



MEMORANDUM

DATE	April 3, 2026
TO	Multidisciplinary Advisory Committee (MDC)
FROM	<u>Veterinary Practice Subcommittee</u> Richard Sullivan, DVM Marie Ussery, RVT
SUBJECT	Agenda Item 6.A. Potential Recommendation to Initiate Rulemaking to Amend CCR, Title 16, Section 2032.3 Regarding Record Keeping; Records; Contents; Transfer

Background

During the July 2025 Board meeting, the Board directed the MDC to explore requiring veterinarians to transition to electronic records maintained in a practice management system that would date and timestamp every entry. When exploring this issue, the Board directed the MDC to evaluate challenges such as the cost of transitioning to electronic records, rural access and large animal practices.

This request stemmed from enforcement challenges tied to poor recordkeeping such as:

- Lack of continuity of care.
- Medication errors.
- Altered records.
- Inconsistent records (handwritten vs. typed).
- “Newly discovered” records.

Update and Discussion

Other North American Jurisdictions

The Subcommittee began its research by surveying all AAVSB member jurisdictions to see if any other state or Canadian province required electronic medical records. Out of the nine jurisdictions who responded, none of them had such a requirement. However, a couple responded that they wish they did as it would solve many enforcement related issues.

Human Health Practitioners

In addition, the Subcommittee researched any requirements for human health practitioners to maintain electronic records. It was determined that there are no California laws requiring human health practitioners to use electronic records, except for the requirement for e-prescribing. However, the American Recovery and Reinvestment Act of 2009 (ARRA), specifically through the Health Information Technology for

Economic and Clinical Health (HITECH) Act, under Public Law 111-5 established programs to promote the adoption of Electronic Health Records (EHRs). It is codified in different sections of the U.S.C. and provided financial incentives for Medicare and Medicaid providers to show "meaningful use" of certified EHR technology to improve patient care, reduce errors, and lower costs.

At the same time, it set forth financial penalties, which increased over time, to reduce Medicare and Medicaid reimbursements for those providers who did not meaningfully use EHRs.

In short, the federal law does not require the use of EHRs, but it provides incentives and penalties to encourage adoption of EHRs.

Sample Language

If the Board chooses to move forward with requiring electronic records, the Subcommittee recommends adding a new subsection (h) to CCR section 2032.3 to define what "written record" means in Business and Professions Code section [4855](#).

Based on the Board's parameters, the Subcommittee drafted the following sample language:

(h) On or after [date – two years from effective date], "written record" shall mean an electronic record that includes all information as required under this section and is entered into an electronic practice management system. The record and any amendment created pursuant to this subsection shall include a system generated date and time stamp.

Minor amendments would also need to be added to subsection (a) for clarity. Since there is a pending rulemaking related to records, the Subcommittee amended the attached language for easy reference (Attachment 1).

This language would add a reasonable transition period to allow time for veterinary premises to research practice management systems that best meets the needs of each practice.

There is no proposed exemption for rural or large animal practices. This is because there is no specified timeframe for when the records need to be entered into the electronic practice management system. A large animal veterinarian or a veterinarian in a rural area may create handwritten notes in the field and then enter them into the system later.

Notably, BPC section 4855 requires a copy of the written record be provided to the client within five days of receiving a request (or sooner for specified reasons). To comply with the request, rural veterinarians and large animal veterinarians would have at least five days to enter their notes into the practice management system.

Practice Management Systems Within the Profession

To help determine the potential impact on the profession, the Subcommittee disseminated an invitation to participate in stakeholder meeting regarding this potential requirement. That invitation also included the following brief, three-question survey:

- Do you use an electronic practice management system to create and maintain your animal patient records?
- If yes, what is the name and cost of the practice management system?
- Does your practice management system date and time stamp each entry?

Prior to the stakeholder meeting, 137 individuals responded to the survey. Of those responses, 73% responded that they do use a practice management system and 75% of those systems date and timestamps each data entry in the record.

The survey results showed annual costs ranged between \$800 - \$24,000 plus additional costs to purchase computers, software, and ability to transfer existing data. The Subcommittee was concerned with the reliability of the cost data, so it contacted the top companies mentioned in the results to get more accurate costs.

The Subcommittee also researched existing AI Scribe platforms to see if they would be an option for those who did not want or could not afford a practice management system. However, it was determined those were not viable options as they could not meet the date and timestamp requirement.

A complete breakdown of the findings is attached for reference (Attachment 2).

Eight companies were contacted, one of which was no longer on the market and only offered support for existing systems. Based on the current veterinary premises data, roughly 80% of veterinary premises are considered small practices with 1-3 full-time equivalent veterinarians. As such, the cheapest option for most veterinary premises that meets the minimum requirements is roughly \$2,400 per year.

