. Ms. Ussery delivered the MDC Chair Report, updating the MDC on the Board's feedback and decisions from the July 2025 MDC report.
- **Update on Pending Regulations:** She informed the MDC of the status of six pending regulations that were discussed at the Board meeting.
- **Presentation on Mobile Animal Sterilization Hospitals (MASH-Style Clinics):** The MDC received a presentation from Julianna Tetlow of the San Diego Humane Society, along with Emma Clifford and Dina Allison, DVM, of Animal Balance, regarding MASH-style clinics. The presentation included the following information:
 - **Clinic Layout, Workflow, and Operational Standards:** They highlighted the MASH concept as transportable, easy to replicate, and associated with low complication rates—reporting a 0.26% infection rate and 0.78% overall complications from follow-up data. Presenters shared a clinic layout and described a single-room workflow where veterinarians oversee induction and recovery performed by RVTs.

Each clinic site includes six stations from registration to recovery, with minimum spacing of 10 feet between preparation/recovery and surgery areas, and three feet between surgery tables. Detailed Standard Operating Procedures are publicly available and designed to minimize risk. Every surgery uses a sterile pack, with surgeons in sterile attire. All dogs and cat spays are intubated and maintained on oxygen and isoflurane; cat neuters may be intubated at the veterinarian's discretion.
 - **Patient Eligibility & Risk Management:** Clinics follow strict criteria for age, weight, breed, and medical conditions—excluding animals over eight

years old, dogs over 100 pounds, and those with issues like heart murmurs or elongated soft palates. Ideal candidates fall under anesthesia risk levels one or two. A high-risk waiver may apply in limited cases, such as untested Doberman Pinschers for von Willebrand's disease. Unsuitable animals are sent home with explanations and referrals to partner organizations.

- **Post-Operative Care & Client Support:** Discharge examinations occur two hours post-operation by a veterinarian or RVT. Patients receive nonsteroidal anti-inflammatory drugs, an e-collar, discharge instructions with video links, and a 24/7 phone support number for post-operative concerns.
- **Staffing, Licensing, and Qualifications:** Clinics typically staff three to four veterinarians per event—one for pre-operative examinations and troubleshooting, and two to three for surgeries. Additional veterinarians can be flown in as needed, but all surgeons must be California-licensed, and RVTs handling induction must be California-registered. Licensure and references are vetted to ensure proficiency in high-volume, high-quality surgery. The roster includes 97 veterinarians, with ongoing efforts to recruit out-of-state vets to obtain California licenses. This production-focused environment emphasizes speed and precise tissue handling, not training.
- **Performance Metrics & Operational Scale:** Presenters reported no known consumer complaints to the Board and actively monitor veterinarians for feedback and oversight. Each three-day MASH event includes at least 200 surgeries, with clinics typically scheduling 80–85 per day, though no-shows may affect totals. The events are credited with saving money, reducing shelter stays, and lowering euthanasia rates. Over 20 years, they've performed 64,000+ surgeries across 12 countries. In the U.S., they operate in California, Texas, New Mexico, and Nevada, holding about five events monthly at roughly 100 locations.
- **Regulatory Barriers in California:** True MASH-style clinics are not legally permitted in California due to California Code of Regulations (CCR), title 16, section 2030, subsection (g)(1)–(5), which requires enclosed surgery suites. Presenters requested a formal exemption from these facility rules. Additional challenges include obtaining premises permits and establishing a valid veterinarian-client-patient relationship (VCPR) for surgical procedures.
- **Public Comment:** Dr. Miller reported that the CVMA board had discussed MASH clinics at its planning meeting, including infection prevention comparisons to equine and bovine field surgeries. He emphasized that speed and tissue handling are key, and noted that the CVMA VCPR task force will explore issues related to high-volume spay/neuter. He stated the

CVMA Board does not support RVTs establishing the VCPR as agents of veterinarians because RVTs are not surgeons.

Bonnie Lutz supported Dr. Miller's position and highlighted concerns about informed consent and communication deficiencies affecting her clients.

A pharmacy technician commenter raised a concern regarding surgical demarcation lines.

Discussion: The Board discussed the topic of MASH-style clinics as follows:

- **Direction Requested for MDC's Role:** It was noted that the MDC needed clarity on whether to continue work on the MASH-style clinic issue and explore possible exceptions to current requirements. Guidance was considered important for determining next steps. While concerns—such as the lack of surgery walls—were acknowledged, the discussion emphasized empowering MDC to evaluate these issues. The broader challenge of unaltered pets statewide was highlighted as a key consumer concern, and the MDC was encouraged to explore solutions freely.
- **Safety Considerations and MDC Consensus:** Questions were raised about the safety of the MASH model, which was described as well-structured and closely monitored—potentially safer than some shelter settings. The MDC generally felt the model is worth pursuing, though experiences with other high-quality, high-volume spay/neuter (HQHVSN) operations in certain regions led to mixed feelings. Many questions focused on infection and complication rates and how those figures were calculated, given limited statewide or national data and reliance on post-operative RVT reports and client feedback.
- **Issues Regarding VCPR Establishment and Premises Requirements:** Discussion addressed how MASH clinics establish a VCPR in other states, where pre-operative examinations may be done by a different veterinarian than the surgeon—unlike California, where the surgeon must establish the VCPR. This creates challenges in managing high surgical volume while maintaining client communication. It was noted that having one veterinarian establish the VCPR and another perform surgery occurs elsewhere and is considered a gray area. Premises and surgery facility requirements were also identified as key issues needing further review.
- **Importance of Addressing the Shelter Crisis:** Participants expressed strong support for continued exploration of the MASH concept, emphasizing that spay/neuter is essential to addressing the current crisis of overwhelmed shelters and animal euthanasia. The model was viewed as an important

approach that could help both consumers and animals, and there was support for continuing to examine and move the issue forward.

- **Technical Characteristics of High-Volume Surgical Technique:** Additional discussion focused on differences between standard spay/neuter surgeries and high-quality, high-volume procedures. High-volume techniques use very small incisions and shorter surgery times—sometimes as little as seven minutes—reducing infection risk. These methods require advanced skill and should not be directly compared to standard procedures, as they represent a distinct approach. This reinforced the importance of allowing the MDC to continue studying the issue.
- **Need for Increased Familiarity and Data:** It was observed that some MDC members had not seen the workflow of high-volume spay/neuter in action and were unfamiliar with how 80–100 surgeries could be safely accomplished in a day. Continued MDC work was encouraged to develop data, broaden member understanding, and address concerns through increased familiarity with actual practices.
- **Potential for Regulatory Recommendations:** There was agreement that the MDC could also consider whether to recommend regulatory amendments that would allow MASH-style operations to continue, and support was expressed for having the MDC explore this possibility as part of their work.

Public Comment: Dr. Solacito requested public comment on the topic of MASH-style clinics.

The following public comments were made on this topic:

- [Grant Miller](#), DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

Dr. Miller began by expressing appreciation for the ongoing dialogue and emphasized the severity of California's pet overpopulation problem, describing it as "epic." He noted that between 660,000 and one million animals are euthanized annually in the state's shelters simply because they are unwanted. He stressed that only veterinarians can solve this issue through sterilization and stated that the CVMA is committed to thinking outside the box when it comes to HGHVSN efforts.

He highlighted Senate Bill (SB) 1233 [Wilk, Chapter 613, Statutes of 2024] as part of that commitment. The bill aims to certify every veterinary student who wants to complete a certification program in HGHVSN during veterinary school, so they are ready to work in shelters upon graduation. These shifts, he noted, pay well—between \$800 and \$1,200 per day—which can help

students cover monthly loan payments. He described this as a “win-win” and mentioned that CVMA is working to fund SB 1233 this year, expressing appreciation for the Board’s prior support.

Dr. Miller then addressed a barrier to HQHVSN efforts: the VCPR. He explained that CVMA is trying to “part the waters” for veterinarians who want to participate in HQHVSN, and that the VCPR requirement is a challenge. He offered a clarification to a previous comment, stating that it is not technically true that only the surgeon performing the procedure can establish the VCPR. Under CCR, title 16, section 2032.15, one veterinarian can step in for another at a registered veterinary premises. However, he emphasized that for something as delicate and intricate as surgery, the veterinarian performing the procedure should ideally be the one establishing the VCPR.

He acknowledged the practical challenge of speaking with 30 clients a day about surgery while also needing to perform those surgeries. CVMA initially considered sponsoring legislation to modify the VCPR for HQHVSN to make it more time-efficient. However, they quickly realized the complexity of the issue—answering one question often leads to five more. As a result, the CVMA board recently directed staff to form a task force in 2026 to specifically examine the VCPR as it applies to HQHVSN.

The goal of the task force will be to ensure clients are informed and have a way to communicate with their veterinarian, even if it’s not through the traditional one-on-one, across-the-table conversation. Dr. Miller shared that CVMA is assembling this task force and hopes the Board will participate, possibly through a liaison. He mentioned that someone with relevant experience, such as Dr. Solacito, could be a strong candidate. The task force will likely include shelter veterinarians and HQHVSN professionals and may lead to a legislative proposal in 2027 to address the VCPR in this specific context.

- [Amanda Vance](#), DVM, CDFA, AHFSS, AUS, provided the following public comment:

Dr. Vance shared that she worked as a HQHVSN veterinarian for 17 years and estimated that she performed sterilization procedures on over 45,000 animals during that time. She emphasized that while the pet overpopulation problem is real, addressing it requires more than just spay/neuter efforts. She stressed the importance of public education, noting that unless we understand why people are not spaying or neutering their pets, the issue will persist. While continuing HQHVSN is necessary, she stated that it is not the only solution and acknowledged that this broader discussion is beyond the scope of the current meeting.

Regarding the VCPR, Dr. Vance explained that in her HGHVSN practice, she conducted examinations on all animals with the owner present. The only exceptions were cases involving rescue groups or local animal shelters. She affirmed that it is possible to meet VCPR requirements in person, though it may require some creativity in approach.

Finally, she addressed the topic of mobile veterinary units, stating that they are definitely worth exploring. She advocated for holding mobile units to the same standards as brick-and-mortar facilities, while also recognizing their limitations. She emphasized the need for creative solutions in this area.

