STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Veterinary Medical Board
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MEETING MINUTES
Multidisciplinary Advisory Committee

The Mission Inn
3649 Mission Inn Avenue,
Riverside, California

10:00 a.m. Tuesday, October 18, 2016

1. Call to Order- Establishment of a Quorum

Multidisciplinary Advisory Committee (MDC) Chair, Dr. Jon Klingborg called the meeting to order at 10:02 a.m. Veterinary Medical Board (Board) Executive Officer, Annemarie Del Mugnaio called roll; nine members of the MDC were present and thus a quorum was established.

2. Introductions

Members Present
Jon Klingborg, DVM, Chair
Allan Drusys, DVM, Vice Chair
William Grant, DVM
David Johnson, RVT
Jennifer Loredo, RVT, Board Liaison
Kristi Pawlowski, RVT
Jeff Pollard, DVM
Richard Sullivan, DVM, Board Liaison
Diana Woodward-Hagle, Public Member

Staff Present
Annemarie Del Mugnaio, Executive Officer
Nina Galang, Administrative Program Coordinator
Kurt Heppler, Legal Counsel
Ethan Mathes, Administrative Program Manager
Candace Raney, Enforcement Manager
Caesar Victoria, DCA Webcast

Guests Present
Shayda Ahkami, DVM, Palm Springs Animal Shelter
Manuel Balcazar, RVT, San Diego County
Madeline Bernstein, SPCA Los Angeles
Kathy Bowler, Public Member, Veterinary Medical Board
Isha Buis, Northwest Society for the Prevention of Cruelty to Animals (SPCA)
Brian Cronin, San Bernardino County
Daniel DeSousa, San Diego County
Nancy Ehrlich, RVT, California Registered Veterinary Technician Association
Carla Faulkner, Ventura County Animal Services

Valerie Fenstermaker, California Veterinary Medical Association
Cassie Hamilton, San Diego County
Jennifer Hawkins, Orange County Animal Care
Alex Henderson, Veterinary Allied Staff Education
Susy Horowitz, Pasadena Humane Society
Erica Hughes, State Humane Association of California
Shelly Jones, DCA Board & Bureau Relations
Cynthia Kinney, DVM, Inland Valley Humane Society and SPCA
Marcia Mayeda, Los Angeles County Department of Animal Care and Control
Mark Nunez, DVM, Veterinary Medical Board
John Pascoe, DVM, University of California, Davis
Ken Pawlowski, California Veterinary Medical Association
Elizabeth Ocampo, Pasadena Humane Society and SPCA
Cindy Savely, RVT, Sacramento Valley Veterinary Technician Association
Dan Segna, California Veterinary Medical Association
Leah Shufelt, RVT, California Veterinary Medical Association
Healther Skogerson, Ventura County Animal Services
Maria Solacito, Los Angeles County Department of Animal Care and Control
Ron Terra, DVM, Western University of Health Sciences
Cheryl Waterhouse, DVM, Veterinary Medical Board
Gina Schwin-Whiteside, Director of Animal Services, Town of Apple Valley

3. Review and Approval of July 19, 2016 Meeting Minutes

- Dr. William Grant moved and Kristi Pawlowski seconded the motion to approve the minutes as amended. The motion carried 9-0.

4. Discussion and Consideration of "Extended Duty" for Registered Veterinary Technicians Regulations; Potential Recommendation to Full Board

David Johnson reported that the "Extended Duty" Subcommittee continued to reach out to various organizations requesting input and that the California Registered Veterinary Technicians Association (CaRVTA) submitted a formal document on the expanded functions for Registered Veterinary Technicians (RVTs) a week prior to the October 18, 2016 Board meeting.

Ms. Del Mugnaio noted that the Board and members of the public did not receive an advanced copy of CaRVTA's formal document. Legal Counsel, Kurt Heppler, suggested discussing CaRVTA's document at the next meeting when Board members have been given more time to look at it.

Dr. Klingborg requested a more complete document from CaRVTA to clarify issues of access to care and for additional services from RVTs.