Stakeholder Feedback

Roughly 70 individuals participated in the stakeholder meeting. Most individuals who participated were interested in how the requirement would be implemented and how they would comply. As predicted, the participants who raised concern and opposition were small, independent veterinarians who stated the cost would put them out of business and/or force them to retire earlier than anticipated. A concern was also raised that practice management software companies would significantly increase costs as soon as the requirement took effect.

Requested Action

The Subcommittee has no formal recommendation.

The MDC and the Board is asked to discuss the information provided in this memo and any perspectives shared during the MDC and Board meeting. Please also consider how

long the transition period should be if the Board decides to initiate a rulemaking. If, after considering all information provided, the MDC recommends the Board move forward with the requirement, the following motion would be made:

Move to recommend the Board take the following actions:

Approve the regulatory text in Attachment 1 to amend CCR, title 16, section 2032.3.

Direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, and if the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or to the procedures followed by the Board in proposing or adopting the action, then the Board authorizes the Executive Officer to take all steps necessary to initiate the rulemaking process, make any technical or non-substantive changes to the package, and set the matter for hearing, if requested.

If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as described in the text notice for CCR, title 16, section 2032.3.

Attachments:

1. Proposed Regulatory Language to Amend CCR, Title 16, Section 2032.3 Regarding Record Keeping; Records; Contents; Transfer
2. Practice Management and AI Scribe Research

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 20. VETERINARY MEDICAL BOARD

Proposed Regulatory Text to Amend California Code of Regulations, Title 16, Section
2032.3 Regarding **RECORD KEEPING; RECORDS; CONTENTS; TRANSFER**

Previously Board approved proposed amendments to the regulatory language are shown in single underline for added text and ~~single strikethrough~~ for deleted text. Where the Board proposes to re-number existing text to a new location with no changes, the Board has emphasized that change by using [no changes to text] as a guide for the reader.

New proposed amendments appear in *italic blue* for added text and ~~single strikethrough blue~~ for deleted text.

Amend section 2032.3 of article 4 of division 20 of title 16 of the California Code of Regulations to read as follows:

ARTICLE 4

§ 2032.3. Record Keeping; Records; Contents; Transfer.

(a) Every veterinarian performing any act requiring a license pursuant to the provisions of Chapter 11, Division 2, of the code, upon any animal or group of animals shall prepare a *legible*, written ~~or computer generated~~ record concerning the animal or animals which shall contain, at a minimum, the following information: contained in paragraphs (1) or (2) of subsection (b), as applicable.

(b) Except as provided in subsection (g), records shall be prepared in accordance with the requirements of this section as applicable and according to whether veterinary services are being provided to a single animal patient or a group of animal patients as authorized verbally or in writing by the client or their authorized agent.

(1) Single Patient Record: When veterinary services are being provided to a single patient, a record for a single animal patient shall consist of the following:

(5A) Dates (beginning and ending) of custody of the animal, if applicable.
[no changes to text]

(B) Name(s) of the individual(s) providing patient care veterinary services to the animal patient.

(2C) Name, address, and phone number of the client and, if applicable, the client's authorized agent.

~~(3) Name or identity of the animal, herd or flock.~~

(4D) Except for herds or flocks, Patient identifying information including name, approximate age, sex, breed, species, and color, and, if applicable, identification number of the animal.

(6E) The reason the patient is presenting for veterinary services and A history or pertinent information as it pertains to each animal, herd, or flock's medical status relative to the reason for the visit.

(7F) Data-Physical examination findings, including that obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy from the physical examination.

(G) Interpretation of examination findings and any information obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy.

(10H) A presumptive diagnosis or Ddiagnosis or assessment prior to performing a treatment or procedure, if made.

(8I) Treatment and intended treatment plan, including any of the following:

(i) Treatments, including application of therapies or devices administered and prescribed.

(ii) mMedications administered, including strength(s), dosage(s), route(s) of administration, and frequency of use.

(12iii) All mMedications and treatments prescribed and dispensed, including strength(s), dosage(s), route(s) of administration, quantity, and frequency of use.

(11J) If relevant, aAny prognosis of the animal's condition, if made.

(13K) If animals are housed or retained for treatment, the beginning and ending dates of custody of the animal patient and a Ddaily progress, if relevant, and disposition of the case update on the animal patient's medical condition relative to the treatment plan.

(9L) Records fFor surgical procedures, shall include a description of the procedure, the name of the surgeon, the type of sedative/pre-anesthetic and anesthetic agents used, dosage(s), their route(s) of administration, and their strength(s) (if available in more than one strength).