Ms. Ussery [continued](#) with her overview of the [October 14, 2025 MDC meeting](#) as follows:

- **Shelter Community Feedback on Legislative Proposal:** The Unlicensed Practice Subcommittee met with shelter community representatives on October 9, 2025, to gather feedback on the legislative proposal scheduled for discussion under Board Agenda Item 8.B. The meeting aimed to identify statutes and regulations that hinder the shelter community's ability to provide necessary services.
- **Staffing and Licensure Concerns:** Based on the discussion, staffing was identified as the primary concern, including issues with licensure and interstate reciprocity. The concept of limited licensure was introduced, proposing a new license type for shelter veterinarians, modeled after that for university veterinarians. Opportunities for foreign veterinarians to work in this area were also discussed.

Discussion: The Board discussed the topic of shelter community challenges related to licensure and/or practice exemptions as follows:

- **Primary Shelter Staffing Crisis and Service Gaps:** Shelter stakeholders emphasized that their biggest pain point is a significant staffing gap, driven by an exodus of veterinarians from the shelter community. This shortage has severely impacted services for both impounded animals and the public, who increasingly rely on shelters for care. Shelters are appealing to the Board for guidance on actions to address staffing shortages and maintain access to basic services.
- **Requests to Expand RVT and Veterinary Assistant Scope:** During stakeholder meetings, shelters requested an expanded scope of practice for RVTs and veterinary assistants. They noted a greater availability of RVTs compared to veterinarians willing to work in shelters, and viewed expanding allowable tasks for these roles as a way to help address veterinarian shortages and sustain service delivery.

- Discussion of Reciprocity and Faster Licensure for Shelter Veterinarians:** Another major topic was whether a more “true reciprocity” model could be developed for out-of-state shelter veterinarians, allowing faster California licensure. Suggestions included removing requirements to re-prove education or national examination completion when already verified in another state. Although current licensing timelines are relatively quick, eliminating even one step could marginally accelerate the process and benefit shelters.
- Temporary or Limited Licensure Concepts for Shelters:** Stakeholders previously considered legislation for a temporary license—such as a 60-day permit—for veterinarians performing spay/neuter services, but abandoned the idea when it became clear the process would mirror full licensure and require repeated reapplications. Focus then shifted to creating a limited license specific to shelter practice, allowing practitioners to work without ongoing short-term renewals.
- Limited Licensure for Certain Foreign Graduates:** A significant part of the discussion focused on foreign veterinary graduates who have not completed the full licensure pathway for various reasons. The idea was to allow them to obtain a limited license to perform spay/neuter and other shelter services. Stakeholders noted that many such graduates, including those trained abroad, would be willing to begin shelter work immediately if a limited license—similar to university or research licenses—were available.
- Competency, Supervision, and Safeguards:** It was repeatedly emphasized that any limited or special license would not serve as a blanket authorization. Clear requirements to establish basic competence and supervision by a licensed veterinarian would be essential. The discussion framed this as a call to think beyond the current regulatory structure while still safeguarding animal welfare, acknowledging the ethical tension between maintaining standards and the reality that service gaps can lead to euthanasia.
- Comparisons to Other Jurisdictions:** Participants asked whether similar models existed in other jurisdictions. Nevada was cited as an example, allowing certain foreign graduates who have passed the NAVLE but not completed clinical proficiency requirements to practice under direct supervision. This was considered the closest comparable model, though it applies broadly rather than being specific to shelter settings.
- Balancing Animal Welfare and Regulatory Standards:** Concerns were raised about ensuring shelter animals are not provided lower standards of care. At the same time, it was acknowledged that lack of services, including spay/neuter, also causes harm. Comments reflected openness to exploring

limited licensure options, provided safeguards, competency assessments, and oversight are clearly defined.

- **Direction for Further Analysis and MDC Involvement:** Rather than endorsing a specific solution, the consensus was to have the MDC gather more information on available options, models used elsewhere, and potential legislative frameworks. The goal is to explore viable solutions without pre-commitment, ensuring any proposal includes clear safeguards and effectively addresses the shelter workforce crisis.

Ms. Ussery [continued](#) with her overview of the [October 14, 2025 MDC meeting](#) as follows:

- **MASH Clinics and Premises Requirements:** The Veterinary Practice Subcommittee began with a brief discussion on MASH clinics. After hearing the presentation and MDC discussion, and based on the Board's direction that day, the Subcommittee will review current veterinary premises requirements to determine what amendments, if any, could accommodate MASH-style clinics while ensuring consumer and animal protection.
- **Licensee Manager Structure and Accountability:** Challenges with licensee manager requirements were discussed. Ms. Sieferman and the Board's enforcement managers expressed concerns about the licensee manager structure and the lack of accountability for veterinary premises owners. Frequent turnover in the role creates issues, such as repeated inspections and delays in compliance during the 30-day correction period.
- **Inspection and Citation Challenges:** The rotating nature of licensee managers leads to a lack of citations for repeat violations. Most inspection issues result in education for first-time offenders, but when a new manager is in place during a follow-up inspection, it is difficult to issue citations since they were not responsible for or educated about prior violations.
- **Legal and Procedural Complications:** Frequent changes in licensee managers have led to many accusations being amended to remove the veterinary premises registration. New managers are not responsible for prior violations, even when the premises registration holder may be hindering compliance. Additionally, a licensee manager cannot enter into a stipulated settlement for the veterinary premises unless they also hold the registration. As a result, accusations are only filed against both the manager and premises registration when they are held by the same person, leaving unlicensed registration holders out of the pleading.
- **Misunderstanding of Licensee Manager Duties:** There appears to be a general misunderstanding of licensee manager duties. Often, veterinary

premises staff do not know who the licensee manager is, especially when one manager oversees multiple locations statewide. Currently, there is no limit on how many veterinary premises a manager can oversee, no residency requirement, and no mandate for how often they must physically visit the premises.

- **Shelter Community Challenges:** Representatives from the shelter community have repeatedly shared with the Board their difficulties in finding veterinarians willing to take on the responsibility of licensee manager. This has made it challenging for shelters to obtain premises registrations and provide necessary care to animals in the community.
- **Out-of-State Comparisons and National Concerns:** The Virginia Board of Veterinary Medicine recently took action against three corporation-owned veterinary premises that operated for years without a veterinarian in charge. The listed veterinarian was unaware of their designation. There are concerns that similar violations may be occurring nationwide, including in California.
- **Subcommittee and MDC Concerns:** The Subcommittee shares Board staff's concern that holding the licensee manager solely accountable for all minimum standards may not sufficiently protect consumers or animals. Instead, the current structure may create a false sense of security while allowing owners to operate substandard veterinary premises.
- **Need for Further Research and Board Guidance:** During discussion, there was wide agreement from the MDC that this topic requires further investigation. Research is needed on how to obtain contact information for owners and determine who is held responsible in corporations.

During public comment, Bonnie Lutz, Esq., referenced how other states like North Carolina and Massachusetts require violations of the Practice Act to be tied back to the owner.

Dr. Miller of CVMA noted that confusion around licensee manager responsibilities is common, and this issue is a natural progression for the Board, especially since veterinarians are not often owners today.

The Subcommittee seeks guidance from the Board on whether to pursue this issue further or explore alternate solutions.

Discussion: The Board discussed the topic of challenges related to licensee manager requirements as follows:

- **Proposed Structural Change to Accountability:** The discussion emphasized that removing the licensee manager requirement would be a

major shift—not just for California, but also nationally and in Canadian provinces where similar roles exist. The goal is to transfer accountability from the licensee manager to the premises registration holder or owner. Given the scale of this change, substantial research is needed, and the group stressed the importance of aligning with the Board before proceeding.

- **Residency Requirement for Premises Registration Holders:** One suggestion was to require the premises registration holder to be a resident of California so there is someone with a verifiable address to be held accountable. The idea is to have a responsible party physically located in the state, which could help improve oversight and enforcement.
- **Challenges with National Corporations:** Questions were raised about how this residency requirement would apply to national corporations. The proposed solution was that corporations would need to designate a responsible individual located in California. This person would not necessarily need to be a licensed veterinarian, as ownership and accountability would be separated from licensure.
- **Avoiding Rotating Accountability:** Concerns were expressed that simply replacing the licensee manager with another individual in California could recreate the same issue of a rotating door. The intent is to hold the actual owner of the practice accountable, rather than a temporary or interchangeable licensee, to ensure continuity and responsibility.
- **Ensuring Accountability at the Organizational Level:** It was noted that accountability should rest with someone high enough in the organization to prevent superficial substitutions. Other regulatory boards, like the California State Boards of Pharmacy and Optometry, tie accountability to individuals listed with the Secretary of State. However, adding a residency requirement to this structure would present significant challenges.
- **Consensus to Proceed with Research:** The discussion concluded with general agreement to proceed with researching the proposed changes. The group acknowledged the complexity of the issue and the need for thorough evaluation before implementing any structural shifts in accountability.

Ms. Ussery [continued](#) with her overview of the [October 14, 2025 MDC meeting](#) as follows:

- **Condition-Specific VCPR Discussion:** At the July 2025 MDC meeting, the Complaint Audit Subcommittee shared insights from an SME Round Table that raised questions about the condition-specific VCPR. The MDC discussed differences between current law and actual practice, the impact of the COVID-19 waiver, conflicts between standard of care and regulation, diverse

professional perspectives, access and spectrum of care, and future implications.

- **Support and Concerns Regarding VCPR Language:** The Subcommittee asked the MDC to weigh both support for and concerns about removing condition-specific language from VCPR requirements. Support centered on improving access to care—through increased appointment availability, better transportation options, and financial feasibility. Concerns included potential misuse by pill mills or profit-driven entities providing substandard care.
- **Legislative Proposal and Public Comment:** During public comment, Dr. Miller of CVMA shared that a bill will be sponsored to change the VCPR from condition-specific to patient-specific. The proposal includes a one-year VCPR for in-person examinations and six months for telemedicine, while maintaining existing guardrails to uphold the standard of care. It was emphasized that regulation should not cater to the lowest common denominator, as bad actors will always exist. The goal is to expand access to care.
- **Legal Perspective and Broader Interpretation:** Additional public comment from Ms. Lutz echoed support for the change, noting that questions about the condition-specific VCPR have long been answered with advice to clients to view it as a standard of care issue. It was noted that no other state interprets the VCPR like California. The MDC expressed interest in further research and requested Board direction to proceed.