Nancy Ehrlich briefly explained CaRVTA's formal document which identified job tasks that veterinary assistants are currently allowed to perform, which should be restricted to RVTs.

Ms. Del Mugnaio noted that it is not part of in the Board's delegation to the MDC to discuss the restriction of duties. The task was to discuss potential extended duties which respond to a need and increase access to care.

Leah Schufelt added that the RVT Committee at the California Veterinary Medical Association (CVMA) met recently and no areas of need or access, that would benefit from the expansion of RVT duties, were identified.

Jennifer Loredo noted that based on comments from the public there is a access to care issue within the shelter environment, but nothing in terms of regular practice.

Mr. Heppler clarified the action agreed upon by the Board for Dr. Klingborg to bring this issue to the Board and request continued authorization to address this issue, with the understanding that it would be added to the agenda for the next MDC meeting.

5. Update on Survey of Public and Private Shelters and Discussion of Minimum Standards & Protocols for Shelter Medicine

Dr. Allan Drusys presented the slideshow on the survey responses received from over 60 public and private animal shelters and 81 responses from a similar survey that Erica Hughes from the State Humane Association of California (SHAC) provided to its members regarding the environment within animal shelters. Each survey contained nearly identical questions; however, Ms. Hughes noted that SHAC's survey questions were posed in a way that aimed to learn what those in the animal shelter environment would be interested in addressing within the field, rather than what is currently being practiced.

Ms. Del Mugnaio clarified that euthanasia in the field is lawful pursuant to Business and Professions Code (BPC) section 597.1; however, regulations for the training to implement that law are in still in process.

Mr. Johnson expressed that historically, the regulations written for RVTs to practice were primarily focused around the functioning within a private veterinary hospital setting, and consideration had not been given to minimum standards within animal shelters. Veterinary professionals should agree on a basic level of care that must be provided within both public and private shelters.

Ms. Del Mugnaio noted that there are certain animal health care tasks that need to be performed upon intake by non-veterinarians. The MDC must examine if those tasks are considered the practice of veterinary medicine, and if so, what level of supervision is needed to perform those tasks in animal shelters.

The MDC discussed the differences between "veterinary assistants" and "animal care technicians." Based on experience, Ms. Loredo described "veterinary assistants" as someone who assists the RVTs, and assists in performing medical tasks. "Animal care technicians" typically cleans the kennels; however, "veterinary assistants" is the lawful term in accordance with statute.

Madeline Bernstein shared that some shelters have no access to a veterinarian and staff tends to help out where they are needed, furthering the point that roles may become confusing within the shelter environment. Dr. Drusys shared that the description of a veterinary assistant or an animal care technician may differ from shelter to shelter.

Ms. Hughes shared a list of items that SHAC's animal shelter committee felt needed to be prioritized:

1. Allow veterinary assistants to perform routine health tasks on impound and intake such as a basic physical exam, administer vaccines, administer prophylactic medicine for parasites, and basic testing and screening (particularly on cats)

2. Administer a rabies vaccine without establishing a Veterinary-Client-Patient Relationship (VCPR) on owned animals when they are redeemed
3. Allow access to non-controlled, pre-euthanasia sedatives
4. Amend California Code of Regulations (CCR) section 2039 to allow shelter staff to euthanize wild life
5. Resolve confusion regarding applicability of the Veterinary Assistant Controlled Substances Permit (VACSP)

Regarding Item #1, the MDC discussed the lack of veterinarians and RVTs in rural areas and how the results of the survey may not be representative of the animal shelters in rural areas.

Mr. Johnson added that the duties listed in Item #1 are exempt based on past Board policy, not by law, and opined that within the area of shelter medicine, there should be more leniency.

Dr. Richard Sullivan opined that if there are facilities operating with no oversight, perhaps those facilities should not be operating. There is an assumption that some care is better than no care; however, the animals might not be getting the proper care.

Regarding Item #2, Dr. Sullivan noted that rabies vaccinations are outside of the Board's control as they are controlled entirely by the California Department of Public Health (CDPH). Ms. Hughes noted that based on her research, there are at least three other states which have provisions that allow lay people to administer vaccines. It will have to be researched further to see if training is needed.