(M) Any veterinary service or treatment declined by the client or their authorized agent.

(4N) Name or initials of the person responsible for entries.
[no changes to text; moved and renumbered from existing (a)(1).]

(2) Group Record: When a group of animals of the same species receives veterinary services at the same time, for the same purpose, and at the same location, a group record shall consist of the following:

(A) Dates (beginning and ending) of custody of the animal patient(s), if applicable.

(B) Name(s) of the individual(s) providing veterinary services to the animal patient.

(C) Name, address, and phone number of the client, and, if applicable, the client's authorized agent.

(D) Name or identity of the group, including group location and species.

(E) The reason the group is presenting for veterinary services and history relative to the reason for the visit.

(F) The following information shall be included in the medical record if applicable to the reason for the appointment:

(i) Group examination findings, and data, including that obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy.

(ii) Interpretation of examination findings and any information obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy.

(G) A presumptive diagnosis or diagnosis, if made.

(H) Treatment plan, including any of the following:

(i) Treatments, including application of therapies or devices administered and prescribed.

(ii) Medications administered, including, strength(s), dosage(s), and route(s) of administration.

(iii) Medications prescribed and dispensed, including strength(s), dosage(s), route(s) of administration, quantity, and frequency of use.

(iv) Meat, milk, or egg withdrawal times.

(I) Any veterinary service or treatment declined by the client or their authorized agent.

(J) Name or initials of the person responsible for entries.

(bc) Single patient and group rRecords shall be maintained for a minimum of three (3) years after the animal's last visit from the date of the last medical entry into the record.

A summary of an animal's medical records shall be made available to the client within five (5) days or sooner, depending if the animal is in critical condition, upon his or her request. The summary for single patient and group records shall include:

- (1) Name, and address, and phone number of the client and animal, and, if applicable, the client's authorized agent.
- (2) Patient identifying information including name, approximate Age, sex, breed, species, and color, and, if applicable, identification number of the animal.
- (3) The reason the patient is presenting for veterinary services and Aa history or pertinent information as it pertains to each animal's, herd's, or flock's medical status relative to the reason for the visit.
- (4) ~~Data~~ Physical examination findings, including that obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy from the physical examination.
- (5) Treatment and intended treatment plan, including medications, their dosage and frequency of use. any of the following:
 - (A) Treatments, including surgical procedures, application of therapies, or devices administered and prescribed.
 - (B) Medications administered, including strength(s), dosages, route(s) of administration, and frequency of use.
 - (6C) All medications and treatments prescribed and dispensed, including strength(s), dosage(s), route(s) of administration, quantity, and frequency of use.
- (76) If animals are housed or retained for treatment, the beginning and ending dates of custody of the animal patient and a Ddaily progress, if relevant, and disposition of the case update on the animal patient's medical condition relative to the treatment plan.

~~(e)(1d)~~ Radiographs and digital images are the property of the veterinary facility premises that originally ordered them to be prepared. Radiographs or digital images shall be released to another veterinarian upon the request of another veterinarian who has the authorization of the client. Radiographs shall be returned to the veterinary facility premises which that originally ordered them to be prepared within a reasonable time upon request. ~~Radiographs originating at an emergency hospital shall become the property of the next attending veterinary facility upon receipt of said radiograph(s). Transfer of radiographs shall be documented in the medical record.~~

(2e) Radiographs and digital images, except for intraoral radiographs, shall have a permanent identification legibly exposed in the radiograph or attached to the digital file, which shall include the following:

[no changes to text; renumbered from existing(c)(2)]

~~(A1) The hospital or clinic veterinary premises' name and/or the veterinarian's name.~~

~~(B2) Client identification.~~ [no changes to text]

~~(C3) Patient identification.~~ and [no changes to text]

~~(D4) The date the radiograph was taken.~~ [no changes to text]

~~(3f) Non-digital intraoral radiographs shall be inserted into sleeve containers and include information in subdivision subsection (c)(1)-(42)(A)-(D). Digital images shall have identification criteria listed in subdivision subsection (c)(1)-(42)(A)-(D) attached to the digital file.~~

[no changes to text; renumbered from existing (c)(3)]

~~(d) Laboratory data is the property of the veterinary facility which originally ordered it to be prepared, and a copy shall be released upon the request of the client.~~

~~(e) The client shall be provided with a legible copy of the medical record when the patient is released following emergency clinic service. The minimum information included in the medical record shall consist of the following:~~

~~(1) Physical examination findings~~

~~(2) Dosages and time of administration of medications~~

~~(3) Copies of diagnostic data or procedures~~

~~(4) All radiographs and digital images, for which the facility shall obtain a signed release when transferred~~

~~(5) Surgical summary~~

~~(6) Tentative diagnosis and prognosis, if known~~

~~(7) Any follow-up instructions.~~

(g) The records requirements of this section shall not apply when a registered veterinary technician acts as an agent of the veterinarian for the purpose of establishing the veterinarian-client-patient relationship to administer preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites. In those cases, records shall be prepared in accordance with the requirements of Section 4826.7 of the code.