Regarding the topic of the condition-specific VCPR, the Board agreed that the MDC should proceed with developing recommendations for removing condition-specific language from VCPR requirements.

Ms. Ussery [continued](#) with her overview of the [October 14, 2025 MDC meeting](#) as follows:

- **Veterinary Practice Subcommittee – Ongoing Topics:** A couple of ongoing topics were mentioned but not discussed in detail. Collaboration with CDFA is ongoing; a meeting originally set for October 10, 2025, was rescheduled to October 17, 2025 due to scheduling conflicts, so no updates were available before the MDC meeting. Additionally, the Board tasked the MDC with researching whether all medical records should be maintained electronically. The Subcommittee is handling this topic and anticipates multiple meetings and significant stakeholder engagement before presenting findings to the MDC and Board.
- **Enforcement Subcommittee – Expert Pool and Case Review:** The Board currently has five consultants and 50 SMEs—35 general practitioners and 15

specialists—with 30 actively reviewing cases. Recent recruitment added six experts: four general practitioners and two specialists. From January through September 2025, 41% of consultant-reviewed cases were forwarded to an expert, allowing most cases to be closed more quickly. Of those reviewed by experts, 86% were closed without citation or discipline.

- **Strategic Plan Objectives – Recruitment and Outreach:** The Enforcement Subcommittee met on September 4, 2025, and received updates on Strategic Plan Objective 3.4, which aims to increase the number of SMEs and consultants to reduce investigation processing times. One task under this objective is creating a recruitment video. Board staff met with DCA's OPA in September 2025 to begin scripting, but due to staffing issues, the videos are not expected to be completed until Q1 2026.

Strategic Plan Objective 5.4 focuses on creating videos to demonstrate how to file a complaint and apply for a license or permit. These videos were also discussed with the OPA team, and planning is underway.

- **Inspector Recruitment and Complaint Processing:** The Enforcement Subcommittee discussed using veterinary assistants to conduct premises inspections, considering current reimbursement rates. It was also determined that any complaint submitted by a licensed veterinarian would automatically be routed to the SME review queue, bypassing consultant filtering.
- **Veterinary Premises Minimum Standards Checklist Updates:** Pursuant to Strategic Plan Objective 3.7, the Enforcement Subcommittee finalized updates to the veterinary premises minimum standards self-evaluation checklists to help licensees stay compliant. Since the July 2025 MDC meeting, the checklists were sent to DCA's Legal Affairs Division for review. Once approved, staff will work with DCA's Publications, Design & Editing (PDE) team to prepare them for website posting and stakeholder distribution. Additional checklists are being developed to align with minimum standards for alternate veterinary premises regulations, expected to take effect January 1, 2026, with a goal of dissemination by that date.
- **Outreach Subcommittee – Spectrum of Care Event:** An update was provided on outreach efforts. On September 23, 2025, Ms. Sieferman spoke in Fresno to the Central California Veterinary Medical Association on spectrum of care, joined by Cheryl Waterhouse, DVM. The event was well attended and considered very informative.
- **Future MDC Discussion Topics:** Upcoming MDC topics include electronic medical records, electronic signatures, HQHVSN and alternate premises regulations, the condition-specific VCPR, licensee managers, shelter-specific licenses, and the VCPR as it relates to HQHVSN. Pharmaceutical pricing and

access to care were also raised at the last meeting. The Board was asked to provide further clarification and guidance on how to proceed with pharmaceutical research.

Discussion: The Board discussed the topic of pharmaceutical pricing and access as follows:

- **Pharmaceutical Pricing as a Future Agenda Item:** Pharmaceutical pricing was raised during public comment at the last Board meeting and noted in the minutes. While the Board's role remains unclear, members agreed there may be consumer protection impacts worth exploring. The MDC was asked to consider researching or collaborating with external agencies like the Better Business Bureau, though clarification is needed on the specific product or outcome expected from the MDC.
- **Access to Care Task Force Background:** The Board previously created an Access to Care Task Force to explore ways to improve access to veterinary services. The task force addressed areas within the Board's purview, such as removing licensure barriers and streamlining application processes. However, financial access to care—particularly pricing—was found to be outside the Board's authority.
- **Concerns About Financial Access and Corporate Pricing:** Comments noted that today's access to care issues may differ from those previously addressed, with financial barriers playing a larger role. Rising care costs and disparities in pharmaceutical pricing between corporate and independent practices were major concerns. Corporations benefit from bulk purchasing, making it harder for smaller practices to compete—an issue some view as impacting access to care.
- **Limitations of Board Authority:** It was clarified that the Board has no authority over pricing—whether for pharmaceuticals or veterinary services. This limitation makes it difficult for the MDC to take meaningful action on the issue. While the concern is valid, the Board cannot regulate financial practices or pricing structures.
- **Consensus Not to Pursue Further MDC Action:** Given the lack of jurisdiction over pricing, the consensus was that the MDC should not pursue further action on this topic. Comments acknowledged that financial disparities exist, but emphasized that these are outside the Board's regulatory scope. The MDC will not move forward unless the Board provides a clear directive within its authority.

Ms. Ussery [continued](#) with her overview of the [October 14, 2025 MDC meeting](#) as follows:

- **2026 MDC Meeting Dates:** Scheduled MDC meeting dates for 2026 are January 10, April 14, July 14, and October 13.
- **Election of 2026 MDC Officers:** The election of officers was held for the 2026 term. Dr. Waterhouse was voted in as MDC Chair, and public member Kathy Bowler was voted in as Vice Chair. Congratulations were offered to both of them.

Ms. Pawlowski expressed appreciation to Ms. Ussery for delivering her final Chair report and acknowledged National Veterinary Technician Week. She thanked Ms. Ussery for her excellent work as Chair, noting her contributions are valued and recognized, even though her term is not yet officially over. She also acknowledged Dr. Sullivan's support and mentorship throughout Ms. Ussery's tenure.

Public Comment: Dr. Solacito requested public comment on this item.

- [Grant Miller](#), DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

Dr. Miller stated that CVMA will be sponsoring legislation in 2026 to change California's VCPR statute from being condition specific to being patient specific. This proposal is based on feedback received from the Board during its July 2025 meeting and the current meeting. CVMA believes that if this change is made, there should be a requirement for a one-year in-person examination of the animal and a six-month duration for telemedicine-based VCPRs.

While acknowledging concerns related to telemedicine, Dr. Miller clarified that the proposed bill will not address telemedicine directly. Instead, it will focus solely on modifying the VCPR definition to be patient specific. He stated that this could be accomplished through simple strikeouts and the addition of clarifying language regarding when animals must be examined.

CVMA is in the early stages of the legislative process and has secured the San Francisco Society for the Prevention of Cruelty to Animals and the San Diego Humane Society as co-sponsors of the bill. These organizations previously collaborated with CVMA on legislation related to RVT and veterinary assistant tasks, and Dr. Miller expressed confidence in their continued partnership. The next step is identifying a legislative author.

Dr. Miller requested collaboration from the Board, noting that the Board's involvement and legal expertise have been valuable in shaping past legislation. He mentioned that CVMA has some proposed language and expects to present it to the Board in a more official capacity in January 2026.

He expressed hope that the Board would support the proposal or help refine it through amendments, and thanked the Board in advance for its collaboration on the effort.

- [Amanda Vance](#), DVM, CDFA, AHFSS, AUS, provided the following public comment:

Dr. Vance addressed concerns regarding the availability of veterinarians in shelters, the shortage of shelter veterinarians, and the consideration of changing licensure requirements for foreign veterinarians. She expressed concern about aligning shelter licensure with university requirements, noting that university facilities have significantly more oversight. She stated that “there’s a lot more people watching over them,” whereas many shelters are located in isolated areas where foreign veterinarians may not have any supervision.

She cautioned that if disciplinary actions are already a concern, reducing oversight in shelter settings could increase the risk of such issues. Dr. Vance emphasized the need to carefully consider the implications of changing licensure pathways, especially in environments lacking adequate support structures.

Additionally, she raised the question of why there is a shortage of shelter veterinarians in the first place. She suggested that the issue may be tied to the benefits and incentives available to veterinarians pursuing shelter medicine. Specifically, she pointed out that pay and benefits in shelter medicine may not compare favorably to those in general practice or other veterinary fields, which could be a significant factor in the shortage.

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

Ms. Ussery presented the [meeting materials](#) to the Board. Additionally, she provided the following information:

Ms. Ussery reported that during public comment, concerns were raised about the legislative proposal to amend BPC section 4827 regarding unlicensed practice. Dr. Miller of CVMA cautioned that placing language in statute could impact the future definition of surgery. Ms. Lutz added it was troubling that no other definition of surgery exists in the Practice Act. Following these comments, the MDC voted to recommend the Board submit the legislative proposal to the California State Legislature.

Discussion The Board discussed the agenda item and legislative amendment as follows:

- **Concern About “Subcutaneous” Term in Microchip Provision:** A question was raised regarding the use of the term “subcutaneous” in subparagraph (C), subsection (iv), which refers to the insertion of identification microchips. It was noted that, in many species, microchips are not placed subcutaneously, and while this may be appropriate for dogs and cats, it does not apply to all animals. This raised concerns about potentially limiting acceptable practices across species.
- **Clarification and Suggested Amendment Regarding Microchips:** The Board discussed revising subparagraph (C), clause (iv), to remove the word “subcutaneous” and instead refer more broadly to “insertion of a microchip for identifying an animal.” This change would better accommodate species where microchips are placed in locations, such as the ear or nuchal ligament. It was noted that subparagraph (C), clause (v) already includes ear tags, and the amendment would help avoid unintended restrictions, such as prohibiting horse owners from inserting ID chips.
- **Intent and Stakeholder Support for Amendment:** The proposed amendment—to strike “subcutaneous” and begin the clause with “insertion”—was confirmed to align with the intent of the provision, which is to allow microchipping for identification purposes. Stakeholders from the shelter community were consulted on this change and expressed support, appreciating the compromise made by the Board to address their concerns.
- **Follow-Up on Previous Public Comments:** A final question was raised about whether there had been further discussion regarding concerns previously expressed by Ms. Lutz and Dr. Miller. It was acknowledged that those concerns were part of the broader legislative conversation surrounding the proposed changes.