Regarding Item #3, Ms. Hughes opined that if shelter staff are performing euthanasia, they should be given the tools to do so humanely. It can be difficult to access euthanasia drugs because a veterinarian may be needed to order it.

Dr. Drusys expressed concerns regarding drug compounding being advocated. He also noted a discussion before the MDC regarding the difference between anesthetizing and sedation. Dr. Drusys opined that the issues are so intertwined that they cannot be dealt with individually without affecting the other.

Dr. Eric Anderson noted that in 90 percent of cases, three primary controlled drugs that are often used in a shelter setting are Xylazine/Ketamine premix, Telazol, and Diazepam.

Regarding Item #4, Ms. Hughes added that she understands the amendment would intersect with other laws that affect wild life, therefore, would require further research.

Additionally, Ms. Hughes added that the way CCR section 2039 is written makes it impossible for new instructors in California to be certified in euthanasia training without at least three years of experience teaching, since training requires a certification. Only instructors from outside of California have been able to qualify.

Regarding Item #5, Ms. Del Mugnaio noted that the VACSP issues will be placed on the Board's agenda to discuss further. The intent of the legislation is to control diversion issues, and the regulations must be written to achieve this goal. After the program rolled out, many of the gaps were revealed and as a result, the Board will need to further examine the definition of "animal hospital setting" as it is written today.

Ms. Hughes also discussed various other definitions within Business and Professions Code section 4840(b) that are unclear.

Dr. Jennifer Hawkins shared that is has been challenging trying to adopt out an animal with prescriptions. Adoptions must occur when a veterinarian can prescribe the medication, and when a veterinarian is not present, RVTs are unable to prescribe.

Isha Buis suggested the creation of a separate section in law, specific to shelter medicine. Ms. Woodward-Hagle agreed with the suggestion and noted that it was also suggested that animal shelters hold an organizational license, rather than depend on one veterinarian to have their name on the license.

Dr. Cynthia Kinney expressed support for the VACSP, for kennel technicians to immediately triage animals upon intake, and veterinarian oversight of the administration of the rabies vaccine.

Ms. Kinney clarified that with regard to BPC section 4840 (b), she would like RVTs to follow written protocols and veterinary assistants to either follow written protocol, or receive written or verbal instructions to document within the medical record.

Dr. Dan Segna explained that the document prepared by CVMA aims to address the unique needs within shelter settings. CVMA's proposal includes the creation of a new section in the Practice Act specific to shelters. The proposed language is written for RVTs, but CVMA would be open to amending it to include veterinary assistants.

Ms. Bernstein asked the MDC Shelter Medicine Subcommittee and the CVMA Premises Task Force to clarify what is considered "veterinary medicine" and if it triggers the need to have a premises permit.

Mr. Heppler, summarized the discussion that going forward, Dr. Klingborg will report back to the Board that the MDC held a robust discussion on the results of the survey, identified the top 7 issues for consideration (including carving out shelter medicine as its out section within the Practice Act), and the MDC Shelter Medicine Subcommittee and CVMA Premises Task Force will continue discussions on future meetings to come.

6. Review and Discuss Veterinary Student Exemption [Duties and Supervision at University Hospitals]; Potential Recommendation to Full Board

<u>BPC sections 4830(a)(5)(A) and 4830(a)(5)(B)</u>
Dr. William Grant identified the biggest change to the proposed language is to not only apply the exemption to students of University of California, Davis (UCD) and Western University of Health Sciences (WesternU) but to all American Veterinary Medical Association (AVMA) accredited schools.

Dr. John Pascoe of UCD identified an issue of consumer protection within the Practice Act that does not address students from schools other than UCD and WesternU that are involved in veterinary activities and practice in California.

Ms. Del Mugnaio noted that the university should be responsible for those students participating in externships in California until they graduate. Dr. Pascoe clarified that students are covered under the university's general liability policy if they are in any program that is approved by the institution, including compensation for the loss of an animal.

Dr. Sullivan expressed support for the establishment and enforcement of a Memorandum of Understanding (MOU) as a way of linking the student back to the school and the program.