(h) On or after [date – two years from effective date], “written record” shall mean an electronic record that includes all information as required under this section and is entered into an electronic practice management system. The record and any

amendment created pursuant to this subsection shall include a system generated date and time stamp.

Note: Authority cited: Section 4808, Business and Professions Code. Reference: Sections 4855 and 4856, Business and Professions Code.

Practice Management Systems

System 1 (Cloud-based)

- \$290/mo for the first 3 users
- \$19/mo for each additional user after 3
- Integration and training are usually free, as the market is increasingly competitive, and they will discount this to gain a new contract.
- Dates and timestamps medical record entries
- Built-in AI scribe feature

System 2 (Cloud-based)

- \$399/mo for 2-9 users
- \$638/mo for 10-19 users
- Integration and training are usually free, as the market is increasingly competitive, and they will discount this to gain a new contract.
- Dates and timestamps medical record entries
- Built-in AI scribe feature

System 3

- \$499/mo for 2.5 or fewer DVMs (with membership)
- Integration and training costs vary. Usually little to no cost in order to stay competitive (especially if a member).
- Dates and timestamps medical record entries
- No built-in AI scribe feature

System 4 (Cloud-based)

- \$349/mo for 2.5 or fewer DVMs (potential savings for members)
- Integration and training costs vary. Usually little to no cost in order to stay competitive (especially if a member).
- Dates and timestamps medical record entries
- Built-in AI scribe feature

System 5

- \$649/ml for 3 or more DVMs
- Integration and training costs vary. Usually little to no cost in order to stay competitive
- Dates and timestamps medical record entries
- Server-based system with a mobile option to allow use on laptops and mobile devices
- Impromed Equine is a version available for mobile equine and large animal DVMs
- No built-in AI scribe feature

System 6

- \$137/mo for first user; additional user costs vary
- Dates and timestamps medical record entries; can be turned off
- Additional \$49/mo for AI Scribe

System 7

- \$200.mo for 1-3 users plus a varied set-up fee
- Dates and timestamps medical record entries
- Additional fee for AI Scribe.

AI Scribe Services

AI Scribe Service 1

- 3 pricing tiers
 - Free for lower-volume clinics
 - Unlimited note usage on standard AI models with standard transcription quality
 - Self-serve and automated support
 - Unlimited care team members with Teams Mode
 - Light customization of default templates
 - \$79/mo per DVM for "Pro" version for busy clinics
 - Unlimited note usage on most advanced AI models with the highest transcription quality
 - Live support
 - Unlimited care team members with Teams Mode
 - Custom templates
 - Scribephone (Direct Calling)
 - PIMS integration
 - Custom pricing for the "Enterprise" version for multi-clinic groups
 - Custom dashboards and insights
 - Single Sign On (SSO) capability
 - Multi-team management dashboard and RBAC
 - Dedicated account manager
 - Supportive implementation and continued training
- AI cannot pull in the current date and time on its own; to include the date and time in the note, you would need to say it out loud during the recording.

AI Scribe Service 2

- \$40/mo per DVM for the "Essential" version
 - Up to 150 SOAP notes per month; \$20 for each 100 SOAP notes after that.
 - For DVM use only
 - Strongest AI models tuned for veterinary medicine

- Select access to core features, including: 1-click transfer to PIMS, multi-lingual support, and visual dental charts
- \$150/mo per DVM for 1-2 DVMs; \$125/mo per DVM for 3 DVMs; \$112.50/mo per DVM for 4 DVMs (per DVM price continues to drop w/ each additional DVM) for the "Unleashed" version
 - The "Unleashed" version also offers annual billing at a discounted rate. Monthly breakdown for annual billing: \$135/mo per DVM for 1-2 DVMs; \$112.50/mo per DVM for 3 DVMs; \$101.25/mo per DVM for 4 DVMs, etc.
 - Free for all support staff.
 - Unlimited customizable SOAPs and templates
 - Full access to all AI-integrated tools and workflow features, including: Direct Dial, Care Cards, and Plumb's integration
- The original transcription notes are date and time-stamped; however, changing a template does not add a new date and time stamp.
 - When you switch templates, the note is re-generated in the new template style, and that re-generation overwrites any manual edits you made to the note.
 - The date and time stamp stay tied to the original transcript, not to the template change.