Motion: Christina Bradbury, DVM, moved and Kristi Pawlowski, RVT, seconded a motion to submit to the California State Legislature the legislative proposal to amend BPC section 4827 regarding unlicensed practice, as amended.

Public Comment: Dr. Solacito 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 brief comment that he noted may have been overlooked during the previous day’s discussion. He highlighted a common practice in the cattle industry where, in addition to injecting animals, many owners also draw their animals’ blood themselves. Specifically, he mentioned that it is now very

common for owners to perform blood tests to determine pregnancy, and that they are capable of drawing blood either from the jugular vein or the tail vein.

He suggested that this practice might warrant further discussion or consideration, particularly in relation to the relevant subdivision being reviewed. Dr. Miller implied that the current language may not fully account for this widespread and accepted practice, and that the subdivision could potentially be altered to reflect it more accurately.

- [Karen Atlas](#), President, APTC, provided the following public comment:

Ms. Atlas introduced herself as the President of APTC, a diverse alliance of veterinarians, physical therapists, RVTs, and animal owners. The coalition shares a common goal: to increase access to care for animals in California by allowing veterinarians to refer or provide medical clearance for qualified animal physical therapists to practice under the degree of supervision determined by the veterinarian, whether direct or indirect.

She emphasized that APTC also serves as a voice for California veterinarians who are no longer aligned with CVMA. Atlas stated that CVMA is not the sole voice for the veterinary profession in the state. Many veterinarians across California support collaboration and referral-based care, and the coalition represents those professionals who value choice, trust, and access for their patients.

Atlas expressed concern that the Board has once again failed to bring forward or discuss any of the solutions and comments submitted by APTC regarding unlicensed practice and exemptions. She noted that APTC has been diligent and engaged, providing both written letters and oral testimony during exemption stakeholder meetings. Yet, none of their proposals have been substantively considered.

She referenced the September 16, 2024 stakeholder meeting, where she personally encouraged the subcommittee to allow an exemption permitting veterinarians to refer animal patients to non-veterinary professionals, such as licensed physical therapists trained in animals. She stated that this would relieve the Board's enforcement burdens, help shoulder some of the patient care burden on veterinarians, and provide better access to care for animal-owning stakeholders.

While she appreciated that her comment was acknowledged in the meeting minutes, Ms. Atlas found it deeply concerning that no further discussion took place. She criticized the Board for continuing to disregard ideas outside of its own narrative. She reiterated that the APTC suggestions aimed to solve

access to care issues in animal rehabilitation and reduce complaints related to unlicensed activity.

Ms. Atlas also pointed out that the idea of providing exemptions for qualified non-veterinary licensees to work on animals was not new. She cited a similar suggestion made nearly a decade ago, on October 20, 2015, by Noreen Marks, a supervising senior attorney for DCA. However, she noted that the minutes from that meeting failed to capture this important detail.

She concluded by expressing disappointment that a request to post the video from the 2015 meeting for public viewing was denied by Ms. Sieferman, which she viewed as a lack of transparency. Ms. Atlas emphasized that stakeholder meetings should genuinely involve listening to stakeholders and exploring new ideas to address longstanding problems, not simply serve as a procedural checkbox. She stated that despite raising real issues and offering workable solutions time and time again, APTC's contributions have consistently been ignored.

Additional Discussion: The following additional Board discussion occurred:

- **Comment on Subparagraph (C), Clause (iv) – Microchip Placement:** A concern was raised regarding the language in subparagraph (C), clause (iv), which discusses implanting microchips. It was noted that while the provision may be appropriate for dogs and cats, in the exotic animal realm—such as with tortoises—alternative methods exist. For example, some owners and professionals have used epoxy to attach microchips to the shell rather than implanting them. Although the welfare implications of this method are unclear, it was suggested that the wording might need further attention to account for such practices.
- **Clarification on Surgical Definition and Microchip Exemption:** In response to the concern, it was clarified that attaching a microchip to an animal's exterior, such as epoxying it to a shell, does not constitute a surgical procedure because it does not involve penetrating or severing skin or tissue. The current language aims to allow for identification methods while distinguishing between non-invasive and invasive procedures. The term "insertion" of a microchip refers specifically to methods that penetrate the skin, which are considered surgical and therefore require exemption under the statute.
- **Discussion on Including Venipuncture in the Exemption:** Further discussion addressed whether venipuncture—drawing blood from animals—should be included in the exemption language. It was noted that in certain industries, such as cattle farming, owners commonly draw blood themselves for purposes like pregnancy testing, using techniques such as accessing the

jugular or tail vein. Since this practice involves skin penetration, it was suggested that the exemption language be amended to include venipuncture.

- **Support for Additional Amendment and Analytical Considerations:** It was proposed to add a new clause (vi), to explicitly include venipuncture for the purpose of drawing blood. It was acknowledged that while the language does not need to be overly specific, including this practice would help clarify its permissibility. Support was expressed for the amendment, with additional comments emphasizing the importance of analytical reasons and the need to prevent misuse of exemptions for more invasive procedures under the guise of routine blood draws.

Amended Motion: Christina Bradbury, DVM, amended her motion to additionally include new clause (vi), under subdivision (a), paragraph (1), subparagraph (C), to the legislative proposal to amend BPC section 4827 regarding unlicensed practice, which reads, “Venipuncture for diagnostic purposes.” Kristi Pawlowski, RVT, accepted the amendment to the motion.

Public Comment: Dr. Solacito 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 noted that the proposed legislative amendments were “perfect”.

- **Beth Venit**, VMD, AAVSB provided the following public comment:

Dr. Venit asked whether the Board’s intention was to allow owners to draw blood for any purpose, or specifically for diagnosing pregnancy.

- **Carrie Ann Calay** provided the following public comment:

Ms. Calay, identifying herself as a member of the public and an animal owner, asked a question related to the discussion on venipuncture. She inquired whether cystocentesis—used for urinalysis and diagnostic purposes—would fall under the same category as venipuncture and other procedures involving puncturing of the skin. She noted that her animals have undergone cystocentesis multiple times and asked if that procedure should also be included in the relevant section.

Response to Public Comment/Additional Discussion: The following responses to public comment and additional discussion occurred:

- **Clarification on Cystocentesis Risks:** A clarification was offered regarding cystocentesis in response to public comment. Although it may seem simple, the procedure carries significant risks, including cases of ruptured bladders and lacerated aortas located just behind the bladder. Due to these serious complications, support for exempting cystocentesis was deemed inappropriate.
- **Response to Diagnostic Scope of Venipuncture:** In response to a question about the intended scope of venipuncture exemptions, it was clarified that the exemption was specified for diagnostic purposes. There is no limitation on the type of diagnosis—venipuncture would be permitted for any diagnostic purpose, not just for pregnancy testing.

Roll Call Vote: Dr. Solacito called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 7-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Maria Preciosa S. Solacito, DVM, Pres.	X			
Kristi Pawlowski, RVT, Vice President	X			
Christina Bradbury, DVM	X			
Patrick Espinoza, Esq.	X			
Steven Manyak, DVM	X			
Evelyn Mitchell, Mayor	X			
C. Mike Tomlinson, DVM	X			

*Agenda items for this meeting were taken out of order, and the Board moved to Agenda Item 11. The order of business conducted herein follow the publicly noticed Board meeting Agenda.

9. ***Update, Discussion, and Potential Action on 2025 Legislation Impacting the Board, DCA, and/or the Veterinary Profession**

A. **Animal Care Services: Is there a Role for Human Healthcare Providers? Informational Hearing, Senate Committee on Business, Professions, and Economic Development**

Ms. Sieferman presented the [meeting materials](#) to the Board.

Dr. Bradbury noted that the [background information](#) paper was very informative and helpful. She recommended it to anyone who had not yet read it, especially for those trying to better understand the broader landscape.

B. **Implementation Plan for Chaptered 2025 Legislation**

Mr. Sotelo presented the [meeting materials](#) to the Board.

1. **Assembly Bill (AB) 516 (Kalra, 2025) Registered Veterinary Technicians and Veterinary Assistants: Scope of Practice**
2. **AB 867 (Lee, 2025) Veterinary Medicine: Cat Declawing**
3. **AB 1502 (Berman, 2025) Veterinary Medicine: California Veterinary Medical Board**

Ms. Sieferman provided the following additional comments:

She noted that the Governor approved the bill, and it will take effect on January 1, 2026. BPC section 4800 was amended to add another RVT to the Board, but BPC sections 4801 and 4802—covering qualifications and appointing authority—were not updated.

The DCA legislative analyst identified this oversight. In response, Ms. Sieferman contacted the Senate and Assembly business and professions committees, who are now aware and hope to resolve this oversight by adding into a cleanup bill with an urgency clause the provision for the Governor to appoint the new RVT with the same qualifications as the current RVT member. Ms. Sieferman apologized for the oversight, but assured the Board that the issue is being addressed.

Tara Welch referenced an amendment requested [for inclusion in] the Board's Sunset Bill to remove the five-member quorum requirement for reinstating a license under BPC section 4887. She asked Ms. Sieferman whether this requested amendment was among the provisions under consideration for inclusion in sunset cleanup efforts by the Senate or Assembly business and professions committees.

Ms. Sieferman clarified that the requested amendment to remove the five-member quorum requirement for reinstating a license under BPC section 4887 is not currently part of the cleanup efforts. She explained that the Senate and Assembly business and professions committees are focusing on issues with immediate, urgent need. While she offered to make the request, she noted the committees appear intent on limiting the cleanup bill to only the most pressing fixes at this time.

4. **AB 1505 (Committee on Agriculture, 2025) Food and Agriculture: Omnibus Bill**
5. **Senate Bill (SB) 602 (Cortese, 2025) Veterinarians: Veterinarian-Client-Patient Relationship**

Public Comment: Dr. Solacito requested public comment on Agenda Items 9.A. and 9.B. The following public comment was made:

- [Karen Atlas](#), President, APTC, provided the following public comment:

Ms. Atlas made a brief comment regarding Agenda Item 9.A., which concerned the Senate Committee on Business, Professions and Economic Development (BP&ED) informational hearing. She recalled that Ms. Sieferman had mentioned during that meeting her intention to attend an AAVSB meeting to gather information about complaints in other states. Ms. Atlas noted that the previous Executive Officer, Annemarie Del Mugnaio, had conducted a similar inquiry about nine years ago and found no complaints at that time. She asked whether there had been any follow-up or report on whether Ms. Sieferman attended the meeting and if any complaints were identified, particularly in relation to Senator Ochoa Bogh's interest in obtaining data on the issue.