Dr. Klingborg noted the difference between the two versions of the proposed language in BPC section 4830(a)(5)(B) regards the off-campus sites and the MOU.

Ms. Del Mugnaio clarified that it is under the purview of the Board to globally regulate the prequalifications to licensure, which includes approval of an accrediting body.

Diana Woodward-Hagle noted that the statute does not state that the institution is responsible for drafting the expectations of the supervising licensed veterinarian.

Mr. Heppler explained that the first version of the proposed language allows out-of-state students to perform certain tasks. The second version does not include a formal description of what should be learned.

On behalf of WesternU, Dr. Ron Terra expressed support for an MOU and opposition towards an educational content mandate within the Practice Act.

Dr. Terra clarified that club activities are not part of formal curriculum, but the student would still be covered under the university's insurance and AVMA as long as a faculty member was involved. It is incumbent on the externship site to have an agreement with the university.

Dr. Segna opined that the first version seems to look at enforcing quality of the learning experience. The second version is about ensuring consumer protection. Dr. Segna and Mr. Johnson expressed support for the second version.

- Dr. Richard Sullivan moved and Dr. Allan Drusys seconded the motion to recommend to the Board approve version #1 of BPC section (a)(5)(A) as written and revise BPC section (a)(5)(B) by deleting "in place of on-campus education." The motion carried 5-4. Dr. William Grant, David Johnson, Kristi Pawlowski, and Diana Woodward-Hagle opposed the motion.

<u>CCR section 2027</u>

Dr. Klingborg reviewed the summary of the discussion from the last MDC meeting. CCR section 2027 allows veterinary graduates to function as RVTs indefinitely without passing the veterinary licensing examination. Proposed language of CCR section 2027.5 deals with the veterinary students and omits the year in which they are in their curriculum (e.g. junior or senior) and instead, requires that they must have had training in the activity they will be engaging in, may only function up to the level of an RVT, and supervision must be provided as it would be for an RVT.

Ms. Woodward-Hagle proposed adding "of a recognized veterinary college" after "veterinary student."

The MDC discussed that the liability of the veterinary student or graduate is with the supervising veterinarian.

Ms. Ehrlich suggested adding "a student may not obtain or administer unless they hold a VACSP" at the end of CCR section 2027. The MDC noted that the requirement to hold a VACSP is already in law.

Instead of re-writing parts of the section, the MDC discussed a more simple change of removing "or a graduate" from the current language because specifying junior or senior students instead would promote consumer protection by requiring that individuals have at least two years of experience.

- Dr. Richard Sullivan moved and Dr. William Grant seconded the motion to eliminate "or a graduate" from the current language in CCR section 2027. The motion carried 8-1. Dr. Drusys opposed the motion.

CCR section 2027.5

Dr. Sullivan opined that one year is too long to have a veterinary graduate function as an RVT without a license. There would be no enforcement avenue and activity would have to be pursued through unlicensed activity. Dr. Sullivan expressed support for providing an avenue for veterinary graduates to sit for the RVT exam.

The MDC discussed that the veterinary graduate is able to take the licensing examination twice in one year. Dr. Sullivan noted that a licensee is not always present to provide supervision, such as in an animal shelter setting.

Members of the MDC expressed opinions which varied from support for one year of RVT practice to support for an avenue to sit for the RVT examination.

Ms. Ehrlich expressed support for creating an avenue for veterinary graduates to sit for the RVT exams.

Ms. Buis suggested offering a provisional license where the licensee would be required to be fingerprinted.

- Allan Drusys moved and Dr. Jon Klingborg seconded the motion to table the discussion regarding BPC section 2027.5 and recommend to the Board that the MDC continue study on the matter. The motion carried 8-1. Dr. Sullivan opposed the motion.

7. Review and Consider Implementing Regulations Regarding the Compounding of Drugs Pursuant to the Enactment of Senate Bill 1193, Potential Recommendation to Full Board

The MDC was unable to discuss this item during the allotted amount of time; therefore, it will be placed on the agenda for discussion at the next MDC meeting.

8. Discuss Committee Recommendation Authorizing an RVT Under the Supervision of a Veterinarian to be the On-Site Practitioner for Rodeos

The Board discussed two issues:

1) Does the owned-animal exception of BPC section 4827 impact the ability of a veterinarian or RVT to treat injured animals at a rodeo?
2) Are there protocols that a non-veterinarian, in this case an RVT, may follow to provide on-site or transport emergency care to an injured animal until such time as the animal is treated by a veterinarian (Penal Code section 596.7 requires care within one hour)?

Ms. Del Mugnaio noted that Penal Code section 596.7 states that it is the rodeo manager of a professional sanctioned or amateur rodeo to ensure veterinary care is available to be provided. The

Board does not have authority over the rodeo, therefore, is unable to enforce that the owners have their animals treated.

The Professional Rodeo Cowboys Association (PRCA) confirmed that is not standard protocol to have a release that the owner signs requiring their animal to be treated at the event.

Ms. Del Mugnaio noted that rodeo injuries reported to the Board has been low, but has been increasing due to the Board's outreach and communication to the rodeo population.

Ms. Loredo suggested that "pain and sedation" should be added to the list of protocols for an RVT. Mr. Johnson agreed and added that there are non-controlled drugs that are useful to calming an animal. He also noted that some animals are so injured that they must be euthanized immediately.

Mr. Johnson expressed that there is an advantage to having an RVT present at a rodeo since they know the law. The RVT may intervene and contact animal control and if necessary, the owner can by cited and the animal can be seized.

Dr. Sullivan expressed that the Board's oversight of rodeos may deter some veterinarians from being present at the rodeos and suggested that oversight should be transitioned to animal control. The Board would still maintain oversight of the reporting aspect.

Ms. Del Mugnaio suggested that the MDC recommend to the Board that animal control officers need to become more involved to resolve enforcement issue, as owners may refuse to have their animals treated at the rodeo.

- Dr. Richard Sullivan moved and Jennifer Loredo seconded the motion to recommend the Board's a response to the Legislature is to reinforce that RVT tasks under emergency care provisions are appropriate on-site at rodeos, with a veterinarian on-call, and encourage working with animal control officers to enforce a requirement for owners to have their animals treated when they have been injured at rodeos. The motion carried 9-0.

9. Discuss Definitions and Scope of Responsibility for "Induction" of Anesthesia vs. Sedation – Section 2034 of Title 16 of the California Code of Regulations; Possible Recommendation to Full Board

The MDC was unable to discuss this item during the allotted amount of time; therefore, it will be placed on the agenda for discussion at the next MDC meeting.

10. Public Comments on Items Not on the Agenda

There were no comments from public/outside agencies/associations.

11. Agenda Items and Next Meeting Dates –

- January 17, 2017 – Sacramento
- April 18, 2017 – Oakland (TBD)
- July 25, 2017 – Sacramento/Southern California (TBD)
- October 17, 2017 – Sacramento/Southern California (TBD)

Ms. Del Mugnaio noted that the location of the July 2017 and October 2017 MDC meetings may be switched depending on the availability of hotels.

A. Multidisciplinary Advisory Committee Assignment Priorities

Dr. Klingborg reviewed the list of existing MDC assignment priorities:

- Structure and Audit Enforcement Case Outcomes
- Minimum Standards for Alternate Premises
- CCR section 2027(a)(5) – Alternate Route for DVM Graduates to Practice as RVTs
- Extended Duties for RVTs
- RVT Job Tasks, Emergency Language – Sedation and Pain Management
- Drug Compounding Regulations
- CCR section 2034 - Definitions and Scope of Responsibility for "Induction" of Anesthesia vs. Sedation

Future priorities include:

- Minimum Standards for Spay and Neuter Clinics
- Minimum Standards for Mobile Specialists – Responsibility for Case Management

B. Agenda Items for Next Meeting – Minimum Standards for Small Animal Spay and Neuter Clinics

Dr. Klingborg noted that drug counseling risks and side effects will be placed on the agenda for the next meeting.

12. Adjournment

The MDC adjourned at 4:53 p.m.