10. Update, Discussion, and Possible Action on Pending Regulations

A. [Status on Pending Regulations](#)

Mr. Sotelo presented the [meeting materials](#) to the Board.

Public Comment: Dr. Solacito requested public comment on this item. There were no public comments made on this item.

B. [Previously Approved Text to Amend California Code of Regulations \(CCR\), Title 16, Sections 2030, 2030.05, 2030.1, 2030.2, and 2030.3 \(Minimum Standards for Alternate Veterinary Premises\)](#)

Mr. Sotelo presented the [meeting materials](#) to the Board.

Ms. Sieferman provided the following additional comments:

She noted that the language from the Office of Administrative Law (OAL) shared on screen looked a little different than what was included in the meeting package. She explained that the differences were mainly formatting-related, specifically regarding how to properly notice certain items. Minor changes include issues with numbering and a recommendation from OAL to strike the phrase "if applicable."

She pointed out that the phrase "as applicable" was removed because the revised language is now more specific. OAL recommended striking it from CCR, title 16, section 2030, subsection (b)(3), which had previously been broadened to include diagnostic imaging during surgery "if applicable." This phrasing caused clarity issues.

Ms. Sieferman thanked Dr. Miller, Dan Baxter, and Ms. Ussery for quickly assisting in resolving concerns. She explained that during discussions with CVMA and Ms. Ussery, they evaluated when diagnostic imaging should be minimally required. It was determined that the language did not need to be overly

broad, as certain imaging modalities like fluoroscopy, CT, MRI, and ultrasound are not used in sterile surgery.

To clarify the minimum requirement, “orthopedic” was added to specify that when orthopedic surgeries are performed, equipment for viewing radiographs must be provided. This revision aligns with current law, which already requires equipment for viewing radiographs, and the updated language reflects that requirement more clearly by adding “during orthopedic surgery.”

Dr. Bradbury expressed concern that the proposed language was too narrow, stating that it was overly specific to orthopedic surgery. She pointed out that diagnostic imaging techniques such as MRIs, CTs, and radiographs are commonly used during various surgical procedures beyond orthopedics, including thoracotomies and splenectomies. These imaging modalities are often accessed on laptops or computers within the operating room, which may also be used for other purposes like managing anesthetic records. Dr. Bradbury emphasized that the term “diagnostic imaging” had been adopted after extensive discussion to modernize the language from “radiographs” and better reflect current practices in veterinary medicine. Based on this, she proposed keeping the sentence as is but removing the phrase “if applicable” to avoid limiting the scope and to maintain clarity.

Public Comment: Dr. Solacito requested public comment specifically on the proposed amendment to CCR, title 16, section 2030, subsection (b)(3). The following public comment was made on the proposed amendment:

- [Grant Miller](#), DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

Dr. Miller began by thanking others for their comments and explained that the team had conducted thorough research and consulted with as many doctors as possible. He posed a clarifying question about whether the equipment used to view CT and MRI images—such as laptops or tablets—would essentially be the same as that used to view radiographs. Upon confirmation, he agreed that it made sense and considered it inconsequential to refer to all diagnostic equipment collectively.

He then elaborated on the team’s initial concern regarding ultrasound use during surgery. Specifically, he noted that while ultrasound recordings can be viewed, live ultrasound would be necessary during surgery, and they did not believe live ultrasounds were typically performed in sterile surgical environments. However, upon learning that live ultrasounds might indeed be used in such settings, he acknowledged the new information and expressed appreciation for the clarification.

Dr. Miller concluded by stating that the suggested amendment now seems appropriate, as it better reflects actual practice. He noted that understanding these nuances is a moving target and emphasized that it takes a collective effort to arrive at accurate and practical language.

Regarding CCR, title 16, section 2030.2, subsection (b), Ms. Sieferman provided the following comments:

She began by referencing CCR, title 16, section 2030.2, subsection (b), where a more robust discussion had taken place. She explained that the phrase “as applicable” created too much of a clarity issue. The concern was that the regulated public would not know when each requirement applied, leading to confusion.

To address this, discussions were held about the distinction between mobile units that provide services from within the vehicle versus those that provide services outside of it. As a result, the recommended amendment was moved to subsection (e), which now specifies that the list of applicable requirements pertains to those providing services within the unit or vehicle. The amendment also clarifies which requirements do not apply to other scenarios.

Ms. Sieferman noted that the minor amendment included is self-explanatory and concluded by summarizing that the changes cover the full scope of the issue. She then suggested that if there were no further questions or discussion, the Board could proceed with a recommended motion and move to public comment.

Discussion: The Board discussed the agenda item as follows:

- **Redefining Mobile Clinics:** A question was raised about the definition of a small animal mobile clinic and whether that term was being struck. It was clarified that the language is being broadened to refer to “mobile veterinary premises” rather than limiting it to small animal mobile clinics. The original intention was to focus on small animal clinics, but the updated language aims to be more inclusive.
- **Scope and Intent of the Regulation:** The change from “small animal mobile clinic” to “mobile veterinary premises” is intended to expand the regulation’s applicability to both small and large animal practices. The revised language reorganizes the original public notice to clearly distinguish which requirements apply to all mobile veterinary premises and which are exceptions. The regulation now differentiates between services provided within the vehicle and those provided from the vehicle, maintaining the original intent while broadening the scope.

- **Inclusivity and Existing Law:** It was noted that current law only addresses small animal mobile clinics and lacks regulations for large animal mobile services. The new language seeks to correct this by being more inclusive and ensuring that the regulation applies to all mobile veterinary practices, regardless of species.
- **Clarification on Language Generalization:** A concern was raised about whether generalizing the language would eliminate the distinction between small and large animal practices. It was clarified that the goal of the rulemaking package was to remove the narrow scope and make the regulation applicable to all mobile veterinary services, and that this intent remains unchanged.
- **Document Review and Formatting Updates:** Attention was drawn to page 10 (later clarified as page 14) of the new text, where edits had been made that were not included in the original meeting materials. These edits involved renumbering and updating cross-references to subdivisions under BPC section 4825.1. It was confirmed that the version being shared on screen was the correct one from the OAL, and the changes were pointed out for transparency so the public could follow along.

Motion: Christina Bradbury, DVM, moved and Kristi Pawlowski, RVT, seconded a motion to approve the proposed modified text as discussed at this meeting for a 15-day comment period and, if there are no adverse comments received during that 15-day public comment period, delegate to the Executive Officer the authority to adopt the proposed regulatory changes, as modified, and also delegate to the Executive Officer the authority to make any technical or non-substantive changes that may be required in completing the rulemaking file.

Public Comment: Dr. Solacito requested public comment on the motion. There were no public comments made on the motion.

Roll Call Vote: Dr. Solacito called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 7-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Maria Preciosa S. Solacito, DVM, Pres.	X			
Kristi Pawlowski, RVT, Vice President	X			
Christina Bradbury, DVM	X			
Patrick Espinoza, Esq.	X			
Steven Manyak, DVM	X			
Evelyn Mitchell, Mayor	X			
C. Mike Tomlinson, DVM	X			

*Agenda items for this meeting were taken out of order, and the Board moved to Agenda Item 21. The order of business conducted herein follow the publicly noticed Board meeting Agenda.

11. *Student Liaison Reports

A. [University of California, Davis Liaison](#)—*Sebastian Lidikay*

Sebastian Lidikay presented the Board with the following update:

- **Admissions and Demographics:** UC Davis removed the Graduate Record Examination (GRE) requirement in November 2022, significantly changing incoming class demographics. Sebastian's class, which required the GRE, received just over 1,000 applications, with about 900 completing requirements. In contrast, the GRE-free classes of 2028 and 2029 saw over 3,000 applications, with 2,000 completing requirements. About 57% of the incoming class are first-generation college students, similar to the previous GRE-free class. Sebastian and many classmates believe the GRE was a barrier for many first-generation students due to cost.
- **Student Interests and Career Goals:** For the new class, 42% of students are mostly small animal focused, 24% are mixed animal focused (including small and large animal or equine practice), and the rest fall into categories such as large animal only, equine only, avian exotics, laboratory, and zoological. Overall, about three-quarters of the class are interested in private practice.
- **Curriculum Changes – Surgical Training:** Third-year junior surgery labs no longer include cat surgeries due to limited faculty availability. Students are concerned about pre-graduation surgical experience. Currently, they participate in nine labs with three teammates, each serving as primary surgeon three times—once for a dog castration and twice for a dog spay. In the fourth year, students may choose surgical rotations like shelter medicine, where they can perform 30 to 50 surgeries over two weeks.
- **NAVLE Preparation:** The NAVLE pass rate recently dropped from around 96% to 92%, prompting the school to change its preparation approach. They are discontinuing the current study program and transitioning to a new one, though details are still forthcoming.
- **Accreditation and Facility Expansion:** The AVMA Council of Education is visiting next week to review facilities, curriculum, and meet with students and faculty. On September 18, 2025, the dean announced a major influx of funding and gifts, with plans for facility expansions over the next 10 years, including a veterinary education pavilion, primary care hospital, equine hospital, veterinary cancer center, spay/neuter clinic (potentially linked to SB

1233), and a new raptor center. The dean also announced plans to expand class size from 600 to 800 students over four years, adding 50 students annually. The timeline is unclear but likely toward the end of the 10-year plan. The all-species imaging center has already opened, previewing the broader construction effort.

- **Student Loan Legislation – “Big Beautiful Bill”:** The new legislation impacts veterinary students and current debt holders by removing Grad PLUS loans and capping professional school loans at \$200,000, including for dual or master’s programs. It eliminates some repayment plans, like IBR, and introduces RAP—an income-driven plan with 30-year forgiveness. Students entering in 2024 or earlier (class of 2028 and older) can still borrow up to the full cost of attendance. Loans taken after July 2026 must be repaid through standard or RAP plans. The class of 2029 can still access Grad PLUS loans and exceed the cap but must use new repayment options. Students are concerned tuition may rise, increasing reliance on private loans or reducing enrollment. UC Davis offers lower-interest health professional student loans, though availability under the new legislation is uncertain.

Discussion: The Board discussed the report with Sebastian as follows:

- **Shelter Medicine Rotation Capacity:** A question was raised about whether there’s enough room for all students interested in the shelter medicine rotation. Sebastian believes there is, though he would need to confirm with administration and scheduling staff. It depends on how students organize their clinical year and align with the teaching hospital schedule. Other surgical rotations, like the community service surgical rotation, offer spay/neuter and non-standard procedures but typically less primary surgeon experience than shelter medicine. Some students opt out of shelter medicine if not pursuing surgery.
- **Student Loan Debt Estimates:** Sebastian was asked to estimate typical student loan debt for graduates. He noted that while the new \$200,000 cap may seem high, tuition increases annually. At UC Davis, most veterinary students who take out loans graduate with approximately \$230,000 to \$250,000 in debt. Students at private schools may owe around \$400,000. He emphasized that higher tuition at private universities is a significant financial barrier, and even at UC Davis, the new loan cap would severely impact most students.

Public Comment: Dr. Solacito requested public comment on this item. There were no public comments made on this item.

B. Western University of Health Sciences Liaison—Anna Styles

Ms. Styles presented the Board with the following updates:

- **Class of 2029 and New Faculty:** The new class of 2029 at Western University had a record number of first-year students, with 120 attending the White Coat Ceremony to kick off the year. The university also welcomed new faculty members: Dr. Fidget, professor of health system sciences; Dr. Andrew Mirror, a large animal surgeon and now associate professor; and Alfonso Martin, the new manager of clinical education.
- **Student Career Interests and Influences:** Student career goals are shaped largely by pre-veterinary school experiences and the third-year curriculum. Many students are interested in small animal practice, but prior volunteering or work in equine or lab animal settings significantly influences their career decisions. The third-year clinical rotations often lead students to shift or refine their career focus, with some even changing their intended specialty entirely.
- **Third-Year Clinical Experience:** Third-year students begin clinical rotations early, gaining hands-on experience in diverse settings. Ms. Styles rotated through a safari park and a renowned lab animal medicine facility, performing spays and neuters as both primary surgeon and anesthetist. She highlighted Dr. Haley Moore (Class of 2021), who became a diplomate of the American College of Theriogenologists. Initially planning to specialize in small animal reproductive medicine, Dr. Moore developed an interest in equine medicine during her third year, leading to an equine internship.
- **Outreach and Pre-Veterinary Exposure:** Western University values pre-veterinary experiences and actively engages in outreach, visiting colleges and high schools and hosting a large spring open house. This summer, they held a free veterinary medicine camp for 15 high school students, offering hands-on learning in physical examinations, suturing, feed label education, and large animal handling. The camp was led by students and veterinary anatomy instructor Ken Noriega. These efforts aim to broaden public understanding of veterinary medicine and encourage diverse participation.
- **Student Loan Concerns and Financial Stress:** Ms. Styles echoed Sebastian's concerns about federal loan changes, noting significant stress and anxiety among Western University students. As a private institution, Western's costs are higher than public schools. According to the American Association of Veterinary Medical Colleges cost comparison tool (2024 graduate data), total tuition was just over \$230,000 for both residents and non-residents, with overall costs between \$410,000 and \$450,000. About 86% of graduates had debt, with a median of just over \$312,000. Only 8.5% received scholarships, which Anna believes is lower than UC Davis and other schools. Sudden, unclear loan caps and repayment changes are contributing to heightened anxiety.

- **Impact of Immigration Enforcement:** Ms. Styles concluded by noting student concerns over increased federal immigration enforcement in Los Angeles County, where Western University is located. The county's state of emergency in response to immigration raids has added stress, anxiety, and insecurity for students. Though outside the Board's scope, she felt it important to share for context, as it affects students' ability to focus on their veterinary education. She emphasized that students are trained to be community-minded, making it difficult to ignore broader societal issues.

Public Comment: Dr. Solacito requested public comment on this item. The following public comment was made on this item:

- [Marissa Silva](#), DVM, CDFA, AHFSS, AUS, provided the following public comment:

Dr. Silva emphasized that while student loan burden was discussed by both student liaisons, it is important to note that California—despite having a significant agricultural population—does not currently offer a state-based loan repayment program. She pointed out that nearly half of the states in the U.S. do have such programs in place. She suggested that this could present a unique opportunity for California to establish its own program, which might help retain students who are based in the state.

Dr. Solacito expressed gratitude for Ms. Styles' report and acknowledged the challenges students are facing. She appreciated their continued community focus despite difficult circumstances and offered words of encouragement, urging students to hang in there. She concluded by affirming they're doing a great job and thanked Ms. Styles again for her report.

*Agenda items for this meeting were taken out of order, and the Board moved to Agenda Item 9. The order of business conducted herein follow the publicly noticed Board meeting Agenda.

12. *Recess Open Session until October 16, 2025, at 9:00 a.m.

Dr. Solacito recessed open session at 4:46 p.m.

9:00 a.m., Thursday, October 16, 2025

Webcast Link:

- Agenda Items 13-20, and 26 (<https://youtu.be/4QTW4QDm1RA>)

13. Reconvene Open Session – Establishment of a Quorum

Board President, Maria Preciosa S. Solacito, DVM, called the meeting to order at 8:59 a.m. EO, Jessica Sieferman, called roll, and seven members of the Board were present; a quorum was established.

Members Present

Maria Preciosa S. Solacito, DVM, President
Kristi Pawlowski, RVT, Vice President
Christina Bradbury, DVM
Patick Espinoza, Esq.
Steve Manyak, DVM
Evelyn Mitchell, Mayor
C. Mike Tomlinson, DVM

Student Liaison Present

Anna Styles, Western University

Board Staff Present

Jessica Sieferman, EO
Matt McKinney, Deputy EO
Patty Rodriguez, Enforcement Manager
Justin Sotelo, Policy Specialist
Rob Stephanopoulos, Enforcement Manager
Andrea Amaya-Torres, Enforcement Analyst
Stephanie Doerr, Enforcement Analyst
Robert Esquivel, Administration Analyst
Nellie Forget, Enforcement Analyst
Emilia Gutierrez, Enforcement Technician
Brett Jarvis, Enforcement Analyst
Amber Kruse, Enforcement Analyst
Anh-Thu Le, Enforcement Analyst
Gabrielle Luna, Records Clerk
Rachel McKowen, Probation Monitor
Kim Phillips-Francis, Enforcement Analyst
Robert Rouch, Enforcement Analyst
Daniel Strike, Enforcement Analyst

Zakery Tippins, Enforcement Analyst
Phillip Willkomm, Special Investigator

DCA Staff Present

Julianne Allen, Legislative Analyst, Legislative Affairs Division
Catherine Bachiller, Manager, Office of Human Resources (OHR)
David Bouilly, Moderator, SOLID
Elizabeth Coronel, Strategic Planning Manager, SOLID
Elizabeth Dietzen-Olsen, Regulations Counsel, Attorney III, Legal Affairs Division
Stephanie Louie, Section Chief, OHR
Olivia Trejo, Chief, OHR
Cesar Victoria, Television Specialist, OPA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division

Guests Present

Kenneth Carl Allison, DVM, Petitioner
Drew J. Couto, Attorney for Petitioners
Chazney Johnson, Pharmacy Technician
gk
Kim Lewis Kuhlmann, DVM, Petitioner
Adriana Lazark, Deputy Attorney General (DAG), Office of the Attorney General,
Department of Justice
Kaitlyn Preston, Legislative Aide, Norwood Associates
Heather Rowan, Presiding Administrative Law Judge (ALJ)
Luke Vanderdrift, ALJ
Brian Weisel, ALJ

14. Special Order of Business

A. [Hearing on Petition for Termination of Probation of Kim Lewis Kuhlmann, DVM, License No. VET 8208](#)

ALJ Brian Weisel presided over the petition for termination of probation at 9:00 a.m.

DAG Adriana Lazark updated and presented the case against Petitioner Kim Lewis Kuhlmann, DVM.

Dr. Kuhlmann attended the hearing and was represented by Drew J Couto. Dr. Kuhlmann answered questions from the DAG and Board Members.

ALJ Brian Weisel closed the hearing at 10:01 a.m.

B. [Hearing on Petition for Termination of Probation of Kenneth Carl Allison, DVM, License No. VET 11482](#)

ALJ Brian Weisel presided over the petition for termination of probation at 10:15 a.m.

DAG Adriana Lazark updated and presented the case against Petitioner Kenneth Carl Allison, DVM.

Dr. Allison attended the hearing and was represented by Mr. Couto. Dr. Allison answered questions from the DAG and Board Members.

ALJ Brian Weisel closed the hearing at 10:58 a.m.

15. Recess Open Session

Dr. Solacito recessed open session at 10:58 a.m.

16. Convene Closed Session

Dr. Solacito convened closed session at 11:10 a.m.

17. Pursuant to Government Code Section [11126\(c\)\(3\)](#), the Board Will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including the Above Petitions, Stipulated Settlements and Proposed Decisions

In the Matter of the Petition for Termination of Probation of Kim Lewis Kuhlmann, DVM, License No. VET 8208; Board Case No. 4602018000299; OAH No. 2025090684.

The Board granted the petition for termination of probation.

In the Matter of the Petition for Termination of Probation of Kenneth Carl Allison, DVM, License No. VET 11482; Board Case No. 4602018000298; OAH No. 2025090678.

The Board granted the petition for termination of probation.

18. Pursuant to Government Code Section [11126\(e\)\(1\)](#) and (2)(A), the Board Will Meet in Closed Session to Confer and Receive Advice From Legal Counsel Regarding the Following Matter: *Gurdeep Deol, DVM v. Veterinary Medical Board*, Riverside County Superior Court, Case No. CVPS2402058

This item was not discussed.

19. Pursuant to Government Code Section [11126\(a\)\(1\)](#), the Board Will Meet in Closed Session to Discuss the Executive Officer Evaluation

The Board discussed the EO evaluation.

20. Adjourn Closed Session

Dr. Solacito adjourned Closed Session at 12:44 p.m.

*Agenda items for this meeting were taken out of order, and the Board moved to Agenda Item 26. The order of business conducted herein follow the publicly noticed Board meeting Agenda.

21.***Board President Report**—*Maria Preciosa S. Solacito, DVM*

Dr. Solacito presented the Board with the following updates:

- **Onboarding of New Board Member:** Since the last meeting, Dr. Solacito participated in the onboarding of the new Board member, Dr. Tomlinson. This took place via Microsoft Teams on August 13, 2025 and was conducted alongside Ms. Sieferman.
- **AAVSB Annual Meeting & Conference Attendance:** From September 17–20, 2025, Dr. Solacito attended the AAVSB Annual Meeting & Conference in Cincinnati, Ohio, as a first-time attendee and voting delegate. She described the experience as very interesting and a great opportunity. She attended the conference with Dr. Sullivan, Dr. Nunez, Dr. Bradbury, Ms. Pawloski, and Ms. Sieferman.
- **Member Board Training and Practice Act Module:** During the conference, Dr. Solacito participated in the member board training, which focused primarily on the Practice Act module. She found it interesting to see that many concepts being introduced to smaller states were already in practice in California. She expressed pride in representing California, recognizing the state's leadership and contributions to the broader veterinary regulatory community.
- **AAVSB Elections and California Representation:** The conference also included AAVSB elections, where California was well represented with nominees in three categories: Dr. Nunez for President, Dr. Bradbury for Director, and Dr. Manyak for ICVA representative. Of the nominees, only Dr. Bradbury was successfully elected.

Ms. Sieferman added the following updates:

- **Veterinary Technician National Exam (VTNE) in Spanish:** Ms. Sieferman shared that AAVSB is exploring offering the VTNE in Spanish. During the discussion, a map showed states and Canadian provinces by language demographics, with California in white due to its 45% Spanish-speaking population. AAVSB asked executive directors about concerns or interest in a Spanish examination. Ms. Sieferman noted that while California hasn't formally discussed it, she believes the state would be open to the idea, as no laws require the examination to be in English.

- **Language Requirements and Licensing Concerns:** AAVSB raised the issue of states that require examinations like the NAVLE and VTNE to be administered in English. In contrast, Canadian provinces offer these examinations in French, but boards are only informed of the passing score, not the language used. This has led to potential licensing conflicts in states with English-only requirements. Ms. Sieferman encouraged those states to review whether such requirements should remain or be revised.
- **VTNE Data Reporting and Confidentiality:** Concerns were raised about AAVSB's current practice of no longer providing individual VTNE data to schools. The issue centers on confidentiality. In contrast, ICVA continues to provide individual data to students, but only with their permission. Ms. Sieferman noted that AAVSB is working to address related concerns about VTNE development, though she did not elaborate further.
- **AAVSB Resolutions Passed:** Ms. Sieferman highlighted three key resolutions passed during the AAVSB business session, all supported by California. The first opposed AAVSB's global expansion until internal operational concerns are addressed. The second stated that a VCPR must be established in person. Ms. Sieferman noted this doesn't currently affect California, where a VCPR can be established via telemedicine under existing statute, though future conflicts may arise with AAVSB's Practice Act Model, which allows virtual VCPR establishment.
- **Opposition to VPA Endorsement:** The third resolution opposed AAVSB's ability to endorse the Veterinary Practitioner Associate (VPA), a mid-level practitioner license created in Colorado. Ms. Sieferman pointed out the potential conflict of interest, as AAVSB serves both as the credentialing agency and the developer of the VPA examination. She emphasized that this issue will be monitored closely due to its significance.

Dr. Bradbury added the following updates:

- **AAVSB Board Involvement:** Dr. Bradbury expressed her enthusiasm about being part of the AAVSB Board of Directors. She shared that she is excited to be working with them in this capacity.
- **Encouragement for Board Engagement:** She encouraged all Board members to pay close attention to the emails they receive, especially those containing model regulations, Practice Act issues, and other documents sent for review. Dr. Bradbury emphasized that it is very helpful for Board members to bring any suggestions or feedback to the meetings.
- **Importance of Active Participation:** Representing AAVSB, Dr. Bradbury highlighted the value of Board members being actively engaged. She noted that

this engagement helps her, as a member of the Board of Directors, to bring a California perspective to broader discussions. She acknowledged that it can be easy to overlook AAVSB materials, but stressed their importance.

Dr. Solacito continued with her report, providing an update on the Board and California State Board of Pharmacy joint stakeholder meeting:

- **Purpose of the Joint Stakeholder Meeting:** Dr. Solacito reported on the joint stakeholder meeting held on October 1, 2025. This meeting was convened in response to concerns raised during the Board's Sunset Review hearing. The primary rationale for the collaboration was to address the issue of limited access to essential compounded veterinary medications for both veterinarians and consumers.
- **Role of Veterinary Compounding Pharmacies:** She emphasized that many compounded medications require specialized preparation that exceeds the routine capabilities of typical veterinary practices. This underscores the critical role that veterinary compounding pharmacies play in ensuring access to necessary treatments.
- **Stakeholder Input and Discussion:** During the meeting, members of the veterinary compounding community provided direct input, aiming to identify specific statutory or regulatory barriers in California that may be restricting access to compounded medications. Stakeholders were encouraged to discuss which medications are most affected and to propose solutions to improve availability.
- **Meeting Attendance and Representation:** Dr. Solacito noted that approximately 70 individuals attended the meeting. Attendees included veterinary practitioners, specialists, and representatives from compounding pharmacies, both local and from other states, reflecting a broad and diverse group of stakeholders.
- **Balancing Access and Consumer Protection:** The meeting emphasized the importance of ensuring that any recommendations made strike a balance between improving access to medications and maintaining a strong commitment to consumer protection. Dr. Solacito concluded by highlighting that this collaborative effort represents a significant step toward ensuring veterinarians and their clients have reliable access to the treatments they need.

Discussion: The Board discussed the joint stakeholder meeting topics as follows:

- **Regulatory Clarification on Gamma Sterilization:** A recent rulemaking package passed by the California State Board of Pharmacy was discussed, focusing on enforcement of the Food and Drug Administration (FDA) Guidance

for Industry (GFI) regarding gamma sterilization. The requirement for on-site gamma sterilization has made certain compounded equine ointments unavailable for shipment into California, though they remain accessible in 49 other states. Questions were raised about why California interprets and enforces this guidance differently than other jurisdictions.

- **Differences in Pharmacy Practices and Medication Availability:** Two major compounding pharmacies, Wedgewood and Epicur Pharma, explained their reasons for not providing certain medications in California. One cited regulatory restrictions, while the other pointed to low demand as the primary factor. These differing reasons highlighted the complexity of access issues and the need for clearer communication and coordination among stakeholders.
- **Medication Access and Regulatory Misunderstandings:** The meeting revealed widespread confusion about why specific medications are unavailable. Factors included federal guidance, state regulations, pharmacy capacity, and misinterpretations of existing rules. Efforts were made to clarify how medications can be added to the FDA's list for approval, and it was confirmed that medications pending review may still be shipped, which could help improve access.
- **Federal Guidance vs. State Enforcement:** The group discussed how FDA GFI #256, while technically federal guidance and not law, has been adopted into California's regulations and is enforced as such. This has created challenges for compounding pharmacies, which often follow federal guidance to avoid scrutiny during inspections, even when not legally required.
- **Challenges in Exotic Animal Treatment:** Veterinarians working with exotic animals expressed concern over bulk drug limitations that hinder effective treatment. Requiring drugs to be ordered under individual animal names conflicts with regulations and complicates care. The issue worsens when commercially available drugs are unsuitable for small species due to dosage form constraints, necessitating compounded medications in very small increments.
- **Board Authority and Continued Collaboration:** It was acknowledged that the Board does not have regulatory authority over compounding pharmacies, which fall under the jurisdiction of the California State Board of Pharmacy. As such, the Board cannot enact rules or exemptions. The best path forward is continued collaboration, mediation, and information sharing to support both veterinary professionals and consumers.
- **Standardization of Medication Concentrations:** A suggestion was made to reduce the burden on compounding pharmacies by standardizing the concentrations of certain medications. The current demand for a wide range of concentrations makes production inefficient. A collaborative effort within the

veterinary community to identify optimal concentration ranges could improve availability and streamline manufacturing.

Public Comment: Dr. Solacito requested public comment on this item. The following public comment was made on this item:

- [Grant Miller](#), DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

Dr. Miller began by acknowledging the complexity of the compounding issue, suggesting that resolving it would require extensive time. He expressed gratitude to the Board for its efforts both before and after the California State Board of Pharmacy's Sunset Review, noting that the Board has gone as far as it could to understand the challenges surrounding compounding. He appreciated the Board's role as a liaison with the California State Board of Pharmacy, which has significantly improved communication and mutual understanding. He also noted that the roundtable discussion was informative, especially in clarifying how GFI, USP, and regulations intersect in complicated ways.

He emphasized that, despite these efforts, there are still medications currently unavailable in California. This unavailability is not due to GFI #256 or USP standards, but rather stems from new regulations enacted by the California State Board of Pharmacy on October 1. These regulations interpret USP to require that gamma radiation facilities be located at the same site where the compounds are created. This interpretation has led to access issues for certain medications.

Dr. Miller highlighted that approximately seven medications, primarily equine ophthalmics, are currently inaccessible in California. He expressed concern over the lack of availability of key treatments such as voriconazole, chlorophenol, and diclofenac for equine eye care. He stressed the urgency of finding solutions and expressed hope that the California State Board of Pharmacy would collaborate with compounding pharmacies to identify interim measures while working toward long-term resolutions.

He concluded by stating that he may return to the Board for advice or support in facilitating these efforts. He commended the Board for its contributions and emphasized that their involvement has been invaluable in addressing these challenges.

22. [Registered Veterinary Technician Report](#)—*Kristi Pawlowski, RVT*

Ms. Pawlowski presented the Board with the following updates:

- **Acknowledgment of National Veterinary Technician Week:** Ms. Pawlowski began by recognizing National Veterinary Technician Week, noting that Board meetings often coincide with this annual celebration.

- **Recent Meetings Attended:** She reported attending the CVMA Board of Governors meeting and the Senate Committee on BP&ED informational hearing on the role of human healthcare providers. She found both events very interesting and expressed appreciation for the opportunity to participate when possible.
- **VTNE Committee Activities:** At the AAVSB VTNE Committee meeting during the September 2025 Annual Meeting & Conference, the Committee conducted item reviews and discussed implementing the Colorado initiative. AAVSB leadership advised it was in their best interest to assume control of the new role. The Committee raised concerns about developing a job analysis and examination for a role that doesn't yet exist, funding challenges—since VTNE is likely the sole revenue source—and potential bias if initiative funders seek committee positions, especially given most Colorado professionals oppose the initiative.
- **Concerns About AAVSB's Direction:** Ms. Pawlowski asked AAVSB representatives about the organization's vision and mission, particularly in light of opposition to the Colorado initiative from its membership. She did not receive a clear answer and noted that discussions about the examination were intense, with the committee awaiting further responses.
- **Celebrating Diversity Award:** She highlighted the AAVSB's Celebrating Diversity Award, given to one graduating veterinary technology student from a traditionally underrepresented group. The VTNE Committee is developing a rubric to evaluate applicants based on their commitment to diversity, equity, and inclusion. Eligible candidates must be graduating from an AVMA CVTEA- or CVMA-accredited program. She encouraged everyone to promote submissions for the award, which includes a free VTNE voucher.
- **Recognition of Nancy Ehrlich, RVT:** Ms. Pawlowski concluded by expressing appreciation for Ms. Ehrlich's many years of service attending Board, MDC meetings, and stakeholder events. She acknowledged that while they have not always agreed, Ms. Ehrlich's contributions sparked important professional conversations. She congratulated Ms. Ehrlich on her well-deserved retirement, noting the fitting timing during National Veterinary Technician Week.

Public Comment: Dr. Solacito requested public comment on this item. There were no public comments made on this item.

23. Executive Management Reports

A. Administration

Matt McKinney presented the [meeting materials](#) to the Board.

B. Examination/Licensing

Matt McKinney presented the [meeting materials](#) to the Board.

Regarding the Board's updated [Application Processing Time](#) webpage, Ms. Pawlowski expressed her enthusiasm for the website, saying she loved it. She noted that the ability to filter everything and navigate through the page was impressive, and that it effectively showcases the progress and the entire process.

Dr. Bradbury noted that she really liked the page, but pointed out that "California" needed to be added to the Board's name.

Ms. Sieferman provided the following additional information:

- **VTNE Pass Rate Data and Reporting:** Ms. Sieferman added to the examination portion of the report, noting that although it wasn't included in the written materials, she had received a graph from AAVSB's Ms. Benson. During the AAVSB Board of Directors meeting at the Annual Meeting & Conference, data was presented showing VTNE pass rates broken down by students still in school versus graduates, and by first-time versus repeat test takers.
- **Policy Change to Allow In-School Testing:** She recalled that California, along with other states, had strongly pushed AAVSB to change its policy that previously allowed only graduates of RVT programs to take the VTNE, except in a few states with exceptions. After about a year of meetings and discussions, AAVSB agreed to revise the policy to allow students to take the examination before graduating.
- **Concerns About Accreditation Impact:** One major concern raised by educators and the VTNE committee was that allowing students to take the examination before graduation might result in lower pass rates, potentially jeopardizing school accreditation. Accreditation standards require schools to maintain pass rates within two years of the national average, so there was fear that early testing could negatively affect those metrics.
- **Supporting Data from Institutions:** In response to these concerns, Ms. Sieferman reached out to institutions like Pima Institute, which had data showing that students who took the VTNE before graduation performed significantly better than those who took it after graduating. Although this data didn't fully alleviate concerns at the time, it contributed to the ongoing dialogue.
- **Positive Outcomes of Policy Change:** She reported that now, with a year of data available, students who take the VTNE before graduation are performing 10% better than graduates. This change is helping students succeed and

obtain licensure more quickly. She also noted that veterinary students have long been allowed to take the NAVLE before graduation, and this policy shift brings parity between veterinary and veterinary technician licensure processes.

Public Comment: Dr. Solacito requested public comment on the Administration and Examination/Licensing Reports. There were no public comments made on these items.

C. **Enforcement**

Rob Stephanopoulos and Patty Rodriguez presented the [meeting materials](#) to the Board.

Discussion: The Board discussed the agenda item as follows:

- **Concerns About Artificial Intelligence (AI) Use in SME Reports:** A question was raised about the restriction on using AI within the SME program, specifically regarding its potential uses. It was clarified that while AI might assist with tasks like generating definitions or drafting report sections, the main concern is its use in enforcement-related documents. Since SME reports contain highly confidential information, AI is strictly prohibited in any enforcement work due to potential legal risks. Therefore, the directive is to avoid AI entirely in this context, even for seemingly minor tasks.
- **Inspection Checklist Update:** It was noted that the inspection checklist, developed through the dedicated efforts of the MDC's Inspections Subcommittee, has recently undergone draft edits from DCA's PDE. The edits were well-received, and there is optimism that the updated checklist will be ready for public posting soon.

Public Comment: Dr. Solacito requested public comment on the Enforcement Report. There were no public comments made on this item.

D. **Outreach**

Mr. Sotelo presented the [meeting materials](#) to the Board.

Public Comment: Dr. Solacito requested public comment on the Outreach Report. There were no public comments made on this item.

E. **Strategic Plan**

Mr. McKinney presented the [meeting materials](#) to the Board.

Board members complimented staff on their progress on completing Strategic Plan objectives and tasks.

Public Comment: Dr. Solacito requested public comment on the Strategic Plan Report. There were no public comments made on this item.

24. Future Agenda Items and Next Meeting Dates

Ms. Sieferman provided the following information:

- **Future Agenda Items Overview:** Ms. Sieferman explained that the future agenda items reflect everything currently being worked on by the MDC and what will be brought to the Board in the future. These include transitioning to requiring electronic medical records, reviewing electronic signature requirements, and evaluating regulations related to HQHVSN clinics and alternate premises.
- **Regulatory and Licensing Topics:** Additional items under review include removing condition-specific language from the VCPR requirement, assessing the licensing manager requirement, and exploring the possibility of a limited license for shelter veterinarians. The Board is also considering reciprocity for foreign graduates and the VCPR requirements specific to HQHVSN settings.
- **Legislative Outlook and Meeting Schedule:** Ms. Sieferman noted that the upcoming legislative year is expected to be particularly interesting. She also reminded attendees that all meeting dates are posted on the Board's website. For 2026, scheduled meetings are set for January 21–22, April 15–16, July 15–16, and October 14–15.
- **Board Member Input:** She concluded by inviting Board members to contribute additional items to the list of future agenda topics.

Dr. Bradbury expressed interest in gathering information from other states about complaints or issues involving allied health practitioners, referencing a comment by Ms. Atlas. She asked if such data had already been collected and suggested reviewing the findings at a future meeting if not. Ms. Sieferman agreed this could be done.

Mr. Espinoza raised a concern about student loans, noting a veterinarian shortage in California and that the state has only two veterinary schools. He suggested initiating dialogue with institutions like the University of California to explore interest in establishing more schools. While acknowledging budgetary timing may not be ideal, he questioned whether this need has been communicated to colleges and expressed interest in future plans.

Ms. Sieferman responded to Mr. Espinoza's comments by suggesting it could be helpful to share information on external factors contributing to the veterinarian shortage. She noted that while California currently has no new veterinary schools in development, 17 schools across the U.S. are in the COE accreditation pipeline—

more than ever before. She indicated these developments could help alleviate the shortage and offered to provide a detailed update at the next meeting.

Public Comment: Dr. Solacito requested public comment on this item. The following public comment was made on this item.

- [Karen Atlas](#), President, APTC, provided the following public comment:

Ms. Atlas echoed Dr. Bradbury's earlier inquiry about the outcomes of the AAVSB meeting referenced by Ms. Sieferman. She recalled that Ms. Sieferman had previously stated, in front of Senator Ochoa Bogh, that she would share the results of the meeting she led concerning non-veterinary professionals working on animals. Ms. Atlas expressed interest in comparing those results to the report presented by Ms. Del Mugnaio during the 2016 stakeholders meeting. Specifically, she wants to understand how the findings from that earlier report differ from the current outcomes, noting her interest in the changes over the past nine to 10 years.

25. [Election of 2026 Board Officers](#)

Ms. Pawlowski nominated Dr. Solacito for the position of 2026 Board President. Dr. Solacito accepted the nomination. There were no other nominations.

Motion: Kristi Pawlowski, RVT, moved and Steven Manyak, DVM, seconded a motion to appoint Maria Preciosa S. Solacito, DVM, as the 2026 Board President.

Public Comment: There were no public comments made on the motion.

Roll Call Vote: Dr. Solacito called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 7-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Maria Preciosa S. Solacito, DVM, Pres.	X			
Kristi Pawlowski, RVT, Vice President	X			
Christina Bradbury, DVM	X			
Patrick Espinoza, Esq.	X			
Steven Manyak, DVM	X			
Evelyn Mitchell, Mayor	X			
C. Mike Tomlinson, DVM	X			

Dr. Solacito nominated Ms. Pawlowski for the position of 2026 Board Vice President. Ms. Pawlowski accepted the nomination. There were no other nominations.

Motion: Maria Preciosa S. Solacito, DVM, moved and Steven Manyak, DVM, seconded a motion to appoint Kristi Pawlowski, RVT, as the 2026 Board Vice President.

Public Comment: Dr. Solacito requested public comment on the motion. There were no public comments made on the motion.

Roll Call Vote: Dr. Solacito called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 7-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Maria Preciosa S. Solacito, DVM, Pres.	X			
Kristi Pawlowski, RVT, Vice President	X			
Christina Bradbury, DVM	X			
Patrick Espinoza, Esq.	X			
Steven Manyak, DVM	X			
Evelyn Mitchell, Mayor	X			
C. Mike Tomlinson, DVM	X			

Ms. Sieferman congratulated Dr. Solacito and Ms. Pawlowski for their appointments as 2026 Board President and Vice President.

*Agenda items for this meeting were taken out of order, and the Board moved to Agenda Item 12. The order of business conducted herein follow the publicly noticed Board meeting Agenda.

26.*Adjournment

Dr. Solacito adjourned the meeting at 12:46 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.

**Agenda Items 9, 11, 12, 21, and 26 were taken out of order. The order of business conducted herein follows the publicly noticed Board meeting Agenda.*